



Medi-Cal

Condado de San Diego | March 2023



Promise  
Health  
Plan



# Asistencia en distintos idiomas

## English

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

## الشعار بالعربية (Arabic)

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

## Հայերեն (Armenian)

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

## ឃ្លាសំគាល់ភាសាខ្មែរ (Cambodian)

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

## 中文 (Chinese)

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

## فارسی Farsi

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

## भाषा (Hindi)

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



Llame a Atención al Cliente de Blue Shield Promise al (855) 699-5557 (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en blueshieldca.com/promise/medi-cal. La información incluida en el Directorio de Proveedores puede cambiar.

## Hmoob (Hmong)

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

## 日本語 (Japanese)

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

## 한국어 (Korean)

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

## ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະ ມິໂຕລິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

## Mienh (Mien)

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

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711)। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



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## **Русский (Russian)**

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

## **Español (Spanish)**

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

## **Tagalog (Tagalog)**

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

## **ภาษาไทย (Thai)**

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

## **ภาษาไทย (Ukrainian)**

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

## **Tiếng Việt (Vietnamese)**

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



Llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información incluida en el Directorio de Proveedores puede cambiar.



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# A. Introducción

Gracias por elegir Blue Shield of California Promise Health Plan. Este Directorio de Proveedores incluye una lista de las clínicas, los médicos, los hospitales, las farmacias y otros tipos de proveedores que forman parte de Blue Shield Promise Health Plan.

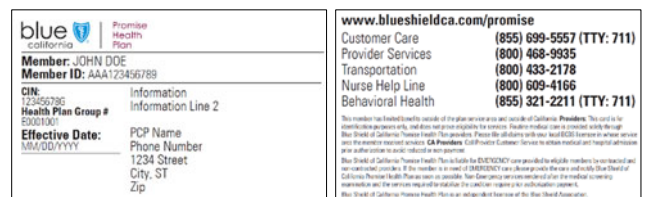
Cuando se inscribe en Blue Shield of California Promise Health Plan, es importante que elija un médico de atención primaria (PCP, por sus siglas en inglés) para cada miembro. Si no elige un PCP, Blue Shield Promise elegirá uno por usted. Su PCP es el médico con el que usted se atenderá cuando necesite atención preventiva y cuando se enferme. Cuando sea necesario, su PCP le dirá que vaya a un médico especialista o a otro proveedor que tenga una especialidad. El PCP atiende sus necesidades de atención de la salud y trabaja con los miembros para ayudarlos a mantenerse saludables.

## Cómo cambiar de PCP

Usted puede cambiar de PCP en cualquier momento; para hacerlo, llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** [TTY: 711]. Los cambios se aplicarán el primer día del próximo mes. También puede visitar nuestro sitio web en [blueshieldca.com/promise](http://blueshieldca.com/promise). Como miembro de Blue Shield of California Promise Health Plan, recibirá una tarjeta de identificación de miembro como la que aparece en esta página. Deberá mostrar su tarjeta de identificación cada vez que vaya al médico, obtenga sus medicamentos

recetados, use la sala de emergencias o vaya al oculista. Tenga siempre esta tarjeta con usted. Cuando reciba su tarjeta de identificación, asegúrese de que los datos sean correctos. Si no lo son, llame a Atención al Cliente de Blue Shield of California Promise Health Plan al **(855) 699-5557**.

**Guarde su tarjeta de Medi-Cal (BIC); la necesitará cuando vaya a su dentista de Medi-Cal y para obtener otros servicios de atención de la salud que Blue Shield of California Promise Health Plan no cubre.**



## Servicios de farmacia a través de Medi-Cal Rx

El Departamento de Servicios de Atención Médica (DHCS) administra los servicios de farmacia para los miembros de Medi-Cal. Para servicios de farmacia, puede llamar a Medi-Cal Rx Call Línea central (1-800-977-2273)



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veinticuatro horas al día, siete días a la semana o 711 para TTY, de lunes a viernes, de 8 a.m. a 5 p.m.) La mayoría de las farmacias aceptan Medi-Cal Rx. Puede comunicarse con la Línea de ayuda para miembros de Medi-Cal (1-800-541-5555, TTY 1-800-430-7077) para preguntar si su farmacia aceptará Medi-Cal Rx. Si necesita ayuda para encontrar una farmacia, use el localizador de farmacias de Medi-Cal Rx en línea en [www.Medi-CalRx.dhcs.ca.gov](http://www.Medi-CalRx.dhcs.ca.gov) o llame a la línea del centro de llamadas de Medi-Cal Rx al 1-800-977-2273.

### **Cómo usar este Directorio**

Puede usar este Directorio de Proveedores para elegir un PCP contratado de Blue Shield Promise. Los PCP y los especialistas, hospitales y otros proveedores de servicios de apoyo están ordenados alfabéticamente por ciudad. En la sección "Red de proveedores de Blue Shield Promise", encontrará información sobre cómo leer las secciones de listas de proveedores y buscar la información importante que necesite sobre cada proveedor.

### **Información importante sobre las listas del Directorio**

Este Directorio de Proveedores está actualizado a la fecha que aparece en la portada. Es posible que se hayan agregado o quitado PCP después de la impresión de este Directorio. No garantizamos que todos los PCP aún acepten miembros nuevos. Para obtener la información más actualizada sobre los PCP en su área, puede visitar [blueshieldca.com/promise](http://blueshieldca.com/promise) o llamar

gratis a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** [TTY: 711]. O visite nuestra oficina de lunes a viernes, de 8:00 a. m. a 6:00 p. m. No es necesario tener una cita previa. Nuestro personal cuenta con miembros que hablan su idioma. También puede visitar nuestro sitio web en [blueshieldca.com/promise](http://blueshieldca.com/promise).

### **Divulgaciones y otra información importante**

Algunos proveedores y hospitales no ofrecen uno o más de los siguientes servicios que quizá estén cubiertos por su plan de salud y que usted podría necesitar: planificación familiar; servicios de anticoncepción, incluida la anticoncepción de emergencia; esterilización, incluida la ligadura de trompas inmediatamente después del parto; tratamientos por esterilidad; o aborto, entre otros. Comuníquese con Atención al Cliente de Blue Shield Promise al **(855) 699-5557** para asegurarse de que puede obtener los servicios de atención de la salud que necesita.

Para obtener más información sobre nuestros proveedores, incluida la información sobre sus estudios académicos y su experiencia (por ejemplo, la facultad de medicina a la que fueron, las residencias que hicieron y la matrícula profesional que tienen), llame a Atención al Cliente de Blue Shield Promise o use la herramienta de búsqueda de proveedores disponible en nuestro sitio web en [blueshieldca.com/promise](http://blueshieldca.com/promise).



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Es posible que necesite autorizaciones o referencias para tener acceso a algunos proveedores.

Blue Shield Promise brinda acceso completo e igualitario a los servicios cubiertos, incluso para los inscritos que tienen alguna discapacidad. Todos los proveedores reciben y deben hacer un entrenamiento en competencia cultural.

### Servicios de intérpretes

Para facilitarle las cosas, Blue Shield Promise brinda los siguientes servicios:

- Personal bilingüe para brindarle ayuda en su idioma.
- Servicios de intérpretes, incluso en lenguaje de señas estadounidense, para todas sus necesidades de atención de la salud, sin costo para usted. No tiene que pedirles a sus amigos o familiares que

hagan de intérpretes. Usted puede obtener servicios de intérpretes las 24 horas, cualquier día de la semana, para lo siguiente:

**Servicios médicos:** visitas al médico, servicios fuera del horario de atención, servicios de atención urgente, servicios de farmacias y clases de educación sobre la salud.

**Servicios no médicos:** servicio al cliente, quejas de los miembros y reuniones informativas para miembros.

- Materiales en otros formatos, como braille, audio o letra grande. Solo debe llamar a su grupo médico o a Atención al Cliente de Blue Shield Promise. Si ya hizo una cita, asegúrese de pedir un intérprete al menos diez (10) días hábiles antes de su cita.



Llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información incluida en el Directorio de Proveedores puede cambiar.

## AVISO DE NO DISCRIMINACIÓN

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La discriminación va contra la ley. Blue Shield of California Promise Health Plan cumple con las leyes federales y estatales de derechos civiles. Blue Shield of California Promise Health Plan no discrimina de manera ilícita, no excluye personas o las trata de manera diferente debido a su sexo, raza, color, religión, ascendencia, nacionalidad, identificación con un grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual.

Blue Shield of California Promise Health Plan proporciona:

- Asistencia y servicios gratuitos a las personas con discapacidades para ayudarlas a que se comuniquen mejor, como por ejemplo:
  - ✓ Intérpretes de lenguaje de señas capacitados
  - ✓ Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como por ejemplo:
  - ✓ Intérpretes capacitados
  - ✓ Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Blue Shield of California Promise Health Plan, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. Llame a Atención al Cliente en su región:

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

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

Si no puede oír o hablar bien, llame al TTY: 711. Si usted lo solicita, este documento puede estar disponible para usted en braille, letra grande, cinta de audio o formato electrónico. Para obtener una copia en uno de estos formatos alternativos, llame o escriba a:

Blue Shield of California Promise Health Plan Customer Care  
601 Potrero Grande Dr., Monterey Park, CA 91755  
(800) 605-2556 (Los Angeles)  
(855) 699-5557 (San Diego)  
TTY: 711



Llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). La información incluida en el Directorio de Proveedores puede cambiar.

## CÓMO PRESENTAR UNA QUEJA

Si usted cree que Blue Shield of California Promise Health Plan no ha brindado estos servicios o ha cometido una discriminación ilícita de alguna otra manera, por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con un grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual, usted puede presentar una queja ante el Coordinador de Derechos Civiles de Blue Shield of California Promise Health Plan. Puede presentar una queja por teléfono, por escrito, personalmente o por vía electrónica:

- Por teléfono: Comuníquese con el Coordinador de Derechos Civiles de Blue Shield of California Promise Health Plan, de lunes a viernes, de 8:00 a.m. a 6:00 p.m., llamando al (844) 883-2233. Si usted no puede oír o hablar bien, llame a la línea TYY/TDD 711.
- Por escrito: Llene un formulario de queja o escriba una carta, y envíelo(a) a:  
  
Blue Shield of California Promise Health Plan Civil Rights Coordinator  
601 Potrero Grande Dr.  
Monterey Park, CA 91755
- En persona: Vaya al consultorio de su médico o a Blue Shield of California Promise Health Plan y diga que desea presentar una queja.
- Por vía electrónica: Visite el sitio web de Blue Shield of California Promise Health Plan [www.blueshieldca.com/promise/medi-cal](http://www.blueshieldca.com/promise/medi-cal).

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## OFICINA DE DERECHOS CIVILES (OFFICE OF CIVIL RIGHTS) – DEPARTAMENTO DE SERVICIOS DE ATENCIÓN MÉDICA DE CALIFORNIA (CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES)

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California. Puede hacerlo por teléfono, por escrito o por vía electrónica:

- Por teléfono: Llame al **916-440-7370**. Si no puede hablar u oír bien, llame al **711 (Servicio de Retransmisión de Telecomunicaciones)**.
- Por escrito: Llene un formulario de queja o envíe una carta a:



Llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información incluida en el Directorio de Proveedores puede cambiar.

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

Los formularios de queja están disponibles en  
<http://www.hhs.gov/ocr/office/file/index.html>.

Por vía electrónica: Visite el Portal de Quejas de la Oficina de Derechos Civiles en  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



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# Red de proveedores de Blue Shield Promise

## Definiciones e información general

**Asociación de Práctica Independiente (IPA, por sus siglas en inglés):** Es un modelo de atención de la salud que tiene un contrato con un grupo de médicos para que brinden servicios de atención de la salud.

**Clínica comunitaria:** Es una clínica sin fines de lucro que brinda servicios de atención de la salud a los miembros de Blue Shield Promise.

**Centro de salud federalmente calificado (FQHC, por sus siglas en inglés):** Es una organización comunitaria que brinda atención primaria y preventiva a personas de todas las edades, sin importar si pueden pagar o si tienen un seguro de salud.

**Grupo médico:** Es un grupo de médicos que brindan servicios de atención de la salud a los miembros de Blue Shield Promise.

**Hospital:** Blue Shield Promise tiene un contrato con muchos hospitales. Compruebe que el hospital del médico de atención primaria que desea elegir esté afiliado.

**Médico de atención primaria (PCP):** Como miembro de Blue Shield Promise, usted debe elegir un PCP para que se ocupe de sus necesidades generales de atención de la salud. Si no elige un PCP, elegiremos uno por usted. Todos los PCP están ordenados por ciudad. Usted puede elegir cualquiera de los siguientes tipos de médicos:

- Médicos de medicina interna
- Médicos familiares y generales
- Obstetras y ginecólogos
- Pediatras

**Médicos de medicina interna:** Son médicos que brindan atención a personas adultas mayores de 18 años.

**Médicos familiares y generales:** Son médicos que brindan atención a niños y adultos.

**Obstetras y ginecólogos:** Son médicos especializados en atención de la salud para la mujer y en atención por maternidad.

**Pediatras:** Son médicos que brindan atención a niños de hasta 18 años.



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## Indicadores de accesibilidad física en el Directorio de Proveedores

A continuación, encontrará información sobre las necesidades básicas de acceso para adultos mayores y personas con discapacidad (SPD, por sus siglas en inglés) cuando visita el consultorio del médico. Sabemos que los miembros pueden tener distintas necesidades. Por eso, les pedimos que llamen al consultorio del médico para hablar sobre sus necesidades de acceso.

### **E = Sala de exámenes**

La entrada a la sala de exámenes es accesible y no tiene obstáculos. Las puertas son amplias y fáciles de abrir, para permitir el acceso de una silla de ruedas o un scooter. La sala de exámenes tiene espacio suficiente para una silla de ruedas o un scooter.

### **EB = Instalaciones externas**

Las rampas en el cordón de la acera y las otras rampas del edificio son anchas y permiten el acceso de personas en silla de ruedas o scooter. Hay pasamanos en ambos lados de la rampa. El edificio tiene una entrada "accesible". Las puertas son amplias para permitir el ingreso de personas en silla de ruedas o scooter, y tienen picaportes fáciles de usar.

### **IB = Instalaciones internas**

Las puertas son amplias para permitir el ingreso de personas en silla de ruedas o scooter, y tienen picaportes fáciles de usar. Las rampas internas son anchas y tienen pasamanos. Las escaleras, si las hay, tienen pasamanos. Si hay elevadores, están disponibles para los pacientes y el público en general durante todo el tiempo que está abierto el edificio. Además, tienen sonidos fáciles de oír y botones en braille al alcance de la mano, como también espacio suficiente para que las personas en silla de ruedas o scooter puedan girar. Si hay una plataforma elevadora, es posible usarla sin necesidad de obtener ayuda.

### **P = Estacionamiento**

Los espacios para estacionar, incluidos los espacios para camionetas, son accesibles. Los caminos y las entradas que conectan el estacionamiento, el consultorio y los puntos para dejar y recoger personas tienen rampas en los cordones.

### **R = Baño**

El baño es accesible, y las puertas son amplias y fáciles de abrir para permitir el acceso de una silla de ruedas o un scooter. Además, el baño tiene espacio suficiente para que las personas en silla de ruedas o scooter puedan girar y cerrar la puerta. Hay barras de seguridad para que las personas puedan moverse de la silla de ruedas o el scooter al inodoro, y viceversa. El lavabo está en un lugar accesible, y los grifos, el jabón y el papel higiénico están al alcance de la mano.

### **T = Camilla y balanza**

La camilla tiene un mecanismo que permite elevarla o bajarla, y la balanza es accesible y tiene pasamanos que sirven de ayuda a las personas en silla de ruedas o scooter. La balanza tiene espacio para silla de ruedas.





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## Explicaciones de los códigos de accesibilidad

P: Estacionamiento

EB: Instalaciones externas

IB: Instalaciones internas

W: Silla de ruedas

R: Baño

E: Sala de exámenes

T: Camilla y balanza



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## Cómo leer las listas de proveedores

La siguiente información puede ayudarlo a elegir su PCP.

1. Especialidad médica del proveedor
2. Nombre del proveedor, Tipo de licencia
3. N.º de id. del proveedor
4. Sexo del proveedor
5. Número de licencia del proveedor
6. Número de identificación de proveedor nacional (NPI, por sus siglas en inglés) del proveedor
7. Idiomas que hablan el proveedor y el personal
8. Entrenamiento en competencia cultural
9. Hospitales afiliados
10. Especialidad según matrícula profesional:
11. Nombre del FQHC/grupo médico
12. Dirección del proveedor
13. Número de teléfono del proveedor
14. N.º de fax del proveedor
15. Sitio web del proveedor
16. Dirección de correo electrónico del proveedor
17. Panel abierto de Medi-Cal:
18. Edad mín./máx.:
19. Acceso al edificio para personas con discapacidad
20. Horario de atención del proveedor

Ejemplo:

1. Pediatría
2. Doe, Jane, Doctor en Medicina (MD)
3. N.º de id. del proveedor:  
00A2123456
4. Mujer
5. N.º de licencia: 00A123456
6. NPI: 0123456789
7. Inglés, español, vietnamita, farsi, coreano, chino, árabe
8. Sí
9. Good Samaritan Hospital
10. Pediatría
11. Northeast County Community Clinic
12. 601 Potrero Grande Drive, Monterey Park, CA 91755
13. (855) 699-5557
14. (855) 699-5557
15. [www.northeastclinic.com](http://www.northeastclinic.com)
16. [doctordoe@gmail.com](mailto:doctordoe@gmail.com)
17. Sí/No
18. 0-18
19. Limitado. P, EB, IB, E
20. L a V, 8 A. M. - 5 P. M.



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# Reglas para recibir atención a tiempo

Tipo de cita	Debe tener la cita dentro de
Citas para recibir atención urgente que no necesitan autorización previa	48 horas
Citas para recibir atención urgente que sí necesitan autorización previa	96 horas
Citas que no son urgentes para recibir atención primaria	10 días hábiles
Citas que no son urgentes para recibir atención de especialistas	15 días hábiles
Citas que no son urgentes para recibir atención de un proveedor de la salud mental (personal no médico)	10 días hábiles
Citas que no son urgentes para recibir servicios auxiliares para el diagnóstico o el tratamiento de lesiones, enfermedades u otros problemas de salud	15 días hábiles
Tiempo de espera en el teléfono durante el horario de atención habitual	10 minutos
Triaje y servicios de atención las 24 horas, todos los días	Servicios de atención las 24 horas, todos los días; no más de 30 minutos



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## B. Clínicas de salud federalmente calificadas

### ALPINE

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 License number: 090000681  
 NPI: 1770124315  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-SA 9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R,  
 TMedical Group/IPA: lhp Of  
 Southern California  
 Website: www.mtnhealth.org  
 Email:

#### SAN YSIDRO HEALTH ALPINE PEDIATRICS MED CLINIC

Provider ID: 541825  
 2733 ALPINE BLVD STE 200  
 ALPINE, CA 91901-2253

Phone: (619) 445-5664  
 Fax: (619) 445-3531  
 After Hours Phone: (619) 445-5664  
 License number: 550002514  
 NPI: 1770178444  
 Accepting New Patients: Yes  
 Min/Max Age: 0/18  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: EB, IB,  
 WMedical Group/IPA: lhp Of  
 Southern California  
 Website: www.syhealth.org  
 Email:

### BORREGO SPRINGS

#### BORREGO MEDICAL CLINIC

Provider ID: 185179  
 4343 YAQUI PASS RD  
 BORREGO SPRINGS, CA 92004  
 Phone: (760) 767-5051  
 Fax: (760) 767-4552  
 After Hours Phone: (760) 767-5051  
 License number: 080000651  
 NPI: 1134144165  
 Accepting New Patients: Yes

Min/Max Age: 0/999  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: WMedical  
 Group/IPA: Borrego  
 Community Health Foundtion  
 Website:  
 Email:

### CAMPO

#### SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686  
 1388 BUCKMAN SPRINGS RD  
 CAMPO, CA 91906-2028  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 License number: 090000660  
 NPI: 1174164719  
 Accepting New Patients: Yes  
 Min/Max Age: 0/120  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## B. Clínicas de salud federalmente calificadas

Hours: M-SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Ihp Of Southern California

Website:

Email:

### CARLSBAD

#### TRUECARE

Provider ID: 480120

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

Phone: (760) 736-6767

Fax: (760) 720-7204

After Hours Phone: (760)  
736-6767

License number: 080000630

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

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

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Ihp Of Southern California

Website:

Email:

### CHULA VISTA

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax: (619) 397-1161

After Hours Phone: (619)

515-2500

License number:

NPI: 1346480837

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Cultural Competency: No

Hours: M-SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

MEMedical Group/IPA: Family

Health Centers Of San Diego

Website: www.fhcsd.org

Email:

#### CHULA VISTA PEDIATRICS

Provider ID: 482034

855 3RD AVE STE 2200

CHULA VISTA, CA 91911-1353

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)

662-4100

License number:

NPI: 1326486861

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 9AM-4PM, SA  
9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Ihp Of Southern California

Website: www.ihpsocal.org

Email:

#### FAMILY HLTH CTR SAN

#### DIEGO-RICE FAM HC

Provider ID: 417641

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2325

Fax: (619) 420-0660

After Hours Phone: (619)

515-2325

License number: 550002305

NPI: 1083959464

Accepting New Patients: Yes

Min/Max Age: None

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## B. Clínicas de salud federalmente calificadas

Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: Medical  
 Group/IPA: Family Health  
 Centers Of San Diego  
 Website: www.fhcsd.org  
 Email:

### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546  
 1637 3RD AVE STE H  
 CHULA VISTA, CA 91911-5823  
 Phone: (619) 662-4100  
 Fax: (619) 336-2323  
 After Hours Phone: (619)  
 662-4100  
 License number:  
 NPI: 1922051812  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 WMedical Group/IPA: Ihp Of

Southern California  
 Website: www.ihpsocal.org  
 Email:

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619)  
 662-4100  
 License number:  
 NPI: 1326486861  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: WMedical  
 Group/IPA: Ihp Of Southern  
 California  
 Website: www.ihpsocal.org  
 Email:

### EL CAJON

### CENTRO MEDICO EL CAJON

Provider ID: 478971  
 133 W MAIN ST STE 100

EL CAJON, CA 92020-3325  
 Phone: (619) 873-8940  
 Fax: (619) 401-0522  
 After Hours Phone: (619)  
 873-8940  
 License number: 550000430  
 NPI: 1154480069  
 Accepting New Patients: Yes  
 Min/Max Age: 0/999  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-SU 8AM-8PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: WMedical  
 Group/IPA: Borrego  
 Community Health Foundtion  
 Website:  
 Email:

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 593-7164  
 After Hours Phone: (619)  
 515-2499  
 License number:  
 NPI: 1104861681  
 Accepting New Patients: Yes  
 Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## B. Clínicas de salud federalmente calificadas

<p>Site English Spoken: Yes  Site Language(s) Spoken: Spanish  Cultural Competency: No  Hours: M-SA 9AM-5PM  American Sign Language (ASL): No  ♿ Accessibility: MEMedical  Group/IPA: Family Health Centers Of San Diego  Website: www.fhcsd.org  Email:</p>	<p>Group/IPA: Family Health Centers Of San Diego  Website: www.fhcsd.org  Email:</p>	<p>EL CAJON, CA 92020-3819  Phone: (619) 440-2751  Fax: (360) 462-2746  After Hours Phone: (619) 440-2751  License number: 090000156  NPI: 1760667950  Accepting New Patients: Yes  Min/Max Age: None  Site English Spoken: Yes  Site Language(s) Spoken: Spanish  Cultural Competency: No  Hours: M-F 8AM-5PM, SA 9AM-5PM  American Sign Language (ASL): No  ♿ Accessibility: WMedical  Group/IPA: Ihp Of Southern California  Website: www.ihpsocal.org  Email:</p>
<p><b>FAMILY HLTH CTR SAN DIEGO-EL CAJON</b>  Provider ID: 418340  525 E MAIN ST  EL CAJON, CA 92020-4007  Phone: (619) 515-2498  Fax: (619) 269-0191  After Hours Phone: (619) 515-2498  License number: 550003553  NPI: 1932561198  Accepting New Patients: Yes  Min/Max Age: None  Site English Spoken: Yes  Site Language(s) Spoken:  Cultural Competency: No  Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  American Sign Language (ASL): No  ♿ Accessibility: Medical</p>	<p><b>LA MAESTRA CHC EL CAJON BROADWAY</b>  Provider ID: 418501  1032 BROADWAY  EL CAJON, CA 92021-7416  Phone: (619) 795-5991  Fax: (619) 795-5992  After Hours Phone: (619) 795-5991  License number: 550003567  NPI: 1134590086  Accepting New Patients: Yes  Min/Max Age: None  Site English Spoken: Yes  Site Language(s) Spoken:  Cultural Competency: No  Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  American Sign Language (ASL): No  ♿ Accessibility: WMedical  Group/IPA: La Maestra Family Clinic  Website: www.lamaestra.org  Email:</p>	<p><b>SAN YSIDRO HEALTH EL CAJON</b>  Provider ID: 569910  875 EL CAJON BLVD  EL CAJON, CA 92020-5714  Phone: (619) 662-4100  Fax:  After Hours Phone: (619) 662-4100  License number: 550002514  NPI: 1568845741</p>
	<p><b>NEIGHBORHOOD HEALTHCARE EL CAJON</b>  Provider ID: 206272  855 E MADISON AVE</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## B. Clínicas de salud federalmente calificadas

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Ihp Of Southern California

Website:

Email:

### ENCINITAS

#### TRUECARE

Provider ID: 480243

1130 2ND ST

ENCINITAS, CA 92024-5008

Phone: (760) 753-7842

Fax: (760) 736-8740

After Hours Phone: (760) 753-7842

License number: 080000638

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

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

8:30AM-5:30PM, SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Ihp Of Southern California

Website:

Email:

### ESCONDIDO

#### CENTRO MEDICO ESCONDIDO

Provider ID: 419344

1121 E WASHINGTON AVE

ESCONDIDO, CA 92025-2214

Phone: (760) 871-0606

Fax: (858) 634-6918

After Hours Phone: (760) 871-0606

License number: 550001260

NPI: 1023349883

Accepting New Patients: Yes

Min/Max Age: 0/999

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: SA,SU 8AM-12PM, M-F 8AM-8PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

WMedical Group/IPA: Borrego Community Health Foundtion

Website: n

Email:

#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (360) 462-2752

After Hours Phone: (760) 520-8100

License number: 080000397

NPI: 1598703647

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA 8AM-12PM

American Sign Language (ASL): No

♿ Accessibility: WMedical

Group/IPA: Ihp Of Southern California

Website: www.ihpsocal.org

Email:

#### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## B. Clínicas de salud federalmente calificadas

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Phone: (760) 520-8200  
Fax: (360) 462-2749  
After Hours Phone: (760) 520-8200  
License number: 080000483  
NPI: 1487826772  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
American Sign Language (ASL): No  
♿ Accessibility: WMedical  
Group/IPA: Ihp Of Southern California  
Website: www.ihpsocal.org  
Email:

### **NEIGHBORHOOD HEALTHCARE GRAND AVE**

Provider ID: 206269  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
Phone: (760) 520-8200  
Fax: (360) 462-2749  
After Hours Phone: (760) 520-8200  
License number: 080000397  
NPI: 1487826772  
Accepting New Patients: Yes  
Min/Max Age: None

Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
American Sign Language (ASL): No  
♿ Accessibility: WMedical  
Group/IPA: Ihp Of Southern California  
Website: www.ihpsocal.org  
Email:

### **NEIGHBORHOOD HEALTHCARE GRAND AVE**

Provider ID: 206269  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
Phone: (760) 520-8200  
Fax: (360) 462-2749  
After Hours Phone: (760) 520-8200  
License number: 550000697  
NPI: 1487826772  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
American Sign Language (ASL): No  
♿ Accessibility: WMedical

Group/IPA: Ihp Of Southern California  
Website: www.ihpsocal.org  
Email:

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

Provider ID: 424775  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
Phone: (760) 690-5900  
Fax: (360) 462-2747  
After Hours Phone: (760) 690-5900

License number: 550000511  
NPI: 1437335353  
Accepting New Patients: Yes  
Min/Max Age: 0/21  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
American Sign Language (ASL): No  
♿ Accessibility: Medical  
Group/IPA: Ihp Of Southern California  
Website:  
Email:

### **NEIGHBORHOOD HEALTHCARE PIDS AND PRENATAL**

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## B. Clínicas de salud federalmente calificadas

Provider ID: 206266  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
Phone: (760) 520-8340  
Fax: (360) 462-2752  
After Hours Phone: (760)  
520-8340

License number:

NPI: 1265618185

Accepting New Patients: Yes

Min/Max Age: 0/21

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA  
9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: WMedical

Group/IPA: Ihp Of Southern  
California

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

Email:

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax: (360) 462-2748  
After Hours Phone: (760)  
737-6900  
License number: 080000158

NPI: 1720264641

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

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

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

WMedical Group/IPA: Ihp Of  
Southern California

Website:

Email:

### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941  
704 E GRAND AVE  
ESCONDIDO, CA 92025-4405  
Phone: (619) 662-4100  
Fax: (619) 662-7952  
After Hours Phone: (619)  
662-4100

License number:

NPI: 1801438239

Accepting New Patients: Yes

Min/Max Age: 0/120

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Ihp Of Southern  
California

Website:

Email:

### FALLBROOK

#### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910  
1328 S MISSION RD  
FALLBROOK, CA 92028-4006  
Phone: (760) 451-4720  
Fax: (760) 451-4700  
After Hours Phone: (760)  
451-4720

License number: 080000150

NPI: 1982756086

Accepting New Patients: Yes

Min/Max Age: 0/999

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Cultural Competency: No

Hours: M-SA 8AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

WMedical Group/IPA: Ihp Of  
Southern California

Website:

Email:

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## B. Clínicas de salud federalmente calificadas

### JULIAN

#### JULIAN MEDICAL CENTER

Provider ID: 185180  
 2721 WASHINGTON ST  
 JULIAN, CA 92036-9233  
 Phone: (760) 765-1223  
 Fax: (760) 765-1278  
 After Hours Phone: (760)  
 765-1223  
 License number: 080000651  
 NPI: 1700946969  
 Accepting New Patients: Yes  
 Min/Max Age: 0/999  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-SA 9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: WMedical  
 Group/IPA: Borrego  
 Community Health Foundtion  
 Website:  
 Email:

### LA MESA

#### LA MESA PEDIATRICS

Provider ID: 480827  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135

Phone: (619) 464-6434  
 Fax: (619) 464-5109  
 After Hours Phone: (619)  
 464-6434  
 License number: 550000430  
 NPI: 1033759311  
 Accepting New Patients: Yes  
 Min/Max Age: 0/21  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-SA 9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: WMedical  
 Group/IPA: Borrego  
 Community Health Foundtion  
 Website:  
 Email:

### LAKESIDE

#### NEIGHBORHOOD HEALTHCARE LAKESIDE

Provider ID: 353843  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: (858) 218-3000  
 Fax: (360) 462-2744  
 After Hours Phone: (858)  
 218-3000  
 License number: 080000483  
 NPI: 1932384120  
 Accepting New Patients: Yes

Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: WMedical  
 Group/IPA: lhp Of Southern  
 California  
 Website: www.ihpsocal.org  
 Email:

### LEMON GROVE

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: (619) 515-2550  
 Fax: (619) 825-9577  
 After Hours Phone: (619)  
 515-2550  
 License number: 550001268  
 NPI: 1427282466  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM

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## B. Clínicas de salud federalmente calificadas

<p>American Sign Language (ASL): No          Accessibility: P, EB, IB, E, T          Medical Group/IPA: Family Health Centers Of San Diego          Website:          Email:</p>	<p>Health Centers Of San Diego          Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>          Email:</p>	<p>2101 GRANGER AVE          NATIONAL CITY, CA 91950-6208          Phone: (844) 200-2426          Fax: (619) 434-8999          After Hours Phone: (844) 200-2426          License number: 550002622          NPI: 1205134517          Accepting New Patients: Yes          Min/Max Age: None          Site English Spoken: Yes          Site Language(s) Spoken:          Cultural Competency: No          Hours: M-F 8AM-5PM, SA 9AM-5PM          American Sign Language (ASL): No          Accessibility: Medical          Group/IPA: Operation Samahan          Website:  <a href="http://www.operationsamahan.org">www.operationsamahan.org</a>          Email:</p>
<p><b>NATIONAL CITY</b></p>	<p><b>OPERATION SAMAHAN - NATIONAL C</b></p>	<p>Provider ID: 417102          2743 HIGHLAND AVE          NATIONAL CITY, CA 91950-7410          Phone: (844) 200-2426          Fax: (619) 474-3919          After Hours Phone: (844) 200-2426          License number: 090000183          NPI: 1801907449          Accepting New Patients: Yes          Min/Max Age: None          Site English Spoken: Yes          Site Language(s) Spoken: Tagalog, Lao, Spanish          Cultural Competency: No          Hours: M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM          American Sign Language (ASL): No          Accessibility: W          Medical Group/IPA: Operation Samahan          Website:  <a href="http://www.operationsamahan.org">www.operationsamahan.org</a>          Email:</p>
<p><b>FAMILY HEALTH CTR SD NATIONAL CITY</b>          Provider ID: 418930          1000 EUCLID AVE          NATIONAL CITY, CA 91950-3856          Phone: (619) 515-2399          Fax: (619) 269-0053          After Hours Phone: (619) 515-2399          License number: 550000465          NPI: 1417409228          Accepting New Patients: Yes          Min/Max Age: None          Site English Spoken: Yes          Site Language(s) Spoken:          Cultural Competency: No          Hours: M,W,F 8:30AM-3:30PM, TU,TH 10:30AM-5:30PM, SA 9AM-5PM          American Sign Language (ASL): No          Accessibility: P, EB, IB, E, R, T          Medical Group/IPA: Family</p>	<p><b>OPERATION SAMAHAN - NATIONAL C</b>          Provider ID: 417102          2743 HIGHLAND AVE          NATIONAL CITY, CA 91950-7410          Phone: (844) 200-2426          Fax: (619) 474-3919          After Hours Phone: (844) 200-2426          License number: 090000183          NPI: 1801907449          Accepting New Patients: Yes          Min/Max Age: None          Site English Spoken: Yes          Site Language(s) Spoken: Tagalog, Lao, Spanish          Cultural Competency: No          Hours: M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM          American Sign Language (ASL): No          Accessibility: W          Medical Group/IPA: Operation Samahan          Website:  <a href="http://www.operationsamahan.org">www.operationsamahan.org</a>          Email:</p>	<p><b>SAN YSIDRO HEALTH NATIONAL CITY</b>          Provider ID: 227412          1136 D AVE          NATIONAL CITY, CA 91950-3412          Phone: (619) 662-4100          Fax: (619) 336-2323          After Hours Phone: (619) 662-4100          License number:</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## B. Clínicas de salud federalmente calificadas

NPI: 1003869363  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

American Sign Language (ASL):  
 No  
 ♿ Accessibility: WMedical  
 Group/IPA: Ihp Of Southern  
 California  
 Website: www.ihpsocal.org  
 Email:

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

Provider ID: 227418  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
 Phone: (619) 662-4100  
 Fax: (619) 259-2807  
 After Hours Phone: (619)  
 662-4100  
 License number:  
 NPI: 1598907487  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA

9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 WMedical Group/IPA: Ihp Of  
 Southern California  
 Website: www.ihpsocal.org  
 Email:

### **SAN YSIDRO HEALTH SOUTH BAY**

Provider ID: 361428  
 330 E 8TH ST  
 NATIONAL CITY, CA 91950-2312  
 Phone: (619) 662-4100  
 Fax: (619) 259-2807  
 After Hours Phone: (619)  
 662-4100  
 License number:  
 NPI: 1851757215  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: WMedical  
 Group/IPA: Ihp Of Southern  
 California  
 Website: www.ihpsocal.org  
 Email:

## OCEANSIDE

### **TRUECARE**

Provider ID: 296476  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
 Phone: (760) 757-4566  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 757-4566  
 License number: 080000240  
 NPI: 1245246917  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: M-SA 8AM-5PM  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: WMedical  
 Group/IPA: Ihp Of Southern  
 California  
 Website: www.ihpsocal.org  
 Email:

### **TRUECARE**

Provider ID: 480247  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701

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## B. Clínicas de salud federalmente calificadas

Phone: (760) 757-5841  
 Fax: (760) 736-8740  
 After Hours Phone: (760) 757-5841  
 License number: 080000637  
 NPI: 1245246917  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 8AM-4:30PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: Medical  
 Group/IPA: Ihp Of Southern California  
 Website:  
 Email:

### **TRUECARE**

Provider ID: 480247  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
 Phone: (760) 757-5841  
 Fax: (760) 736-8740  
 After Hours Phone: (760) 757-5841  
 License number: 080000531  
 NPI: 1245246917  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes

Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 8AM-4:30PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: Medical  
 Group/IPA: Ihp Of Southern California  
 Website:  
 Email:

### **TRUECARE**

Provider ID: 480315  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
 Phone: (760) 433-3155  
 Fax: (760) 736-8740  
 After Hours Phone: (760) 433-3155  
 License number: 080000240  
 NPI: 1245246917  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: Medical  
 Group/IPA: Ihp Of Southern California

Website:  
 Email:

### **VISTA COMMUNITY CLINIC HORNE STREET**

Provider ID: 402436  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000

License number: 080000745  
 NPI: 1437245412

Accepting New Patients: Yes  
 Min/Max Age: 0/999  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-4PM

American Sign Language (ASL): No  
 ♿ Accessibility: WMedical  
 Group/IPA: Ihp Of Southern California  
 Website:  
 Email:

### **VISTA COMMUNITY CLINIC PIER VIEW WAY**

Provider ID: 402434  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## B. Clínicas de salud federalmente calificadas

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 License number: 080000510  
 NPI: 1649363375  
 Accepting New Patients: No  
 Min/Max Age: 0/999  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: WMedical Group/IPA: Ihp Of Southern California  
 Website: www.ihpsocal.org  
 Email:

### POWAY

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187  
 13010 POWAY RD  
 POWAY, CA 92064  
 Phone: (858) 218-3000  
 Fax: (360) 462-2742  
 After Hours Phone: (858) 218-3000  
 License number: 550004321

NPI: 1023518768  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: Medical Group/IPA: Ihp Of Southern California  
 Website:  
 Email:

### PAUMA VALLEY

#### NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

Provider ID: 206267  
 16650 HIGHWAY 76  
 PAUMA VALLEY, CA 92061-9524  
 Phone: (760) 742-9919  
 Fax: (858) 633-4696  
 After Hours Phone: (760) 742-9919  
 License number: 080000611  
 NPI: 1407031693  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

Cultural Competency: No  
 Hours: M-F 8AM-4:30PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, WMedical Group/IPA: Ihp Of Southern California  
 Website: www.ihpsocal.org  
 Email:

### RAMONA

#### TRUECARE

Provider ID: 449438  
 220 ROTANZI ST  
 RAMONA, CA 92065-2583  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 License number: 080000149  
 NPI: 1245246917  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 8AM-12PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, RMedical Group/IPA: Ihp Of

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## B. Clínicas de salud federalmente calificadas

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

### SAN DIEGO

#### CITY HEIGHTS FAMILY HEALTH CENTERS INC

Provider ID: 206353  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax: (619) 546-9800  
 After Hours Phone: (619) 515-2400  
 License number:  
 NPI: 1023054004  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Vietnamese  
 Cultural Competency: No  
 Hours: M-SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Medical Group/IPA: Family Health Centers Of San Diego  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email:

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2560  
 Fax: (619) 263-2499  
 After Hours Phone: (619) 515-2560  
 License number:  
 NPI: 1982747671  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Medical Group/IPA: Family Health Centers Of San Diego  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email:

#### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2430  
 Fax: (619) 578-2410  
 After Hours Phone: (619) 515-2430  
 License number: 550002251  
 NPI: 1588901045  
 Accepting New Patients: Yes  
 Min/Max Age: None

Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: Medical Group/IPA: Family Health Centers Of San Diego  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email:

#### FAMILY HEALTH CTR OF SD-ELM ST

Provider ID: 419167  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax: (619) 231-0431  
 After Hours Phone: (619) 515-2520  
 License number: 550002061  
 NPI: 1316419070  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: IB, E, R  
 Medical

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## B. Clínicas de salud federalmente calificadas

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Group/IPA: Family Health  
Centers Of San Diego  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142  
5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
Phone: (619) 515-2454  
Fax: (619) 794-2696  
After Hours Phone: (619)  
515-2454  
License number: 550003556  
NPI: 1336525906  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM  
American Sign Language (ASL):  
No

⌘ Accessibility: Medical  
Group/IPA: Family Health  
Centers Of San Diego  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

2325 COMMERCIAL ST STE  
1400  
SAN DIEGO, CA 92113-1195  
Phone: (619) 515-2422  
Fax: (619) 269-0053

After Hours Phone: (619)  
515-2422  
License number: 550003113  
NPI: 1235521782  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

American Sign Language (ASL):  
No  
⌘ Accessibility: Medical  
Group/IPA: Family Health  
Centers Of San Diego  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

### **FAMILY HLTH CTR SAN DIEGO-CITY COLLEGE**

Provider ID: 417429  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2525  
Fax: (619) 501-5814  
After Hours Phone: (619)  
515-2525  
License number: 550002865  
NPI: 1952729303

Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM  
American Sign Language (ASL):  
No  
⌘ Accessibility: Medical  
Group/IPA: Family Health  
Centers Of San Diego  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

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

Provider ID: 402851  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2444  
Fax: (858) 488-1394  
After Hours Phone: (619)  
515-2444  
License number: 080000115  
NPI: 1386689701  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM  
American Sign Language (ASL):

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## B. Clínicas de salud federalmente calificadas

<p>No          ♿ <i>Accessibility: Medical</i>  <i>Group/IPA: Family Health Centers Of San Diego</i>  <i>Website: www.fhcsd.org</i>  <i>Email:</i></p>	<p><i>Provider ID: 451167</i>            950 S EUCLID AVE            SAN DIEGO, CA 92114-6201  <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 662-4158</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>License number:</i>  <i>NPI: 1538262092</i></p>	<p><i>Accepting New Patients: Yes</i>  <i>Min/Max Age: None</i>  <i>Site English Spoken: Yes</i>  <i>Site Language(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</i>  <i>Cultural Competency: No</i>  <i>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</i>  <i>American Sign Language (ASL):</i></p>
<p><b>FAMILY HLTH CTR SD HILLCREST</b>  <i>Provider ID: 417937</i>            4094 4TH AVE            SAN DIEGO, CA 92103-2143  <i>Phone: (619) 515-2545</i>  <i>Fax: (619) 501-9645</i>  <i>After Hours Phone: (619) 515-2545</i>  <i>License number: 550003099</i>  <i>NPI: 1629456900</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: None</i>  <i>Site English Spoken: Yes</i>  <i>Site Language(s) Spoken: Cultural Competency: No</i>  <i>Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM</i>  <i>American Sign Language (ASL):</i></p>	<p><i>Accepting New Patients: Yes</i>  <i>Min/Max Age: None</i>  <i>Site English Spoken: Yes</i>  <i>Site Language(s) Spoken: Cultural Competency: No</i>  <i>Hours: M-F 8AM-5PM, SA 8AM-4PM</i>  <i>American Sign Language (ASL):</i></p>	<p>No          ♿ <i>Accessibility: P, EB, IB, E, R, T,</i>  <i>WMedical Group/IPA: Ihp Of Southern California</i>  <i>Website: www.sdfamilycare.org</i>  <i>Email:</i></p>
<p><b>KING CHAVEZ HEALTH CENTER</b>          No          ♿ <i>Accessibility: Medical</i>  <i>Group/IPA: Family Health Centers Of San Diego</i>  <i>Website: www.fhcsd.org</i>  <i>Email:</i></p>	<p><b>LINDA VISTA HEALTH CARE CTR</b>  <i>Provider ID: 206046</i>            6973 LINDA VISTA RD            SAN DIEGO, CA 92111-6342  <i>Phone: (858) 279-0925</i>  <i>Fax: (858) 633-4680</i>  <i>After Hours Phone: (858) 279-0925</i>  <i>License number:</i>  <i>NPI: 1609905215</i></p>	<p><b>LINDA VISTA HEALTH CARE CTR</b>  <i>Provider ID: 206046</i>            6973 LINDA VISTA RD            SAN DIEGO, CA 92111-6342  <i>Phone: (858) 279-0925</i>  <i>Fax: (858) 633-4680</i>  <i>After Hours Phone: (858) 279-0925</i>  <i>License number:</i>  <i>NPI: 1780665877</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: None</i>  <i>Site English Spoken: Yes</i>  <i>Site Language(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</i></p>

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## B. Clínicas de salud federalmente calificadas

<p><i>Cultural Competency:</i> No  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T,  WMedical Group/IPA: lhp Of Southern California  <i>Website:</i> www.sdfamilycare.org  <i>Email:</i></p>	<p><i>WMedical Group/IPA:</i> lhp Of Southern California  <i>Website:</i> www.ibclinic.org  <i>Email:</i></p>	<p><i>Phone:</i> (619) 515-2424  <i>Fax:</i> (619) 683-7586  <i>After Hours Phone:</i> (619) 515-2424  <i>License number:</i> 090000469  <i>NPI:</i> 1700821303  <i>Accepting New Patients:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hours:</i> M-TH 8AM-5PM, F,SA 9AM-5PM  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T,  MEMedical Group/IPA: Family Health Centers Of San Diego  <i>Website:</i> www.fhcsd.org  <i>Email:</i></p>
<p><b>NESTOR COMMUNITY HEALTH CENTER</b>  <i>Provider ID:</i> 214492  1016 OUTER RD  SAN DIEGO, CA 92154-1351  <i>Phone:</i> (619) 429-3733  <i>Fax:</i> (619) 628-5550  <i>After Hours Phone:</i> (619) 429-3733  <i>License number:</i> 550001474  <i>NPI:</i> 1215246996  <i>Accepting New Patients:</i> Yes  <i>Min/Max Age:</i> None  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hours:</i> M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, IB, E, R, T,</p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b>  <i>Provider ID:</i> 206362  3544 30TH ST  SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i> (619) 501-0627  <i>After Hours Phone:</i> (619) 515-2424  <i>License number:</i>  <i>NPI:</i> 1700821303  <i>Accepting New Patients:</i> Yes  <i>Min/Max Age:</i> None  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hours:</i> M-SA 9AM-5PM  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T,  MEMedical Group/IPA: Family Health Centers Of San Diego  <i>Website:</i> www.fhcsd.org  <i>Email:</i></p>	<p><b>OPERATION SAMAHAN - MIRA MESA</b>  <i>Provider ID:</i> 417101  10737 CAMINO RUIZ STE 235  SAN DIEGO, CA 92126-2375  <i>Phone:</i> (844) 200-2426  <i>Fax:</i> (858) 578-4417  <i>After Hours Phone:</i> (844) 200-2426  <i>License number:</i> 080000146  <i>NPI:</i> 1871680397  <i>Accepting New Patients:</i> Yes  <i>Min/Max Age:</i> None</p>
<p><b>NORTH PARK FAMILY HEALTH CENTERS</b>  <i>Provider ID:</i> 416831  3514 30TH ST  SAN DIEGO, CA 92104-4120</p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b>  <i>Provider ID:</i> 416831  3514 30TH ST  SAN DIEGO, CA 92104-4120</p>	<p><b>NORTH PARK FAMILY HEALTH CENTERS</b>  <i>Provider ID:</i> 416831  3514 30TH ST  SAN DIEGO, CA 92104-4120</p>

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## B. Clínicas de salud federalmente calificadas

<p>Site English Spoken: Yes  Site Language(s) Spoken: Spanish, Tagalog  Cultural Competency: No  Hours: M-F 8AM-4:30PM, SA 9AM-5PM  American Sign Language (ASL): No  🔗 Accessibility: WMedical  Group/IPA: Operation Samahan  Website: www.operationsamahan.org  Email:</p>	<p>🔗 Accessibility: Medical  Group/IPA: Operation Samahan  Website: www.operationsamahan.org  Email:</p>	<p>Website: www.operationsamahan.org  Email:</p>
<p><b>OPERATION SAMAHAN - MIRA MESA</b>  Provider ID: 432308  9855 ERMA RD STE 105  SAN DIEGO, CA 92131-1007  Phone: (844) 200-2426  Fax: (858) 536-8034  After Hours Phone: (844) 200-2426  License number: 080000146  NPI: 1861933897  Accepting New Patients: No  Min/Max Age: 0/999  Site English Spoken: Yes  Site Language(s) Spoken:  Cultural Competency: No  Hours: M-SA 9AM-5PM  American Sign Language (ASL): No</p>	<p><b>OPERATION SAMAHAN RANCHO PENASQUITOS</b>  Provider ID: 418535  9995 CARMEL MOUNTAIN RD STE B10 AND B11  SAN DIEGO, CA 92129-2889  Phone: (844) 200-2426  Fax: (858) 695-9074  After Hours Phone: (844) 200-2426  License number: 550002478  NPI: 1699216622  Accepting New Patients: Yes  Min/Max Age: None  Site English Spoken: Yes  Site Language(s) Spoken: Spanish  Cultural Competency: No  Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM  American Sign Language (ASL): No  🔗 Accessibility: Medical  Group/IPA: Operation Samahan  Website: www.operationsamahan.org  Email:</p>	<p><b>OPERATION SAMAHAN RANCHO PENASQUITOS</b>  Provider ID: 418535  9995 CARMEL MOUNTAIN RD STE B10 AND B11  SAN DIEGO, CA 92129-2889  Phone: (844) 200-2426  Fax: (858) 695-9074  After Hours Phone: (844) 200-2426  License number: 550003857  NPI: 1699216622  Accepting New Patients: Yes  Min/Max Age: None  Site English Spoken: Yes  Site Language(s) Spoken: Spanish  Cultural Competency: No  Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM  American Sign Language (ASL): No  🔗 Accessibility: Medical  Group/IPA: Operation Samahan  Website: www.operationsamahan.org  Email:</p>
		<p><b>SAN DIEGO AMERICAN INDIAN</b></p>

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## B. Clínicas de salud federalmente calificadas

### HEALTH CENTER

Provider ID: 207382  
 2630 1ST AVE  
 SAN DIEGO, CA 92103-6599  
 Phone: (619) 234-2158  
 Fax: (619) 234-0206  
 After Hours Phone: (619) 234-2158  
 License number: 090000168  
 NPI: 1003902917  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Korean, Spanish, Hindi  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: WMedical  
 Group/IPA: Ihp Of Southern California  
 Website: [www.sdaihc.org](http://www.sdaihc.org)  
 Email:

### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403  
 316 25TH ST  
 SAN DIEGO, CA 92102-3016

Phone: (619) 238-5551  
 Fax: (619) 238-3807  
 After Hours Phone: (619) 238-5551  
 License number:  
 NPI: 1598308926  
 Accepting New Patients: Yes  
 Min/Max Age: 0/120  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: Medical  
 Group/IPA: Ihp Of Southern California  
 Website:  
 Email:

### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: (619) 662-4100  
 Fax: (619) 595-0258  
 After Hours Phone: (619) 662-4100  
 License number:  
 NPI: 1326225632  
 Accepting New Patients: Yes  
 Min/Max Age: None

Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: WMedical  
 Group/IPA: Ihp Of Southern California  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Email:

### SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115-4403  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 License number: 550003882  
 NPI: 1205477841  
 Accepting New Patients: Yes  
 Min/Max Age: 0/120  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: Medical

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## B. Clínicas de salud federalmente calificadas

Group/IPA: Ihp Of Southern California

Website:

Email:

### SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

2391 ISLAND AVE

SAN DIEGO, CA 92102-2941

Phone: (619) 515-2435

Fax: (619) 515-2435

After Hours Phone: (619) 515-2435

License number:

NPI: 1174549232

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

WMedical Group/IPA: Family

Health Centers Of San Diego

Website:

Email:

### SAN MARCOS

### TRUECARE

Provider ID: 206426

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

License number: 080000167

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-SA 8AM-5PM

American Sign Language (ASL): No

♿ Accessibility: P, EB, IB, E, R, T,

WMedical Group/IPA: Ihp Of Southern California

Website: www.ihpsocal.org

Email:

### SAN YSIDRO

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619) 662-4100

License number:

NPI: 1952364747

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8:30AM-5PM, SA 9AM-5PM

American Sign Language (ASL): No

♿ Accessibility: WMedical

Group/IPA: Ihp Of Southern California

Website: www.ihpsocal.org

Email:

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)

662-4100

License number:

NPI: 1952364747

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Tagalog, Portuguese

Cultural Competency: No

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

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## B. Clínicas de salud federalmente calificadas

8:30AM-2PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Ihp Of Southern California

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

Email:

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

Provider ID: 227469

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

Phone: (619) 662-4100

Fax: (619) 600-4870

After Hours Phone: (619) 662-4100

License number:

NPI: 1801438239

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: WMedical

Group/IPA: Ihp Of Southern California

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

Email:

### **SANTEE**

#### **SAN YSIDRO HEALTH SANTEE FAMILY MEDICINE**

Provider ID: 520609

120 TOWN CENTER PKWY  
SANTEE, CA 92071-5801

Phone: (619) 445-6687

Fax: (619) 873-3477

After Hours Phone: (619) 445-6687

License number: 550003575

NPI: 1376184911

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M 10:30AM-11:45AM,  
TU-SA 9AM-5PM

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB,

EMedical Group/IPA: Ihp Of Southern California

Website:

<https://www.southbayhearing.com/>

Email:

### **SPRING VALLEY**

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2555

Fax: (619) 462-5584

After Hours Phone: (619) 515-2555

License number:

NPI: 1508801069

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-SA 9AM-5PM

American Sign Language (ASL):  
No

♿ Accessibility: MEMedical

Group/IPA: Family Health Centers Of San Diego

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

Email:

### **VISTA**

#### **VCC DURIAN**

Provider ID: 411518

105 DURIAN ST STE A  
VISTA, CA 92083-6206

Phone: (844) 308-5003

Fax: (760) 414-3892

After Hours Phone: (844) 308-5003

License number: 1851300123

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## B. Clínicas de salud federalmente calificadas

---

NPI: 1851300123  
Accepting New Patients: Yes  
Min/Max Age: 0/999  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8:30AM-5PM, SA  
9AM-5PM

American Sign Language (ASL):  
No  
♿ Accessibility: Medical  
Group/IPA: Ihp Of Southern  
California  
Website:  
Email:

### **VCC DURIAN**

Provider ID: 411518  
105 DURIAN ST STE A  
VISTA, CA 92083-6206  
Phone: (844) 308-5003  
Fax: (760) 414-3892  
After Hours Phone: (844)  
308-5003  
License number: 080000328  
NPI: 1851300123  
Accepting New Patients: Yes  
Min/Max Age: 0/999  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8:30AM-5PM, SA  
9AM-5PM  
American Sign Language (ASL):

No  
♿ Accessibility: Medical  
Group/IPA: Ihp Of Southern  
California  
Website:  
Email:

### **VISTA COMMUNITY CLINIC GRAPEVINE**

Provider ID: 400339  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000

License number: 080000328

NPI: 1851300123  
Accepting New Patients: Yes  
Min/Max Age: 0/999  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M,W-F 8AM-5PM, TU  
10:30AM-7:30PM, SA 9AM-5PM  
American Sign Language (ASL):

No  
♿ Accessibility: WMedical  
Group/IPA: Ihp Of Southern  
California  
Website:  
Email:

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

### ALPINE

#### CERTIFIED NURSE PRACTITIONER

##### KAHL, NICHOLAS D

Provider ID: 517802  
 Provider Gender: Male  
 License number: NP95006360  
 NPI: 1821306598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.mtnhealth.org  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM

##### TODD, MIKAYLA S

Provider ID: 517802

Provider Gender: Female  
 License number: NP95005999  
 NPI: 1316478092

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

Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA

1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
 Phone: (619) 662-4100

Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.mtnhealth.org

Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM

#### CHIROPRACTOR

##### ABDULRAHIM, AHMED M

Provider ID: 517802  
 Provider Gender: Male  
 License number: DC28335  
 NPI: 1619040292  
 Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA

1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100

Website: www.mtnhealth.org  
 Email:  
 Medi-Cal Open Panel: Yes

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM

#### FAMILY PRACTICE

##### BAUTISTA, LUIS G

Provider ID: 517802  
 Provider Gender: Male  
 License number: A97270  
 NPI: 1295712206  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Fresno  
 Community Hospital, St Agnes

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Medical Center Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.mtnhealth.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M-SA 9AM-5PM</p>	<p>Phone: (619) 662-4100 Fax: (619) 205-6305 After Hours Phone: (619) 662-4100 Website: www.mtnhealth.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M-SA 9AM-5PM</p>	<p>Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M-SA 9AM-5PM</p>
<p><b>DUBE, BIANCA P</b> Provider ID: 517802 Provider Gender: Female License number: C172036 NPI: 1740535152 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103</p>	<p><b>ST CLAIR BROWN, TANEN T</b> Provider ID: 517802 Provider Gender: Male License number: 20A17296 NPI: 1487040739 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103 Phone: (619) 445-6200 Fax: After Hours Phone: (619) 445-6200 Website: www.mtnhealth.org Email: Medi-Cal Open Panel: Yes</p>	<p><b>FQHC</b></p> <p><b>SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,</b> Provider ID: 517802 Provider Gender: License number: 090000681 NPI: 1770124315 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: IHP OF SOUTHERN CALIFORNIA 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.mtnhealth.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### **SAN YSIDRO HEALTH ALPINE PEDIATRICS MED CLINIC,**

Provider ID: 541825

Provider Gender:

License number: 550002514

NPI: 1770178444

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP OF SOUTHERN

CALIFORNIA

2733 ALPINE BLVD STE 200

ALPINE, CA 91901-2253

Phone: (619) 445-5664

Fax: (619) 445-3531

After Hours Phone: (619)

445-5664

Website: www.syhealth.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: EB, IB, W

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

9AM-5PM

### **PEDIATRICS**

### **STENSMAN, LARS M**

Provider ID: 517802

Provider Gender: Male

License number: A158569

NPI: 1659638062

Provider English Spoken: Yes

Provider Language(s) Spoken:

Danish, French, Norwegian,

Swedish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1620 ALPINE BLVD STE 110

ALPINE, CA 91901-1103

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.mtnhealth.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### **PHYSICIANS ASSISTANT**

### **BAISLEY, SHAWN M**

Provider ID: 517802

Provider Gender: Male

License number: PA52347

NPI: 1376936120

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1620 ALPINE BLVD STE 110

ALPINE, CA 91901-1103

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.mtnhealth.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### **SHARPE, NORMA A**

Provider ID: 517802

Provider Gender: Female

License number: PA20490

NPI: 1619100237

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

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## C. Directorio de proveedores de atención primaria

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### BORREGO SPRINGS

#### DERMATOLOGY

#### GREENWAY, HUBERT T

Provider ID: 185179

Provider Gender: Male

License number: C39104

NPI: 1366419004

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

4343 YAQUI PASS RD

BORREGO SPRINGS, CA 92004

Phone: (760) 767-5051

Fax:

After Hours Phone: (760)

767-5051

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility: W

Hours: M-SA 9AM-5PM

#### ZELAC, DANIEL E

Provider ID: 185179

Provider Gender: Male

License number: G85319

NPI: 1891709903

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Rady

Childrens Hospital San Diego,

Scripps Green Hospital

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

4343 YAQUI PASS RD

BORREGO SPRINGS, CA 92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760)

767-5051

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility: W

Hours: M-SA 9AM-5PM

### FQHC

#### BORREGO MEDICAL CLINIC,

Provider ID: 185179

Provider Gender:

License number: 080000651

NPI: 1134144165

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

BORREGO COMMUNITY

HEALTH FOUNDTION

4343 YAQUI PASS RD

BORREGO SPRINGS, CA 92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760)

767-5051

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### CAMPO

#### FAMILY PRACTICE

#### KAUFHOLD, ANNE D

Provider ID: 519686  
 Provider Gender: Female  
 License number: A88893  
 NPI: 1164508073  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1388 BUCKMAN SPRINGS RD  
 CAMPO, CA 91906-2028  
 Phone: (619) 445-6200  
 Fax:  
 After Hours Phone: (619)  
 445-6200  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/120  
 American Sign Language (ASL):

No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

#### ROGERS, MATTHEW W

Provider ID: 519686  
 Provider Gender: Male  
 License number: 20A18400  
 NPI: 1639606130  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1388 BUCKMAN SPRINGS RD  
 CAMPO, CA 91906-2028  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/120  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

#### ST CLAIR BROWN, TANEN T

Provider ID: 519686  
 Provider Gender: Male

License number: 20A17296  
 NPI: 1487040739  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1388 BUCKMAN SPRINGS RD  
 CAMPO, CA 91906-2028  
 Phone: (619) 445-6200  
 Fax:  
 After Hours Phone: (619)  
 445-6200  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/120  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### FQHC

#### SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE,

Provider ID: 519686  
 Provider Gender:  
 License number: 090000660  
 NPI: 1174164719  
 Provider English Spoken: Yes

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> CALIFORNIA  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i>          IHP OF SOUTHERN CALIFORNIA          1388 BUCKMAN SPRINGS RD          CAMPO, CA 91906-2028  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/120  <i>American Sign Language (ASL):</i>          No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p>	<p>CALIFORNIA          1388 BUCKMAN SPRINGS RD          CAMPO, CA 91906-2028  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/120  <i>American Sign Language (ASL):</i>          No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p>	<p>CARLSBAD, CA 92008-1950  <i>Phone:</i> (760) 736-6767  <i>Fax:</i> (760) 720-7204  <i>After Hours Phone:</i> (760) 736-6767  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>          No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 8AM-2PM</p>
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### CARLSBAD

### FQHC

### TRUECARE,

*Provider ID:* 480120  
*Provider Gender:*  
*License number:* 080000630  
*NPI:* 1245246917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 IHP OF SOUTHERN CALIFORNIA  
 1295 CARLSBAD VILLAGE DR  
 STE 100

### INTERNAL MEDICINE

### PONIACHIK, SAMUEL I

*Provider ID:* 480120  
*Provider Gender:* Male  
*License number:* G74757  
*NPI:* 1467485078  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1295 CARLSBAD VILLAGE DR  
 STE 100  
 CARLSBAD, CA 92008-1950

### PHYSICIANS ASSISTANT

### SHARPE, NORMA A

*Provider ID:* 519686  
*Provider Gender:* Female  
*License number:* PA20490  
*NPI:* 1619100237  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)  
736-6767

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)  
736-6767

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

Phone: (760) 633-3640

Fax: (760) 633-3644

After Hours Phone: (760)  
633-3640

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### OBSTETRICS / GYNECOLOGY

#### **POUNTNEY, MARLENE E**

Provider ID: 480120

Provider Gender: Female

License number: A93248

NPI: 1174703680

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Palomar Medical  
Center

Board Certified Specialty: No  
IHP OF SOUTHERN

CALIFORNIA

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

### PEDIATRICS

#### **BURGAMY, ELIZABETH B**

Provider ID: 326275

Provider Gender: Female

License number: A99859

NPI: 1164609558

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas,

Sharp Memorial Hospital,  
Scripps Memorial Hospital

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK

3257 CAMINO DE LOS COCHES  
STE 202

CARLSBAD, CA 92009-8915

### GRANT, COLETTE L

Provider ID: 433808

Provider Gender: Female

License number: G65865

NPI: 1073638680

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Southwest Healthcare System

Wildomar, Southwest

Healthcare System Murrieta

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3257 CAMINO DE LOS COCHES  
STE 202

CARLSBAD, CA 92009-8915

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## C. Directorio de proveedores de atención primaria

Phone: (760) 633-3640  
 Fax:  
 After Hours Phone: (760) 633-3640  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **IYENGAR, RADHA A**

Provider ID: 480120  
 Provider Gender: Female  
 License number: A49273  
 NPI: 1265448112  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Spanish, Tamil  
 Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008-1950  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767

Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 8AM-2PM

### **JACOBSON, MICHAEL B**

Provider ID: 326268  
 Provider Gender: Male  
 License number: A88422  
 NPI: 1831284249  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Grossmont Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3257 CAMINO DE LOS COCHES STE 202  
 CARLSBAD, CA 92009-8915

Phone: (760) 633-3640  
 Fax: (760) 633-3644  
 After Hours Phone: (760) 633-3640  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **METSCH, RANDALL B**

Provider ID: 325891  
 Provider Gender: Male  
 License number: G69565  
 NPI: 1619948635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3257 CAMINO DE LOS COCHES STE 202  
 CARLSBAD, CA 92009-8915

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## C. Directorio de proveedores de atención primaria

Phone: (760) 633-3640

Fax: (760) 633-3644

After Hours Phone: (760)  
633-3640

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **MUTH, NATALIE D**

Provider ID: 328451

Provider Gender: Female

License number: A116344

NPI: 1497982888

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Scripps Memorial  
Hospital Encinitas, Scripps

Memorial Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3257 CAMINO DE LOS COCHES

STE 202

CARLSBAD, CA 92009-8915

Phone: (760) 633-3640

Fax: (760) 633-3644

After Hours Phone: (760)  
633-3640

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **TANAKA, MARY S**

Provider ID: 465387

Provider Gender: Female

License number: A116057

NPI: 1295962686

Provider English Spoken: Yes

Provider Language(s) Spoken:

Thai

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3257 CAMINO DE LOS COCHES

STE 202

CARLSBAD, CA 92009-8915

Phone: (760) 633-3640

Fax: (760) 633-3644

After Hours Phone: (760)

633-3640

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **ZACHRY, ALISON D**

Provider ID: 480120

Provider Gender: Female

License number: A131678

NPI: 1922402858

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Tri City Medical Ctr

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1295 CARLSBAD VILLAGE DR

STE 100

CARLSBAD, CA 92008-1950

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website:

Email:

Medi-Cal Open Panel: Yes

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## C. Directorio de proveedores de atención primaria

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

8AM-2PM

### PHYSICIANS ASSISTANT

#### CHISWICK, GARY R

Provider ID: 480120

Provider Gender: Male

License number: PA22667

NPI: 1174964001

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont Hospital

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1295 CARLSBAD VILLAGE DR

STE 100

CARLSBAD, CA 92008-1950

Phone: (760) 736-6767

Fax: (760) 720-7204

After Hours Phone: (760)

736-6767

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

8AM-2PM

#### RUSSO, KRISTA L

Provider ID: 480120

Provider Gender: Female

License number: PA53036

NPI: 1922471192

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1295 CARLSBAD VILLAGE DR

STE 100

CARLSBAD, CA 92008-1950

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

8AM-2PM

### CHULA VISTA

#### CERTIFIED NURSE

#### PRACTITIONER

#### ANTHONY, SHARON

Provider ID: 427322

Provider Gender: Female

License number: NP95015566

NPI: 1053887760

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

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## C. Directorio de proveedores de atención primaria

### **CHAPIN, DENISE L**

*Provider ID:* 206355  
*Provider Gender:* Female  
*License number:* NP23687  
*NPI:* 1952737033  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619)  
 515-2500  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T,  
 ME  
*Hours:* M-SA 9AM-5PM

### **FERNANDEZ LEYVA, JUAN C**

*Provider ID:* 206355  
*Provider Gender:* Male  
*License number:* NP95001964  
*NPI:* 1194115568  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619)  
 515-2500  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T,  
 ME  
*Hours:* M-SA 9AM-5PM

### **IBARRA, MARTHA A**

*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* NP12112  
*NPI:* 1114957289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps

Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **LEONARD, BEVERLY S**

*Provider ID:* 206355  
*Provider Gender:* Female  
*License number:* NP10943  
*NPI:* 1285772392  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>Phone: (619) 515-2500          Fax:          After Hours Phone: (619) 515-2500          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ☯ Accessibility: P, EB, IB, E, R, T, ME          Hours: M-SA 9AM-5PM</p> <p><b>OWEN, MICHAEL C</b>          Provider ID: 206355          Provider Gender: Female          License number: NP95001492          NPI: 1073869145          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Board Certified Specialty: No          FAMILY HEALTH CENTERS OF SAN DIEGO          251 LANDIS AVE          CHULA VISTA, CA 91910-2628          Phone: (619) 515-2500          Fax:          After Hours Phone: (619) 515-2500          Website: www.fhcsd.org</p>	<p>Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ☯ Accessibility: P, EB, IB, E, R, T, ME          Hours: M-SA 9AM-5PM</p> <p><b>ROSS, CRYSTAL H</b>          Provider ID: 427322          Provider Gender: Female          License number: NP95015413          NPI: 1548683378          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Grossmont Hospital          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          678 3RD AVE          CHULA VISTA, CA 91910-5736          Phone: (619) 662-4100          Fax:          After Hours Phone: (619) 662-4100          Website: www.ihpsocal.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None</p>	<p>American Sign Language (ASL): No          ☯ Accessibility: W          Hours: M-SA 9AM-5PM</p> <p><b>SOTO, ROBIN J</b>          Provider ID: 417641          Provider Gender: Female          License number: NP11778          NPI: 1487688099          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Board Certified Specialty: No          FAMILY HEALTH CENTERS OF SAN DIEGO          352 L ST          CHULA VISTA, CA 91911-1208          Phone: (619) 515-2325          Fax:          After Hours Phone: (619) 515-2325          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ☯ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>VEGA, TERESA</b></p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Provider ID: 206355  Provider Gender: Female  License number: NP95001705  NPI: 1912304569  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF SAN DIEGO  251 LANDIS AVE  CHULA VISTA, CA 91910-2628  Phone: (619) 515-2500  Fax:  After Hours Phone: (619) 515-2500  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T, ME  Hours: M-SA 9AM-5PM</p>	<p>Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF SAN DIEGO  251 LANDIS AVE  CHULA VISTA, CA 91910-2628  Phone: (619) 515-2500  Fax:  After Hours Phone: (619) 515-2500  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T, ME  Hours: M-SA 9AM-5PM</p>	<p>Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF SAN DIEGO  251 LANDIS AVE  CHULA VISTA, CA 91910-2628  Phone: (619) 515-2500  Fax:  After Hours Phone: (619) 515-2500  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T, ME  Hours: M-SA 9AM-5PM</p>
<hr/> <p><b>CHIROPRACTOR</b></p> <hr/>		
<p><b>WILLIAMS, TAKISHA K</b>  Provider ID: 206355  Provider Gender: Female  License number: NP95013978  NPI: 1881727386  Provider English Spoken: Yes</p>	<p><b>CERTIFIED REGISTERED NURSE  MIDWIFE</b></p> <p><b>BOSTON, LAURA H</b>  Provider ID: 206355  Provider Gender: Female  License number: NM792  NPI: 1174553259  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish</p>	<p><b>HASHEM, SHIVA</b>  Provider ID: 206355  Provider Gender: Female  License number: DC26269  NPI: 1952950776  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF</p>

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## C. Directorio de proveedores de atención primaria

SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2500  
Fax:  
After Hours Phone: (619)  
515-2500  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **KAZEM, HARON H**

Provider ID: 427322  
Provider Gender: Male  
License number: DC33295  
NPI: 1306221262  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
678 3RD AVE  
CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **PLANTE, CHARLES F**

Provider ID: 427322  
Provider Gender: Male  
License number: DC31963  
NPI: 1760464960  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
Email:

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **REYNOSO, ALFONSO**

Provider ID: 427322  
Provider Gender: Male  
License number: DC20760  
NPI: 1285921627  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

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## ENDOCRINOLOGY

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## C. Directorio de proveedores de atención primaria

<b>METABOLISM DIABETES</b>		
<p><b>CARRILLO, MARITZA E</b>            Provider ID: 427322            Provider Gender: Female            License number: A163183            NPI: 1649628587            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Memorial Hospital            Board Certified Specialty: No            IHP OF SOUTHERN            CALIFORNIA            678 3RD AVE            CHULA VISTA, CA 91910-5736            Phone: (619) 662-4100            Fax:            After Hours Phone: (619)            662-4100            Website: www.ihpsocal.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA            9AM-5PM</p>	<p>License number: A50477            NPI: 1922105964            Provider English Spoken: Yes            Provider Language(s) Spoken:            Greek            Cultural Competency: No            Hospital Affiliation: Scripps            Memorial Hospital Encinitas,            Scripps Green Hospital, Scripps            Memorial Hospital, Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista            Board Certified Specialty: No            IHP OF SOUTHERN            CALIFORNIA            678 3RD AVE            CHULA VISTA, CA 91910-5736            Phone: (619) 662-4100            Fax:            After Hours Phone: (619)            662-4100            Website: www.ihpsocal.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM</p>	<p>NPI: 1053757997            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Board Certified Specialty: No            IHP OF SOUTHERN            CALIFORNIA            678 3RD AVE            CHULA VISTA, CA 91910-5736            Phone: (619) 662-4100            Fax:            After Hours Phone: (619)            662-4100            Website: www.ihpsocal.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM</p>
<b>FAMILY PRACTICE</b>		
<p><b>PHILIS-TSIMIKAS, ATHENA</b>            Provider ID: 427322            Provider Gender: Female</p>	<p><b>VINCENT, LAUREN C</b>            Provider ID: 427322            Provider Gender: Female            License number: A134303</p>	<p><b>ALANIZ, MATEO A</b>            Provider ID: 427322            Provider Gender: Male            License number: A124388            NPI: 1700175577            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736 <i>Phone:</i> (619) 662-4100 <i>Fax:</i> <i>After Hours Phone:</i> (619) 662-4100 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> W <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>ARCE GOMEZ, LAURA E</b> <i>Provider ID:</i> 427322 <i>Provider Gender:</i> Female <i>License number:</i> A123604 <i>NPI:</i> 1053532986 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish, Tagalog <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Chula Vista Comm Hosp <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA</p>	<p>678 3RD AVE CHULA VISTA, CA 91910-5736 <i>Phone:</i> (619) 662-4100 <i>Fax:</i> <i>After Hours Phone:</i> (619) 662-4100 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> W <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>CAMPOS, MELISSA</b> <i>Provider ID:</i> 427322 <i>Provider Gender:</i> Female <i>License number:</i> A138474 <i>NPI:</i> 1427475318 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Mercy Hospital <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736</p>	<p><i>Phone:</i> (619) 662-4100 <i>Fax:</i> <i>After Hours Phone:</i> (619) 662-4100 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> W <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>CHERY, FARAH Y</b> <i>Provider ID:</i> 206355 <i>Provider Gender:</i> Female <i>License number:</i> A108681 <i>NPI:</i> 1114183688 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> El Centro Regional Medical Center, Sharp Chula Vista Med Ctr <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2500 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2500</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

Website: www.fhcsd.org	Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
Email:	Min/Max Age: None	
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	<b>DY, DIANE J</b>
Min/Max Age: None	No	Provider ID: 206355
American Sign Language (ASL):	♿ Accessibility:	Provider Gender: Female
No	Hours: M-F 8AM-5PM, SA	License number: A153344
♿ Accessibility: P, EB, IB, E, R, T,	9AM-5PM	NPI: 1467807560
ME		Provider English Spoken: Yes
Hours: M-F 8AM-5PM, SA	<b>DEIS, CRISTINA E</b>	Provider Language(s) Spoken:
9AM-5PM	Provider ID: 314546	Cultural Competency: No
	Provider Gender: Female	Hospital Affiliation:
	License number: A123170	Board Certified Specialty: No
<b>CHERY, FARAH Y</b>	NPI: 1639478811	FAMILY HEALTH CENTERS OF
Provider ID: 417641	Provider English Spoken: Yes	SAN DIEGO
Provider Gender: Female	Provider Language(s) Spoken:	251 LANDIS AVE
License number: A108681	Cultural Competency: No	CHULA VISTA, CA 91910-2628
NPI: 1114183688	Hospital Affiliation:	Phone: (619) 515-2500
Provider English Spoken: Yes	Board Certified Specialty: No	Fax:
Provider Language(s) Spoken:	IHP OF SOUTHERN	After Hours Phone: (619)
Spanish	CALIFORNIA	515-2500
Cultural Competency: No	1637 3RD AVE STE H	Website: www.fhcsd.org
Hospital Affiliation: El Centro	CHULA VISTA, CA 91911-5823	Email:
Regional Medical Center, Sharp	Phone: (619) 662-4100	Medi-Cal Open Panel: Yes
Chula Vista Med Ctr	Fax:	Min/Max Age: None
Board Certified Specialty: No	After Hours Phone: (619)	American Sign Language (ASL):
FAMILY HEALTH CENTERS OF	662-4100	No
SAN DIEGO	Website: www.ihpsocal.org	♿ Accessibility: P, EB, IB, E, R, T,
352 L ST	Email:	ME
CHULA VISTA, CA 91911-1208	Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
Phone: (619) 515-2325	Min/Max Age: None	
Fax:	American Sign Language (ASL):	<b>ELSAYED, MOHAMMED K, MD</b>
After Hours Phone: (619)	No	Provider ID: 19561
515-2325	♿ Accessibility: P, EB, IB, E, R, T,	Provider Gender: Male
Website: www.fhcsd.org	W	License number: A100765
Email:		NPI: 1821033424

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, German, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Scripps Mercy Hospital  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            330 OXFORD ST STE 106            CHULA VISTA, CA 91911-3118  <i>Phone:</i> (619) 409-1802  <i>Fax:</i> (619) 409-1831  <i>After Hours Phone:</i> (619) 409-1802  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i> EB, IB, E, R, W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i> Arabic, German, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Scripps Mercy Hospital  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD            330 OXFORD ST STE 106            CHULA VISTA, CA 91911-3118  <i>Phone:</i> (619) 409-1802  <i>Fax:</i> (619) 409-1831  <i>After Hours Phone:</i> (619) 409-1802  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i> EB, IB, E, R, W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Chula Vista Comm Hosp  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            1637 3RD AVE STE H            CHULA VISTA, CA 91911-5823  <i>Phone:</i> (619) 205-1360  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 205-1360  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i> P, EB, IB, E, R, T, W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>GARCIA, KARLA J</b>  <i>Provider ID:</i> 427322  <i>Provider Gender:</i> Female  <i>License number:</i> A120672  <i>NPI:</i> 1154647410  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps</p>
<p><b>ELSAYED, MOHAMMED K</b>  <i>Provider ID:</i> 19561  <i>Provider Gender:</i> Male  <i>License number:</i> A100765  <i>NPI:</i> 1821033424  <i>Provider English Spoken:</i> Yes</p>	<p><b>FLORES, MARIBEL C</b>  <i>Provider ID:</i> 314546  <i>Provider Gender:</i> Female  <i>License number:</i> A95959  <i>NPI:</i> 1124104815  <i>Provider English Spoken:</i> Yes</p>	

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## C. Directorio de proveedores de atención primaria

<p>Mercy Hospital, Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            678 3RD AVE            CHULA VISTA, CA 91910-5736  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>HASSANEIN, TAREK I</b>  <i>Provider ID:</i> 414710  <i>Provider Gender:</i> Male  <i>License number:</i> A54452  <i>NPI:</i> 1801854450  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, French, German, Spanish, Urdu  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr,</p>	<p>Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag Hospital Irvine, Sharp Grossmont Hospital  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD            1323 3RD AVE            CHULA VISTA, CA 91911-4302  <i>Phone:</i> (619) 409-6900  <i>Fax:</i> (619) 409-6901  <i>After Hours Phone:</i> (619) 409-6900  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>HUBLEY, PAUL E</b>  <i>Provider ID:</i> 206355  <i>Provider Gender:</i> Male  <i>License number:</i> A73172  <i>NPI:</i> 1568496974  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish</p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2500  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2500  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>JIMENEZ, KRYSTAL A</b>  <i>Provider ID:</i> 427322  <i>Provider Gender:</i> Female  <i>License number:</i> A159831  <i>NPI:</i> 1922531250  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            678 3RD AVE</p>
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## C. Directorio de proveedores de atención primaria

CHULA VISTA, CA 91910-5736

Phone: (619) 682-4100

Fax:

After Hours Phone: (619)

682-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

### LAW, KAREN

Provider ID: 427322

Provider Gender: Female

License number: A138534

NPI: 1205253150

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Chula Vista

Comm Hosp

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### MCKENNETT, MARIANNE A

Provider ID: 427322

Provider Gender: Female

License number: G57243

NPI: 1376639666

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### MENON, POOJA S

Provider ID: 427322

Provider Gender: Female

License number: A123263

NPI: 1053600064

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### **MERRILL, SARAH E**

Provider ID: 427322

Provider Gender: Female

License number: A123492

NPI: 1225399512

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **MOYA, MARY R**

Provider ID: 427322

Provider Gender: Female

License number: A80185

NPI: 1093844417

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **NGUYEN, CARIE C**

Provider ID: 427322

Provider Gender: Female

License number: A106103

NPI: 1174781132

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **NGUYEN, LINH T**

Provider ID: 206355

Provider Gender: Female

License number: A144995

NPI: 1619357993

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

251 LANDIS AVE

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## C. Directorio de proveedores de atención primaria

<p>CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2500  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2500  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-SA 9AM-5PM</p>	<p><i>Phone:</i> (619) 515-2325  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2325  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p>	<p><i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p>
<p><b>NGUYEN, LINH T</b>  <i>Provider ID:</i> 417641  <i>Provider Gender:</i> Female  <i>License number:</i> A144995  <i>NPI:</i> 1619357993  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208</p>	<p><b>NOVOTNY, RICHARD W</b>  <i>Provider ID:</i> 427322  <i>Provider Gender:</i> Male  <i>License number:</i> A143811  <i>NPI:</i> 1588002877  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            678 3RD AVE            CHULA VISTA, CA 91910-5736  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org</p>	<p><b>PALOMINO, MARY A</b>  <i>Provider ID:</i> 427322  <i>Provider Gender:</i> Female  <i>License number:</i> A115699  <i>NPI:</i> 1770718975  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            678 3RD AVE            CHULA VISTA, CA 91910-5736  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **PEDROTTY, JOHN R**

*Provider ID:* 427322  
*Provider Gender:* Male  
*License number:* G80234  
*NPI:* 1992861629  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Coronado Hosp And Healthcare  
 Ctr  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **PEREZ, PERLITA A**

*Provider ID:* 206355  
*Provider Gender:* Female  
*License number:* A119689  
*NPI:* 1174810972  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619)  
 515-2500  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T,  
 ME  
*Hours:* M-SA 9AM-5PM

### **PIEROS, JANELLE J**

*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* 20A13225  
*NPI:* 1386935914  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **PISINGER, PATRICIA**

*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* A69264  
*NPI:* 1861428302  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Mercy Hospital

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

### **RAJ, ASHA P**

Provider ID: 206355  
 Provider Gender: Female  
 License number: 20A15683  
 NPI: 1003293507  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

Phone: (619) 515-2325  
 Fax:  
 After Hours Phone: (619) 515-2325  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **RAJ, ASHA P**

Provider ID: 417641  
 Provider Gender: Female  
 License number: 20A15683  
 NPI: 1003293507  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619) 515-2500

Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **RAWI, BASHIR A , MD**

Provider ID: 168833  
 Provider Gender: Male  
 License number: A48140  
 NPI: 1003964834  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1323 3RD AVE  
 CHULA VISTA, CA 91911-4302  
 Phone: (619) 409-6900  
 Fax: (619) 409-6901  
 After Hours Phone: (619) 409-6900  
 Website:  
 Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes	Min/Max Age: 0/999	No
Min/Max Age: None	American Sign Language (ASL):	♿ Accessibility: EB, E, R
American Sign Language (ASL): No	No	Hours: M-F 9AM-5PM, SA 9AM-5PM
No	♿ Accessibility: P, EB, IB, E, R	
♿ Accessibility: P, EB, IB, E, R	Hours: M-F 9AM-5PM, SA 9AM-5PM	
Hours: M-F 9AM-5PM, SA 9AM-5PM		
	<b>RAWI, BASHIR A , MD</b>	<b>REDDY, DIVYA K</b>
<b>RAWI, BASHIR A</b>	Provider ID: 168834	Provider ID: 427322
Provider ID: 168833	Provider Gender: Male	Provider Gender: Female
Provider Gender: Male	License number: A48140	License number: A130224
License number: A48140	NPI: 1003964834	NPI: 1669766473
NPI: 1003964834	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Provider Language(s) Spoken:	Farsi	Hindi, Kannada, Telugu
Farsi	Cultural Competency: No	Cultural Competency: No
Cultural Competency: No	Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista	Board Certified Specialty: No	Board Certified Specialty: No
Board Certified Specialty: No	COMMUNITY CARE IPA LLC	IHP OF SOUTHERN CALIFORNIA
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD	256 LANDIS AVE STE 202	678 3RD AVE
MEDICAL GROUP-SD	CHULA VISTA, CA 91910-2650	CHULA VISTA, CA 91910-5736
1323 3RD AVE	Phone: (619) 522-0399	Phone: (619) 662-4100
CHULA VISTA, CA 91911-4302	Fax: (619) 409-6901	Fax:
Phone: (619) 409-6900	After Hours Phone: (619) 522-0399	After Hours Phone: (619) 662-4100
Fax: (619) 409-6901	Website:	Website: www.ihpsocal.org
After Hours Phone: (619) 409-6900	Email:	Email:
Website:	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Email:	Min/Max Age: 0/999	Min/Max Age: None
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	American Sign Language (ASL):
	No	No
	♿ Accessibility: W	♿ Accessibility: W
	Hours: M-SA 9AM-5PM	Hours: M-SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

### **ROSENBLATT, EUGENE M**

*Provider ID:* 427322  
*Provider Gender:* Male  
*License number:* 20A9060  
*NPI:* 1427123991  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☒ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **SERPAS, SHAILA**

*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* G74728  
*NPI:* 1124039136  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☒ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **SHAHTAJI, ALAN P**

*Provider ID:* 427322  
*Provider Gender:* Male  
*License number:* 20A11087  
*NPI:* 1972751089  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☒ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **SWARTZ, JOHN R**

*Provider ID:* 427322  
*Provider Gender:* Male  
*License number:* G72486  
*NPI:* 1396754131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Board Certified Specialty:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

IHP OF SOUTHERN CALIFORNIA  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100

Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **TALAVERA, GREGORY A**

Provider ID: 427322  
Provider Gender: Male  
License number: A40061  
NPI: 1740337161  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
678 3RD AVE  
CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **TEE, ALEXANDRA**

Provider ID: 427322  
Provider Gender: Female  
License number: A164392  
NPI: 1881198406  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100

Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### **TOLEDO-NADER, CAROLL**

Provider ID: 427322  
Provider Gender: Male  
License number: A41486  
NPI: 1427126648  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### TREJO, RAUL

Provider ID: 427322

Provider Gender: Male

License number: A77936

NPI: 1174534184

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### WHITLEY, NICHOLAS R

Provider ID: 427322

Provider Gender: Male

License number: A118250

NPI: 1629394721

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### YOON, RYAN R

Provider ID: 427322

Provider Gender: Male

License number: A114600

NPI: 1942435144

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

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### FQHC

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### CHULA VISTA FAMILY HLTH CTR,

Provider ID: 206355

Provider Gender:

License number:

NPI: 1346480837

Provider English Spoken: Yes

Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Cultural Competency: No Hospital Affiliation: Board Certified Specialty: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2500 Fax: (619) 397-1161 After Hours Phone: (619) 515-2500 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM</p> <p><b>CHULA VISTA PEDIATRICS,</b> Provider ID: 482034 Provider Gender: License number: NPI: 1326486861 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: IHP OF SOUTHERN CALIFORNIA 855 3RD AVE STE 2200</p>	<p>CHULA VISTA, CA 91911-1353 Phone: (619) 662-4100 Fax: (619) 662-4196 After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-4PM, SA 9AM-5PM</p> <p><b>FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,</b> Provider ID: 417641 Provider Gender: License number: 550002305 NPI: 1083959464 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2325 Fax: (619) 420-0660 After Hours Phone: (619) 515-2325</p>	<p>Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>OTAY FAMILY HEALTH CLINIC,</b> Provider ID: 314546 Provider Gender: License number: NPI: 1922051812 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: IHP OF SOUTHERN CALIFORNIA 1637 3RD AVE STE H CHULA VISTA, CA 91911-5823 Phone: (619) 662-4100 Fax: (619) 336-2323 After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

♿ Accessibility: P, EB, IB, E, R, T, W

Hours: M-F 8AM-5PM, SA 9AM-5PM

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

Provider ID: 427322

Provider Gender:

License number:

NPI: 1326486861

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

### **GENERAL DENTISTRY**

#### **PHAM, QUYNH V**

Provider ID: 427322

Provider Gender: Female

License number: DDS102880

NPI: 1366917353

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

Provider Gender: Female

License number: A162816

NPI: 1932558301

Provider English Spoken: Yes

Provider Language(s) Spoken:

Portuguese, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital, Scripps Mercy

Hospital, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

### **INTERNAL MEDICINE**

#### **CHEN, TSUH YIN**

Provider ID: 427322

### **HEMATOLOGY / ONCOLOGY**

#### **QUIROZ, ELISA K**

Provider ID: 427322

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Provider Gender: Female License number: C55563 NPI: 1093803520 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM</p>	<p>Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM</p>	<p>Mercy Hospital Board Certified Specialty: No COMMUNITY CARE IPA LLC 450 4TH AVE STE 201 CHULA VISTA, CA 91910-4428 Phone: (619) 476-9054 Fax: (619) 476-9056 After Hours Phone: (619) 476-9054 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>
<p><b>DALHOUMI, SARAH</b> Provider ID: 427322 Provider Gender: Female License number: A121861 NPI: 1033435383 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p><b>FERNANDEZ, RODRIGO J</b> Provider ID: 536713 Provider Gender: Male License number: A44441 NPI: 1366539793 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps</p>	<p><b>FLORES, ROCIO M</b> Provider ID: 490002 Provider Gender: Female License number: A69424 NPI: 1881607067 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

296 H ST STE 201  
 CHULA VISTA, CA 91910-4779  
 Phone: (619) 271-5551  
 Fax: (619) 349-2048  
 After Hours Phone: (619)  
 271-5551  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM

### **FUENTES, MARIA G**

Provider ID: 234312  
 Provider Gender: Female  
 License number: A83896  
 NPI: 1811070261  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 717 3RD AVE  
 CHULA VISTA, CA 91910-5803

Phone: (619) 941-1545  
 Fax: (619) 941-1558  
 After Hours Phone: (619)  
 941-1545  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM

### **HAMMETT, ERIN K**

Provider ID: 427322  
 Provider Gender: Female  
 License number: 20A14025  
 NPI: 1467884098  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Santa Barbara Cottage  
 Hosp, Goleta Valley Cottage  
 Hosp  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### **KAKAIYA, ROSHNI**

Provider ID: 427322  
 Provider Gender: Female  
 License number: 20A19485  
 NPI: 1073179529  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:

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## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

### **UWEDJOJEVWE, LETICIA M**

Provider ID: 380242

Provider Gender: Female

License number: A80329

NPI: 1891882221

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

340 4TH AVE STE 10

CHULA VISTA, CA 91910-3813

Phone: (619) 934-2215

Fax: (619) 500-5955

After Hours Phone: (619)

934-2215

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

8AM-4PM, SA 9AM-5PM

### **VELAZQUEZ CAMARENA, MARIA D**

Provider ID: 427322

Provider Gender: Female

License number: A56153

NPI: 1518965714

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **WEN, AKI YEN CHANG**

Provider ID: 427322

Provider Gender: Male

License number: 20A12555

NPI: 1205126505

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

## **OBSTETRICS / GYNECOLOGY**

### **ALIMONOS, LYSISTRATI A**

Provider ID: 206355

Provider Gender: Female

License number: 20A14919

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## C. Directorio de proveedores de atención primaria

<p>NPI: 1619397031            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628            Phone: (619) 515-2500            Fax:            After Hours Phone: (619) 515-2500            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: P, EB, IB, E, R, T, ME            Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p>Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628            Phone: (619) 515-2500            Fax:            After Hours Phone: (619) 515-2500            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: P, EB, IB, E, R, T, ME            Hours: M-SA 9AM-5PM</p>	<p>Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628            Phone: (619) 515-2500            Fax:            After Hours Phone: (619) 515-2500            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: P, EB, IB, E, R, T, ME            Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>
<p><b>BUECHNER, CHARLENE A</b>            Provider ID: 206355            Provider Gender: Female            License number: A68463            NPI: 1376663831            Provider English Spoken: Yes</p>	<p><b>CARTER, KHALIL J</b>            Provider ID: 206355            Provider Gender: Male            License number: A113001            NPI: 1225231582            Provider English Spoken: Yes</p>	<p><b>CERVANTES, SANDRA M</b>            Provider ID: 206355            Provider Gender: Female            License number: A118095            NPI: 1073701041            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish</p>

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## C. Directorio de proveedores de atención primaria

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp            Coronado Hosp And Healthcare Ctr, Grossmont Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2500  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2500  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>CHAKRABARTI, PRIYA</b>  <i>Provider ID:</i> 206355  <i>Provider Gender:</i> Female  <i>License number:</i> A163464  <i>NPI:</i> 1326531401  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No</p>	<p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp            Grossmont Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2500  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2500  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>DE MIK, TRAVIS J</b>  <i>Provider ID:</i> 206355  <i>Provider Gender:</i> Male  <i>License number:</i> A108228  <i>NPI:</i> 1629277322  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p>251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2500  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2500  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>DORUELO, ASHLEY L</b>  <i>Provider ID:</i> 206355  <i>Provider Gender:</i> Female  <i>License number:</i> A178499  <i>NPI:</i> 1033613732  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp            Grossmont Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628</p>
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## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **FOLCH TORRES-AGUIAR, BEATRIZ M**

Provider ID: 206355

Provider Gender: Female

License number: A148014

NPI: 1457794752

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish, Yue Chinese

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy  
Hospital, Sharp Grossmont  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **HANLEY, LAUREN E**

Provider ID: 206355

Provider Gender: Female

License number: C174771

NPI: 1053392035

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Sharp  
Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **LIPSCHITZ, LISA S**

Provider ID: 206355

Provider Gender: Female

License number: A72005

NPI: 1649208711

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp  
Coronado Hosp And Healthcare  
Ctr, Scripps Mercy Hospital,  
Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

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## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2500	Phone: (619) 515-2500	Phone: (619) 515-2500
Fax:	Fax:	Fax:
After Hours Phone: (619) 515-2500	After Hours Phone: (619) 515-2500	After Hours Phone: (619) 515-2500
Website: www.fhcsd.org	Website: www.fhcsd.org	Website: www.fhcsd.org
Email:	Email:	Email:
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Min/Max Age: None	Min/Max Age: None	Min/Max Age: None
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility: P, EB, IB, E, R, T, ME	♿ Accessibility: P, EB, IB, E, R, T, ME	♿ Accessibility: P, EB, IB, E, R, T, ME
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### **LOEFFLER, ALLISON M**

Provider ID: 206355  
 Provider Gender: Female  
 License number: A116680  
 NPI: 1700073962  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

### **MELLENDEZ BERRIOS, IARA DEL M**

Provider ID: 206355  
 Provider Gender: Female  
 License number: A114181  
 NPI: 1740514249  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

### **MENDEZ, DIEGO**

Provider ID: 427322  
 Provider Gender: Male  
 License number: A47906  
 NPI: 1437181922  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital  
 Board Certified Specialty: No  
 IHP OF SOUTHERN

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

<p>CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: W Hours: M-SA 9AM-5PM</p>	<p>CHULA VISTA, CA 91910-2628 Phone: (619) 515-2500 Fax: After Hours Phone: (619) 515-2500 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: P, EB, IB, E, R, T, ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p>Phone: (619) 515-2500 Fax: After Hours Phone: (619) 515-2500 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM</p>
<p><b>RODRIGUEZ JEREZ, ROBERTO D</b> Provider ID: 206355 Provider Gender: Male License number: A154298 NPI: 1710316450 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE</p>	<p><b>SAPRA, SONIA V</b> Provider ID: 206355 Provider Gender: Female License number: A164859 NPI: 1952751711 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628</p>	<p><b>SEFA-BOAKYE, KOFI D</b> Provider ID: 427322 Provider Gender: Male License number: G59670 NPI: 1902993660 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

### **SHORT, ABIADE C**

Provider ID: 427322  
 Provider Gender: Male  
 License number: A114893  
 NPI: 1750559589  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **SINGH, RASHMI**

Provider ID: 206355  
 Provider Gender: Female  
 License number: A168236  
 NPI: 1679937619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619) 515-2500

Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

### **WINESBURG, JENNIFER J**

Provider ID: 206355  
 Provider Gender: Female  
 License number: 20A11535  
 NPI: 1811162456  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619) 515-2500  
 Website: www.fhcsd.org

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Email:</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Website: www.ihpsocal.org</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Min/Max Age: None</i>	<i>Email:</i>
<i>Min/Max Age: None</i>	<i>American Sign Language (ASL):</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>American Sign Language (ASL):</i>	No	<i>Min/Max Age: None</i>
No	<i>♿ Accessibility: P, EB, IB, E, R, T,</i>	<i>American Sign Language (ASL):</i>
<i>♿ Accessibility: P, EB, IB, E, R, T,</i>	ME	No
ME	<i>Hours: M-F 8AM-5PM, SA</i>	<i>♿ Accessibility: W</i>
<i>Hours: M-F 8:30AM-5:30PM, SA</i>	9AM-5PM	<i>Hours: M-SA 9AM-5PM</i>
9AM-5PM		

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### OPHTHALMOLOGY

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#### ZIEG, ALAN J

*Provider ID: 206355*  
*Provider Gender: Male*  
*License number: G78814*  
*NPI: 1699790634*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Grossmont*  
*Hospital, Scripps Mercy*  
*Hospital, Sharp Coronado Hosp*  
*And Healthcare Ctr, Scripps*  
*Mercy Hospital Chula Vista*  
*Board Certified Specialty: No*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone: (619) 515-2500*  
*Fax:*  
*After Hours Phone: (619)*  
 515-2500  
*Website: www.fhcsd.org*  
*Email:*

#### MANI, NASRIN

*Provider ID: 427322*  
*Provider Gender: Female*  
*License number: A40473*  
*NPI: 1023061314*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Arabic, Faroese, Farsi, Spanish  
*Cultural Competency: No*  
*Hospital Affiliation: Scripps*  
*Memorial Hospital, Sharp*  
*Memorial Hospital, Ucsd*  
 Medical Ctr, Sharp Chula Vista  
 Med Ctr, Grossmont Hospital  
*Board Certified Specialty: No*  
 IHP OF SOUTHERN  
 CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone: (619) 662-4100*  
*Fax:*  
*After Hours Phone: (619)*  
 662-4100

#### PAPASTERGIU, GEORGIOS

*Provider ID: 427322*  
*Provider Gender: Male*  
*License number: A127706*  
*NPI: 1790054393*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Arabic, Farsi, French, Greek,  
 Italian, Spanish  
*Cultural Competency: No*  
*Hospital Affiliation: El Centro*  
*Regional Medical Center,*  
*Scripps Memorial Hospital,*  
*Sharp Memorial Hospital*  
*Board Certified Specialty: No*  
 IHP OF SOUTHERN  
 CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone: (619) 662-4100*  
*Fax:*  
*After Hours Phone: (619)*  
 662-4100  
*Website: www.ihpsocal.org*  
*Email:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 No  
 Accessability: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **PONS, MAURICIO E**

Provider ID: 427322  
 Provider Gender: Male  
 License number: A87650  
 NPI: 1376723759  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: W  
 Hours: M-SA 9AM-5PM

### **SKAF, AYHAM R**

Provider ID: 427322  
 Provider Gender: Male  
 License number: A120584  
 NPI: 1285888628  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessability: W  
 Hours: M-SA 9AM-5PM

### **PEDIATRICS**

### **AKASHI, MARC K**

Provider ID: 163322  
 Provider Gender: Male  
 License number: A123922  
 NPI: 1205002417  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 769 MEDICAL CENTER CT STE 300  
 CHULA VISTA, CA 91911-6602  
 Phone: (619) 482-3090  
 Fax: (619) 482-7350  
 After Hours Phone: (619) 482-3090  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **ATIENZA, PAMELA V**

*Provider ID:* 106987  
*Provider Gender:* Female  
*License number:* A64995  
*NPI:* 1417916107  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 890 EASTLAKE PKWY STE 200  
 CHULA VISTA, CA 91914-4521  
*Phone:* (619) 656-6817  
*Fax:* (619) 656-6908  
*After Hours Phone:* (619)  
 506-1218  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **BARBADILLO, FERDINAND F**

*Provider ID:* 70456  
*Provider Gender:* Male  
*License number:* A49307  
*NPI:* 1982662193  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 890 EASTLAKE PKWY STE 200  
 CHULA VISTA, CA 91914-4521  
*Phone:* (619) 656-6817  
*Fax:* (619) 656-6908  
*After Hours Phone:* (619)  
 656-6817  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM

### **BRESLOW, ADAM D**

*Provider ID:* 230454  
*Provider Gender:* Male  
*License number:* G60853  
*NPI:* 1972574085

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Chula Vista Med Ctr,  
 Scripps Mercy Hospital Chula  
 Vista, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 769 MEDICAL CENTER CT STE  
 300  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-3090  
*Fax:* (619) 482-7350  
*After Hours Phone:* (619)  
 482-3090  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* SU 10AM-2PM, M-F  
 8AM-5PM, SA 8AM-12PM

### **BROUDY, ABRAHAM E**

*Provider ID:* 109328  
*Provider Gender:* Male  
*License number:* A71609  
*NPI:* 1528039526

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital Chula Vista,  
 Rady Childrens Hospital San  
 Diego, Sharp Chula Vista Med  
 Ctr, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2440 FENTON ST STE 100  
 CHULA VISTA, CA 91914-3516  
*Phone:* (619) 656-3040  
*Fax:* (619) 656-3045  
*After Hours Phone:* (619)  
 656-3040  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **CAPETANAKIS, ELENI I**

*Provider ID:* 89610  
*Provider Gender:* Female  
*License number:* A70397  
*NPI:* 1346211554  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Greek, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital Chula Vista,  
 Rady Childrens Hospital San  
 Diego, Sharp Memorial  
 Hospital, Scripps Mercy  
 Hospital, Sharp Chula Vista  
 Med Ctr  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911-1349  
*Phone:* (619) 426-7910  
*Fax:* (619) 426-2337  
*After Hours Phone:* (619)  
 426-7910  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **CORDOBA, MIGUEL A**

*Provider ID:* 88187  
*Provider Gender:* Male  
*License number:* A75350  
*NPI:* 1053382176

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Sharp Chula Vista  
 Med Ctr, Rady Childrens  
 Hospital San Diego, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911-1349  
*Phone:* (619) 426-7910  
*Fax:* (619) 426-2337  
*After Hours Phone:* (619)  
 426-7910  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **DI FRANCO, MATTHEW J**

*Provider ID:* 499127  
*Provider Gender:* Male  
*License number:* G58994

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>NPI: 1841343548  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  1635 3RD AVE STE J  CHULA VISTA, CA 91911-5867  Phone: (619) 662-4100  Fax: (619) 271-0260  After Hours Phone: (619) 662-4100  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  Accessibility:  W  Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>DONG, TAMMY M</b>  Provider ID: 427322  Provider Gender: Female  License number: A66903  NPI: 1386655413  Provider English Spoken: Yes</p>	<p>Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: IHP OF SOUTHERN CALIFORNIA  678 3RD AVE  CHULA VISTA, CA 91910-5736  Phone: (619) 662-4100  Fax:  After Hours Phone: (619) 662-4100  Website: www.ihpsocal.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  Accessibility:  W  Hours: M-SA 9AM-5PM</p> <p><b>DORINGO, ELAINIE D</b>  Provider ID: 267100  Provider Gender: Female  License number: A70842  NPI: 1013005636  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Alvarado Hospital Llc, Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Mercy</p>	<p>Hospital Chula Vista, Sharp Chula Vista Med Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  865 3RD AVE STE 101  CHULA VISTA, CA 91911-1349  Phone: (619) 426-7910  Fax: (619) 426-2337  After Hours Phone: (619) 426-7910  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  Accessibility:  P, EB, IB, E, R  Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>FLETCHER, EMILY E</b>  Provider ID: 232312  Provider Gender: Female  License number: A122247  NPI: 1780935940  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Sharp Chula Vista Med Ctr, Mercy Hospital Bakersfield, Rady Childrens</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Hospital San Diego, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Mercy Hospital, Ucsf  
 Benioff Children's Hospital  
 Oakland  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2440 FENTON ST STE 100  
 CHULA VISTA, CA 91914-3516  
*Phone:* (619) 656-3040  
*Fax:* (619) 656-3045  
*After Hours Phone:* (619)  
 656-3040  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **FRESNO, BLANCA I**

*Provider ID:* 102434  
*Provider Gender:* Female  
*License number:* A45205  
*NPI:* 1346258787  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise

Valley Hospital, Sharp Chula  
 Vista Med Ctr  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 1741 EASTLAKE PKWY STE 107  
 CHULA VISTA, CA 91915-2032  
*Phone:* (619) 482-1700  
*Fax:* (619) 475-4578  
*After Hours Phone:* (619)  
 482-1700  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **GARCIA, CARLOS M**

*Provider ID:* 64734  
*Provider Gender:* Male  
*License number:* A42509  
*NPI:* 1417959370  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Rady  
 Childrens Hospital San Diego

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 1392 E PALOMAR ST STE 501  
 CHULA VISTA, CA 91913-1895  
*Phone:* (619) 271-4059  
*Fax:* (619) 271-7451  
*After Hours Phone:* (619)  
 271-4059  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T,  
 W  
*Hours:* M-TH 8:30AM-5:30PM, F  
 8:30AM-5PM, SA 9AM-5PM

### **GARCIA, RAFAEL A**

*Provider ID:* 360408  
*Provider Gender:* Male  
*License number:* A50715  
*NPI:* 1053414086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Rady Childrens  
 Hospital San Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

<p>NETWORK 752 MEDICAL CENTER CT STE 210 CHULA VISTA, CA 91911-6660 Phone: (619) 656-0206 Fax: (619) 656-8936 After Hours Phone: (619) 656-0206 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>CHULA VISTA, CA 91911-1353 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM</p>	<p>Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R Hours: M-F 8AM-5PM, SA 9AM-5PM</p>
<p><b>GHAHREMANI, SIMIN M</b> Provider ID: 482034 Provider Gender: Female License number: C51110 NPI: 1508904657 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 855 3RD AVE STE 2200</p>	<p><b>HOLLICK, NATALIE V</b> Provider ID: 473802 Provider Gender: Female License number: 20A16170 NPI: 1558716845 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 865 3RD AVE STE 101 CHULA VISTA, CA 91911-1349 Phone: (619) 426-7910 Fax: (619) 426-2337 After Hours Phone: (619) 426-7910 Website: Email: Medi-Cal Open Panel: Yes</p>	<p><b>ISAIAS, AGNELA T</b> Provider ID: 482034 Provider Gender: Female License number: A82912 NPI: 1790772572 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 855 3RD AVE STE 2200 CHULA VISTA, CA 91911-1353 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p>	<p><i>Hours:</i> M-F 8AM-5PM, SA              8AM-12PM</p>	<p><i>NPI:</i> 1467505834  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula              Vista Med Ctr, Scripps Mercy              Hospital Chula Vista, Rady              Childrens Hospital San Diego,              Scripps Mercy Hospital  <i>Board Certified Specialty:</i> No              RADY CHILDRENS HEALTH              NETWORK              2440 FENTON ST STE 100              CHULA VISTA, CA 91914-3516  <i>Phone:</i> (619) 656-3040  <i>Fax:</i> (619) 656-3045  <i>After Hours Phone:</i> (619)              656-3040  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>              No              ♿ <i>Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-F 8AM-5PM, SA              9AM-5PM</p>
<p><b>JACOBS-KLEISLI, MILAGROS J</b>  <i>Provider ID:</i> 467596  <i>Provider Gender:</i> Female  <i>License number:</i> 20A11985  <i>NPI:</i> 1811221641  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont              Hospital, Sharp Memorial              Hospital, Rady Childrens              Hospital San Diego, Huntington              Memorial Hospital, Methodist              Hosp Of Southern California  <i>Board Certified Specialty:</i> No              RADY CHILDRENS HEALTH              NETWORK              769 MEDICAL CENTER CT STE              300              CHULA VISTA, CA 91911-6602  <i>Phone:</i> (619) 482-3090  <i>Fax:</i> (619) 482-7350  <i>After Hours Phone:</i> (619)              482-3090  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>              No              ♿ <i>Accessibility:</i></p>	<p><b>KORSAND, SID S</b>  <i>Provider ID:</i> 482034  <i>Provider Gender:</i> Male  <i>License number:</i> A49591  <i>NPI:</i> 1588634513  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>              Farsi, Turkish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No              IHP OF SOUTHERN              CALIFORNIA              855 3RD AVE STE 2200              CHULA VISTA, CA 91911-1353  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619)              662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>              No              ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p>	<p><b>MORRIS, KENNETH H</b>  <i>Provider ID:</i> 529313  <i>Provider Gender:</i> Male  <i>License number:</i> G79634  <i>NPI:</i> 1851307144  <i>Provider English Spoken:</i> Yes</p>
<p><b>MISTRY, CHETAN A</b>  <i>Provider ID:</i> 86439  <i>Provider Gender:</i> Male  <i>License number:</i> A97646</p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> Childrens Hospital San Diego  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Tri City Medical Ctr, Palomar Medical Center  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  865 3RD AVE STE 101  CHULA VISTA, CA 91911-1349  <i>Phone:</i> (619) 426-7910  <i>Fax:</i> (619) 426-2337  <i>After Hours Phone:</i> (619) 426-7910  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-F 8AM-5PM, SA 8AM-12PM</p> <p><b>MOSQUERA, DIANA I</b>  <i>Provider ID:</i> 371232  <i>Provider Gender:</i> Female  <i>License number:</i> C148618  <i>NPI:</i> 1144238098  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady</p>	<p>865 3RD AVE STE 101  CHULA VISTA, CA 91911-1349  <i>Phone:</i> (619) 426-7910  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 426-7910  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>MOSQUERA, DIANA I</b>  <i>Provider ID:</i> 463001  <i>Provider Gender:</i> Female  <i>License number:</i> C148618  <i>NPI:</i> 1144238098  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK</p>	<p>865 3RD AVE STE 101  CHULA VISTA, CA 91911-1349  <i>Phone:</i> (619) 426-7910  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 426-7910  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>NGILLA MCGRAW, MEAGHAN D</b>  <i>Provider ID:</i> 587621  <i>Provider Gender:</i> Female  <i>License number:</i> NP23792  <i>NPI:</i> 1356461842  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  769 MEDICAL CENTER CT STE 300  CHULA VISTA, CA 91911-6602</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 482-3090  
 Fax: (619) 482-7350  
 After Hours Phone: (619) 482-3090  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: SU 10AM-2PM, M-F 8AM-5PM, SA 8AM-12PM

### **NGUYEN, TRUC H**

Provider ID: 78518  
 Provider Gender: Female  
 License number: A95596  
 NPI: 1881884054  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Washington Hospital, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2440 FENTON ST STE 100  
 CHULA VISTA, CA 91914-3516

Phone: (619) 656-3040  
 Fax: (619) 656-3045  
 After Hours Phone: (619) 656-3040  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **OIRA, VICTORIA R**

Provider ID: 73140  
 Provider Gender: Female  
 License number: A51972  
 NPI: 1134172448  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 890 EASTLAKE PKWY STE 203  
 CHULA VISTA, CA 91914-4521  
 Phone: (619) 656-3020  
 Fax: (619) 656-3019  
 After Hours Phone: (619) 370-6661

Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM

### **PIANSAY, MARIA CORAZON M**

Provider ID: 427322  
 Provider Gender: Female  
 License number: A93785  
 NPI: 1669680351  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Min/Max Age: None	Hours: M-F 8AM-5PM, SA	Provider ID: 50935
American Sign Language (ASL): No	9AM-5PM	Provider Gender: Male
Accessibility: W		License number: A22648
Hours: M-SA 9AM-5PM		NPI: 1114182094
<b>PIANSAY, MARIA CORAZON M</b>	<b>SALAZAR, JUANITA</b>	Provider English Spoken: Yes
Provider ID: 470963	Provider ID: 206355	Provider Language(s) Spoken: French, Spanish, Tagalog
Provider Gender: Female	Provider Gender: Female	Cultural Competency: No
License number: A93785	License number: A78355	Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Mercy Hospital
NPI: 1669680351	NPI: 1912938325	Board Certified Specialty: No
Provider English Spoken: Yes	Provider English Spoken: Yes	RADY CHILDRENS HEALTH NETWORK
Provider Language(s) Spoken: Spanish, Tagalog	Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese	1635 3RD AVE STE J
Cultural Competency: No	Cultural Competency: No	CHULA VISTA, CA 91911-5867
Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista	Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	Phone: (619) 426-8121
Board Certified Specialty: No	Board Certified Specialty: No	Fax: (619) 426-5950
RADY CHILDRENS HEALTH NETWORK	FAMILY HEALTH CENTERS OF SAN DIEGO	After Hours Phone: (619) 426-8121
1635 3RD AVE STE J	251 LANDIS AVE	Website:
CHULA VISTA, CA 91911-5867	CHULA VISTA, CA 91910-2628	Email:
Phone: (619) 426-8121	Phone: (619) 515-2500	Medi-Cal Open Panel: Yes
Fax: (619) 426-5950	Fax:	Min/Max Age: 0/18
After Hours Phone: (619) 426-8121	After Hours Phone: (619) 515-2500	American Sign Language (ASL): No
Website:	Website: www.fhcsd.org	Accessibility: W
Email:	Email:	Hours: M-F 8AM-5PM, SA 9AM-5PM
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	<b>SANTIAGO, ROXANE M</b>
Min/Max Age: 0/18	Min/Max Age: None	Provider ID: 269279
American Sign Language (ASL): No	American Sign Language (ASL): No	
Accessibility:	Accessibility: P, EB, IB, E, R, T, ME	
	Hours: M-SA 9AM-5PM	
	<b>SANCHEZ, CARLOS J</b>	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Provider Gender:* Female  
*License number:* A122396  
*NPI:* 1033461801  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Chula Vista Med Ctr,  
 Scripps Mercy Hospital Chula  
 Vista, Scripps Memorial  
 Hospital, Childrens Hosp And  
 Resrch Ctr At Oakland, Scripps  
 Mercy Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911-1349  
*Phone:* (619) 426-7910  
*Fax:* (619) 426-2337  
*After Hours Phone:* (619)  
 426-7910  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

**VALENCIA, MARILES F**

*Provider ID:* 104059  
*Provider Gender:* Female  
*License number:* A54929  
*NPI:* 1275541625  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital Chula Vista,  
 Paradise Valley Hospital, Sharp  
 Chula Vista Med Ctr, Rady  
 Childrens Hospital San Diego,  
 Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 1741 EASTLAKE PKWY STE 107  
 CHULA VISTA, CA 91915-2032  
*Phone:* (619) 482-1700  
*Fax:* (619) 475-4578  
*After Hours Phone:* (619)  
 482-1700  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

**YAO, CATHERINE S**

*Provider ID:* 371204  
*Provider Gender:* Female  
*License number:* A119644  
*NPI:* 1801166442  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 769 MEDICAL CENTER CT STE  
 300  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-3090  
*Fax:* (619) 482-7350  
*After Hours Phone:* (619)  
 482-3090  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
**ZARGAR, SHABNAM**  
*Provider ID:* 371075  
*Provider Gender:* Female  
*License number:* A128721  
*NPI:* 1417256074

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* University  
 Of California Irvine Med Ctr,  
 Desert Regional Med Ctr, John  
 F Kennedy Memorial Hosp,  
 Rady Childrens Hospital San  
 Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 769 MEDICAL CENTER CT STE  
 300  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-3090  
*Fax:* (619) 482-7350  
*After Hours Phone:* (619)  
 482-3090  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

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### PHYSICIANS ASSISTANT

#### **QUICK, ELISABETH A**

*Provider ID:* 206355  
*Provider Gender:* Female

*License number:* PA21591  
*NPI:* 1790055010  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619)  
 515-2500  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R, T,  
 ME  
*Hours:* M-SA 9AM-5PM

#### **REVELES, DIANA**

*Provider ID:* 417641  
*Provider Gender:* Female  
*License number:* PA19306  
*NPI:* 1548455405  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2325  
*Fax:*  
*After Hours Phone:* (619)  
 515-2325  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

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### PODIATRIST

#### **MANCHEL, BRUCE A**

*Provider ID:* 427322  
*Provider Gender:* Male  
*License number:* DPM2930  
*NPI:* 1790890788  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Coronado Hosp And Healthcare  
 Ctr  
*Board Certified Specialty:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

IHP OF SOUTHERN CALIFORNIA  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Ⓜ Accessibility: W  
Hours: M-SA 9AM-5PM

Phone: (619) 515-2500  
Fax:  
After Hours Phone: (619) 515-2500  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Ⓜ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

Phone: (619) 515-2500  
Fax:  
After Hours Phone: (619) 515-2500  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Ⓜ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

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### REGISTERED PHYSICAL THERAPIST

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**SCHNEIDER, SARAH A**  
Provider ID: 206355  
Provider Gender: Female  
License number: DPM4819  
NPI: 1326282237  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

**AMAYA, RICARDO**  
Provider ID: 206355  
Provider Gender: Male  
License number: PT37189  
NPI: 1437445566  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

**CUMMINGS, GEORGE P**  
Provider ID: 206355  
Provider Gender: Male  
License number: PT295173  
NPI: 1497236384  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2500  
Fax:  
After Hours Phone: (619) 515-2500  
Website: www.fhcsd.org

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R, T, ME</p> <p>Hours: M-SA 9AM-5PM</p> <p><b>GEORGE, JENNIFER A</b></p> <p>Provider ID: 206355</p> <p>Provider Gender: Female</p> <p>License number: PT294245</p> <p>NPI: 1215402177</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>251 LANDIS AVE</p> <p>CHULA VISTA, CA 91910-2628</p> <p>Phone: (619) 515-2500</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2500</p> <p>Website: www.fhcsd.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p>	<p>♿ Accessibility: P, EB, IB, E, R, T, ME</p> <p>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>GONZALES, MICHELLE K</b></p> <p>Provider ID: 206355</p> <p>Provider Gender: Female</p> <p>License number: PT291706</p> <p>NPI: 1548714652</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>251 LANDIS AVE</p> <p>CHULA VISTA, CA 91910-2628</p> <p>Phone: (619) 515-2500</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2500</p> <p>Website: www.fhcsd.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R, T, ME</p> <p>Hours: M-SA 9AM-5PM</p> <p><b>MIGNEA, DAVID S</b></p>	<p>Provider ID: 206355</p> <p>Provider Gender: Male</p> <p>License number: PT293536</p> <p>NPI: 1043736879</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>251 LANDIS AVE</p> <p>CHULA VISTA, CA 91910-2628</p> <p>Phone: (619) 515-2500</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2500</p> <p>Website: www.fhcsd.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R, T, ME</p> <p>Hours: M-SA 9AM-5PM</p> <p><b>RODRIGUEZ, CASSANDRA</b></p> <p>Provider ID: 206355</p> <p>Provider Gender: Female</p> <p>License number: PT292823</p> <p>NPI: 1770025595</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p>
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## C. Directorio de proveedores de atención primaria

Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2500 Fax: After Hours Phone: (619) 515-2500 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM	Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM	IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM
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### EL CAJON

#### CERTIFIED NURSE PRACTITIONER

#### RHEUMATOLOGY

##### REDDY, DANA A

Provider ID: 427322  
Provider Gender: Female  
License number: A115598  
NPI: 1144538778  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Scripps Mercy

#### SPEECH PATHOLOGIST

##### CABADING, DOREEN L

Provider ID: 427322  
Provider Gender: Female  
License number: SP18192  
NPI: 1043507585  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No

##### BELEN, NEZER B

Provider ID: 418340  
Provider Gender: Male  
License number: NP95009292  
NPI: 1386120723  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

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## C. Directorio de proveedores de atención primaria

<p>SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2498 Fax: After Hours Phone: (619) 515-2498 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p>Phone: (619) 515-2498 Fax: After Hours Phone: (619) 515-2498 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p>Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p>
<p><b>BLAIS, BRITTNEY</b> Provider ID: 418340 Provider Gender: Female License number: NP95014574 NPI: 1952852808 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007</p>	<p><b>DRISCOLL, SUSAN D</b> Provider ID: 569910 Provider Gender: Female License number: NP95012943 NPI: 1477755684 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 875 EL CAJON BLVD EL CAJON, CA 92020-5714 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website:</p>	<p><b>GARCIA, JOHNNY</b> Provider ID: 418340 Provider Gender: Male License number: NP95007000 NPI: 1932622156 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2498 Fax: After Hours Phone: (619) 515-2498 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No</p>

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## C. Directorio de proveedores de atención primaria

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<i>♿ Accessibility:</i> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM	<i>License number:</i> NP19685 <i>NPI:</i> 1588988703 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Grossmont Hospital <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 855 E MADISON AVE EL CAJON, CA 92020-3819 <i>Phone:</i> (760) 466-9800 <i>Fax:</i> <i>After Hours Phone:</i> (760) 466-9800 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No	<i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710 <i>Phone:</i> (619) 515-2499 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2499 <i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No
<b>KELLOGG, KRISTEN J</b> <i>Provider ID:</i> 418340 <i>Provider Gender:</i> Female <i>License number:</i> NP95009180 <i>NPI:</i> 1649757741 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 <i>Phone:</i> (619) 515-2498 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2498 <i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No	<i>♿ Accessibility:</i> ME <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM	<b>LU, TAMMY C</b> <i>Provider ID:</i> 206354 <i>Provider Gender:</i> Female <i>License number:</i> NP95007253 <i>NPI:</i> 1457879132 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710
<i>♿ Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM	<b>LEONARD, BEVERLY S</b> <i>Provider ID:</i> 206354 <i>Provider Gender:</i> Female <i>License number:</i> NP10943 <i>NPI:</i> 1285772392 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No	
<b>KING, KRISTI</b> <i>Provider ID:</i> 206272 <i>Provider Gender:</i> Female		

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## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2499

Fax:

After Hours Phone: (619)  
515-2499

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **MANGENE, CYNTHIA L**

Provider ID: 206354

Provider Gender: Female

License number: NP6782

NPI: 1548292626

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax:

After Hours Phone: (619)

515-2499

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **OCHOA, ERLINDA A**

Provider ID: 185267

Provider Gender: Female

License number: NP4430

NPI: 1346437464

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

165 S 1ST ST

EL CAJON, CA 92019-4795

Phone: (619) 312-0347

Fax:

After Hours Phone: (619)

312-0347

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **OCHOA, ERLINDA A**

Provider ID: 418501

Provider Gender: Female

License number: NP4430

NPI: 1346437464

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

1032 BROADWAY

EL CAJON, CA 92021-7416

Phone: (619) 795-5991

Fax:

After Hours Phone: (619)

795-5991

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **ODA, THAGHAR M**

Provider ID: 418340

Provider Gender: Female

License number: NP95000205

NPI: 1063835692

Provider English Spoken: Yes

Provider Language(s) Spoken:

Amharic, Arabic

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## C. Directorio de proveedores de atención primaria

<p>Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2498 Fax: After Hours Phone: (619) 515-2498 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM</p> <p><b>ODA, THAGHAR M</b> Provider ID: 418340 Provider Gender: Female License number: RN810863 NPI: 1063835692 Provider English Spoken: Yes Provider Language(s) Spoken: Amharic, Arabic Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST</p>	<p>EL CAJON, CA 92020-4007 Phone: (619) 515-2498 Fax: After Hours Phone: (619) 515-2498 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM</p> <p><b>OLVERA, LUISA</b> Provider ID: 478971 Provider Gender: Female License number: NP95001710 NPI: 1598161309 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr Board Certified Specialty: No BORREGO COMMUNITY HEALTH FOUNDTION 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325 Phone: (619) 401-0404 Fax: After Hours Phone: (619) 401-0404</p>	<p>Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SU 8AM-8PM</p> <p><b>REAL, MARIA F</b> Provider ID: 185267 Provider Gender: Female License number: NP17328 NPI: 1548450471 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No LA MAESTRA FAMILY CLINIC 165 S 1ST ST EL CAJON, CA 92019-4795 Phone: (619) 312-0347 Fax: After Hours Phone: (619) 312-0347 Website: www.lamaestra.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5:30PM, SA</p>
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## C. Directorio de proveedores de atención primaria

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8:30AM-2PM

### **REID, EMILY**

Provider ID: 185267

Provider Gender: Female

License number: NP95002766

NPI: 1083081467

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

165 S 1ST ST

EL CAJON, CA 92019-4795

Phone: (619) 312-0347

Fax:

After Hours Phone: (619)

312-0347

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

8:30AM-2PM

### **SMITH, SHARON T**

Provider ID: 418340

Provider Gender: Female

License number: NP15444

NPI: 1780603597

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **SMITH, SHARON T**

Provider ID: 418340

Provider Gender: Female

License number: RN428876

NPI: 1780603597

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **SWAN, MELANIE A**

Provider ID: 206354

Provider Gender: Female

License number: NP95000818

NPI: 1871934414

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax:

After Hours Phone: (619)

515-2499

Website: www.fhcsd.org

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## C. Directorio de proveedores de atención primaria

<p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: ME</p> <p>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>VERDUZCO GONZALEZ, AURORA B</b></p> <p>Provider ID: 185267</p> <p>Provider Gender: Female</p> <p>License number: NP95001961</p> <p>NPI: 1932452323</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: LA MAESTRA FAMILY CLINIC</p> <p>Board Certified Specialty: No</p> <p>165 S 1ST ST</p> <p>EL CAJON, CA 92019-4795</p> <p>Phone: (619) 312-0347</p> <p>Fax:</p> <p>After Hours Phone: (619) 312-0347</p> <p>Website: www.lamaestra.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p>	<p>♿ Accessibility: W</p> <p>Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM</p> <p><b>VILLANUEVA DE GUTIE, BERENICE</b></p> <p>Provider ID: 185267</p> <p>Provider Gender: Female</p> <p>License number: NP95002188</p> <p>NPI: 1952795536</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: LA MAESTRA FAMILY CLINIC</p> <p>Board Certified Specialty: No</p> <p>165 S 1ST ST</p> <p>EL CAJON, CA 92019-4795</p> <p>Phone: (619) 312-0347</p> <p>Fax:</p> <p>After Hours Phone: (619) 312-0347</p> <p>Website: www.lamaestra.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>WILDER, ASHLEY</b></p> <p>Provider ID: 418340</p> <p>Provider Gender: Female</p>	<p>License number: NP95016274</p> <p>NPI: 1750766895</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>Board Certified Specialty: No</p> <p>525 E MAIN ST</p> <p>EL CAJON, CA 92020-4007</p> <p>Phone: (619) 515-2498</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2498</p> <p>Website: www.fhcsd.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>WILLIAMS, BREA HNA A</b></p> <p>Provider ID: 185267</p> <p>Provider Gender: Female</p> <p>License number: NP95001840</p> <p>NPI: 1063884864</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
*Phone:* (619) 312-0347  
*Fax:*  
*After Hours Phone:* (619)  
 312-0347  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5:30PM, SA  
 8:30AM-2PM

### **WILLIAMS, TAKISHA K**

*Provider ID:* 418340  
*Provider Gender:* Female  
*License number:* NP95013978  
*NPI:* 1881727386  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619)  
 515-2498  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **CERTIFIED REGISTERED NURSE MIDWIFE**

### **CORRY, ANDREA C**

*Provider ID:* 418340  
*Provider Gender:* Female  
*License number:* NM1721  
*NPI:* 1255489571  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619)  
 515-2498

*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **CHIROPRACTOR**

### **SOSA, DAVID S**

*Provider ID:* 206354  
*Provider Gender:* Male  
*License number:* DC33150  
*NPI:* 1013308675  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:*  
*After Hours Phone:* (619)  
 515-2499  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

No	NPI: 1174059760	Board Certified Specialty: No
♿ Accessibility: ME	Provider English Spoken: Yes	IHP OF SOUTHERN
Hours: M-SA 9AM-5PM	Provider Language(s) Spoken: Chinese	CALIFORNIA
<b>SOSA, DAVID S</b>	Cultural Competency: No	855 E MADISON AVE
Provider ID: 418340	Hospital Affiliation:	EL CAJON, CA 92020-3819
Provider Gender: Male	Board Certified Specialty: No	Phone: (619) 440-2751
License number: DC33150	FAMILY HEALTH CENTERS OF	Fax:
NPI: 1013308675	SAN DIEGO	After Hours Phone: (619)
Provider English Spoken: Yes	525 E MAIN ST	440-2751
Provider Language(s) Spoken:	EL CAJON, CA 92020-4007	Website: www.ihpsocal.org
Cultural Competency: No	Phone: (619) 515-2498	Email:
Hospital Affiliation:	Fax:	Medi-Cal Open Panel: Yes
Board Certified Specialty: No	After Hours Phone: (619)	Min/Max Age: None
FAMILY HEALTH CENTERS OF	515-2498	American Sign Language (ASL):
SAN DIEGO	Website: www.fhcsd.org	No
525 E MAIN ST	Email:	♿ Accessibility: W
EL CAJON, CA 92020-4007	Medi-Cal Open Panel: Yes	Hours: M-F 8AM-8PM, SA
Phone: (619) 515-2498	Min/Max Age: None	8AM-12PM
Fax:	American Sign Language (ASL):	
After Hours Phone: (619)	No	
515-2498	♿ Accessibility:	
Website: www.fhcsd.org	Hours: M-SA 9AM-5PM	
Email:	<b>ZECHA, RONALD S</b>	
Medi-Cal Open Panel: Yes	Provider ID: 206272	
Min/Max Age: None	Provider Gender: Male	
American Sign Language (ASL):	License number: DC28605	
No	NPI: 1427252121	
♿ Accessibility:	Provider English Spoken: Yes	
Hours: M-SA 9AM-5PM	Provider Language(s) Spoken: Spanish	
<b>UY, ASHLEY N</b>	Cultural Competency: No	
Provider ID: 418340	Hospital Affiliation:	
Provider Gender: Female		
License number: DC33869		

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### ENDOCRINOLOGY METABOLISM DIABETES

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#### **NAGELBERG, JODI B**

Provider ID: 418340  
 Provider Gender: Female  
 License number: A146838  
 NPI: 1720474141  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

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## C. Directorio de proveedores de atención primaria

525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### VINCENT, LAUREN C

Provider ID: 418340  
Provider Gender: Female  
License number: A134303  
NPI: 1053757997  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
8AM-5PM

### FAMILY PRACTICE

### AL ANI, NAJWAN N

Provider ID: 418340  
Provider Gender: Female  
License number: A144974  
NPI: 1275948473  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### BAGINGITO, AUSTIN G

Provider ID: 418340  
Provider Gender: Male  
License number: A163977  
NPI: 1942705637  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### BROWN, BRANDON S

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<i>Provider ID:</i> 418340	Spanish	IHP OF SOUTHERN CALIFORNIA
<i>Provider Gender:</i> Male	<i>Cultural Competency:</i> No	875 EL CAJON BLVD
<i>License number:</i> A148499	<i>Hospital Affiliation:</i>	EL CAJON, CA 92020-5714
<i>NPI:</i> 1013399559	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 662-4100
<i>Provider English Spoken:</i> Yes	FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Fax:</i>
<i>Provider Language(s) Spoken:</i> Spanish	525 E MAIN ST	<i>After Hours Phone:</i> (619) 662-4100
<i>Cultural Competency:</i> No	EL CAJON, CA 92020-4007	<i>Website:</i>
<i>Hospital Affiliation:</i>	<i>Phone:</i> (619) 515-2498	<i>Email:</i>
<i>Board Certified Specialty:</i> No	<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes
FAMILY HEALTH CENTERS OF SAN DIEGO	<i>After Hours Phone:</i> (619) 515-2498	<i>Min/Max Age:</i> None
525 E MAIN ST	<i>Website:</i> www.fhcsd.org	<i>American Sign Language (ASL):</i>
EL CAJON, CA 92020-4007	<i>Email:</i>	No
<i>Phone:</i> (619) 515-2498	<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i>
<i>Fax:</i>	<i>Min/Max Age:</i> None	<i>Hours:</i> M-SA 9AM-5PM
<i>After Hours Phone:</i> (619) 515-2498	<i>American Sign Language (ASL):</i>	<b>GHAFARI, DAUOD M</b>
<i>Website:</i> www.fhcsd.org	No	<i>Provider ID:</i> 478971
<i>Email:</i>	♿ <i>Accessibility:</i>	<i>Provider Gender:</i> Male
<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM	<i>License number:</i> A98486
<i>Min/Max Age:</i> None	<b>DOMINGUEZ, DENNIS O</b>	<i>NPI:</i> 1053417691
<i>American Sign Language (ASL):</i>	<i>Provider ID:</i> 569910	<i>Provider English Spoken:</i> Yes
No	<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>
♿ <i>Accessibility:</i>	<i>License number:</i> G43179	Farsi, Spanish
<i>Hours:</i> M-SA 8:30AM-5:30PM	<i>NPI:</i> 1225063811	<i>Cultural Competency:</i> No
<b>CORMAN, DANIEL M</b>	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>
<i>Provider ID:</i> 418340	<i>Provider Language(s) Spoken:</i>	<i>Board Certified Specialty:</i> No
<i>Provider Gender:</i> Male	Spanish	BORREGO COMMUNITY HEALTH FOUNDTION
<i>License number:</i> 20A13060	<i>Cultural Competency:</i> No	133 W MAIN ST STE 100
<i>NPI:</i> 1629339593	<i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Memorial Hospital	EL CAJON, CA 92020-3325
<i>Provider English Spoken:</i> Yes	Hospital	
<i>Provider Language(s) Spoken:</i>	<i>Board Certified Specialty:</i> No	

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## C. Directorio de proveedores de atención primaria

Phone: (619) 401-0404	Min/Max Age: None	Provider ID: 206272
Fax:	American Sign Language (ASL):	Provider Gender: Female
After Hours Phone: (619)	No	License number: 20A19160
401-0404	♿ Accessibility:	NPI: 1902395775
Website:	Hours: M-F 8:30AM-5:30PM, SA	Provider English Spoken: Yes
Email:	9AM-5PM	Provider Language(s) Spoken:
Medi-Cal Open Panel: Yes	<b>HASTANAN, CAROL L</b>	Chinese, Farsi, Mandarin
Min/Max Age: 0/999	Provider ID: 206354	Cultural Competency: No
American Sign Language (ASL):	Provider Gender: Female	Hospital Affiliation:
No	License number: A110192	Board Certified Specialty: No
♿ Accessibility: W	NPI: 1861648461	IHP OF SOUTHERN
Hours: M-SA 9AM-5PM	Provider English Spoken: Yes	CALIFORNIA
<b>GORDON, CHRISTOPHER J</b>	Provider Language(s) Spoken:	855 E MADISON AVE
Provider ID: 418340	Cultural Competency: No	EL CAJON, CA 92020-3819
Provider Gender: Male	Hospital Affiliation:	Phone: (619) 440-2751
License number: A83390	Board Certified Specialty: No	Fax:
NPI: 1477711521	FAMILY HEALTH CENTERS OF	After Hours Phone: (619)
Provider English Spoken: Yes	SAN DIEGO	440-2751
Provider Language(s) Spoken:	1111 W CHASE AVE	Website: www.ihpsocal.org
Cultural Competency: No	EL CAJON, CA 92020-5710	Email:
Hospital Affiliation:	Phone: (619) 515-2499	Medi-Cal Open Panel: Yes
Board Certified Specialty: No	Fax:	Min/Max Age: None
FAMILY HEALTH CENTERS OF	After Hours Phone: (619)	American Sign Language (ASL):
SAN DIEGO	515-2499	No
525 E MAIN ST	Website: www.fhcsd.org	♿ Accessibility: W
EL CAJON, CA 92020-4007	Email:	Hours: M-F 8AM-5PM, SA
Phone: (619) 515-2498	Medi-Cal Open Panel: Yes	9AM-5PM
Fax:	Min/Max Age: None	<b>JIBRI, NISHWAN N</b>
After Hours Phone: (619)	American Sign Language (ASL):	Provider ID: 206272
515-2498	No	Provider Gender: Male
Website: www.fhcsd.org	♿ Accessibility: ME	License number: A135468
Email:	Hours: M-SA 9AM-5PM	NPI: 1164788683
Medi-Cal Open Panel: Yes	<b>JAVAHERIAN, JEIRAN</b>	Provider English Spoken: Yes

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## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> Arabic, Italian</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Palomar Medical Center</p> <p><i>Board Certified Specialty:</i> No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>855 E MADISON AVE</p> <p>EL CAJON, CA 92020-3819</p> <p><i>Phone:</i> (619) 440-2751</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 440-2751</p> <p><i>Website:</i> www.ihpsocal.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> W</p> <p><i>Hours:</i> M-F 8AM-8PM, SA 8AM-12PM</p> <p><b>KASAWA, JOHN</b></p> <p><i>Provider ID:</i> 569910</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A79338</p> <p><i>NPI:</i> 1134230329</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic, Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p>	<p><i>Board Certified Specialty:</i> No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>875 EL CAJON BLVD</p> <p>EL CAJON, CA 92020-5714</p> <p><i>Phone:</i> (619) 662-4100</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 662-4100</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><b>KORKIS, EBTISSAM H , MD</b></p> <p><i>Provider ID:</i> 383504</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A89767</p> <p><i>NPI:</i> 1780746263</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic, French, Kurdish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Grossmont Hospital</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>1530 JAMACHA RD STE E-F</p> <p>EL CAJON, CA 92019-3700</p>	<p><i>Phone:</i> (619) 441-9200</p> <p><i>Fax:</i> (619) 441-0710</p> <p><i>After Hours Phone:</i> (619) 441-9200</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8:30AM-4:30PM, SA 9AM-5PM</p> <p><b>LEE, HEATHER F</b></p> <p><i>Provider ID:</i> 206272</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A164702</p> <p><i>NPI:</i> 1053808048</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Board Certified Specialty:</i> No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>855 E MADISON AVE</p> <p>EL CAJON, CA 92020-3819</p> <p><i>Phone:</i> (619) 440-2751</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 440-2751</p> <p><i>Website:</i> www.ihpsocal.org</p> <p><i>Email:</i></p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-F 8AM-5PM, SA  9AM-5PM</p> <p><b>LIN, SHUANG</b>  Provider ID: 206354  Provider Gender: Female  License number: A138887  NPI: 1689093684  Provider English Spoken: Yes  Provider Language(s) Spoken:  Mandarin  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  1111 W CHASE AVE  EL CAJON, CA 92020-5710  Phone: (619) 515-2499  Fax:  After Hours Phone: (619)  515-2499  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: ME</p>	<p>Hours: M-F 8:30AM-5:30PM, SA  9AM-5PM</p> <p><b>MANDOYAN, AUSTIN</b>  Provider ID: 418340  Provider Gender: Female  License number: A161682  NPI: 1841726148  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  525 E MAIN ST  EL CAJON, CA 92020-4007  Phone: (619) 515-2498  Fax:  After Hours Phone: (619)  515-2498  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8:30AM-5:30PM, SA  8AM-5PM</p> <p><b>MATIALEU, LEOPOLDINE P</b>  Provider ID: 206272</p>	<p>Provider Gender: Female  License number: A152369  NPI: 1255759718  Provider English Spoken: Yes  Provider Language(s) Spoken:  French  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  855 E MADISON AVE  EL CAJON, CA 92020-3819  Phone: (619) 440-2751  Fax:  After Hours Phone: (619)  440-2751  Website: www.ihpsocal.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-F 8AM-5PM, SA  9AM-5PM</p> <p><b>MOULD, KEVIN S</b>  Provider ID: 206272  Provider Gender: Male  License number: A90920  NPI: 1255351748  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Cultural Competency:* No  
*Hospital Affiliation:* Woodland Memorial Hosp  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619) 440-2751  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **NASSIR, BASSAM K**

*Provider ID:* 569910  
*Provider Gender:* Male  
*License number:* A101888  
*NPI:* 1386848166  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA

875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **NIAZI, HARRIS O**

*Provider ID:* 418340  
*Provider Gender:* Male  
*License number:* A146111  
*NPI:* 1174905871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Website:* www.fhcsd.org

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 8:30AM-5:30PM

### **PATEL, RAKESH R**

*Provider ID:* 206272  
*Provider Gender:* Male  
*License number:* A76352  
*NPI:* 1205861010  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619) 440-2751  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-8PM, SA

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

8AM-12PM

### **PUTRUS, RAMIZ S**

Provider ID: 185267  
 Provider Gender: Male  
 License number: A68184  
 NPI: 1144300534  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
 Phone: (619) 312-0347  
 Fax:  
 After Hours Phone: (619)  
 312-0347  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

### **RODRIGUEZ, LOUIE H**

Provider ID: 418340  
 Provider Gender: Male  
 License number: A176144  
 NPI: 1558823625  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **SCHUMAKER, EDWARD W**

Provider ID: 185267  
 Provider Gender: Male  
 License number: 20A6433  
 NPI: 1184616872  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC

165 S 1ST ST  
 EL CAJON, CA 92019-4795  
 Phone: (619) 312-0347  
 Fax:  
 After Hours Phone: (619)  
 312-0347  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

### **SCHUMAKER, EDWARD W**

Provider ID: 418501  
 Provider Gender: Male  
 License number: 20A6433  
 NPI: 1184616872  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 1032 BROADWAY  
 EL CAJON, CA 92021-7416  
 Phone: (619) 795-5991  
 Fax:  
 After Hours Phone: (619)  
 795-5991  
 Website: www.lamaestra.org  
 Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  🔊 Accessibility: W  Hours: M-F 8:30AM-5:30PM, SA  9AM-5PM</p> <p><b>THIERMANN, PAIGE A</b>  Provider ID: 206272  Provider Gender: Female  License number: A114779  NPI: 1134411432  Provider English Spoken: Yes  Provider Language(s) Spoken:  Arabic, Kurdish, Spanish, Syriac  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  855 E MADISON AVE  EL CAJON, CA 92020-3819  Phone: (619) 440-2751  Fax:  After Hours Phone: (619)  440-2751  Website: www.ihpsocal.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  🔊 Accessibility: W</p>	<p>Hours: M-F 8AM-8PM, SA  8AM-12PM</p> <hr/> <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>CENTRO MEDICO EL CAJON,</b>  Provider ID: 478971  Provider Gender:  License number: 550000430  NPI: 1154480069  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty:  BORREGO COMMUNITY  HEALTH FOUNDTION  133 W MAIN ST STE 100  EL CAJON, CA 92020-3325  Phone: (619) 873-8940  Fax: (619) 401-0522  After Hours Phone: (619)  873-8940  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  🔊 Accessibility: W  Hours: M-SU 8AM-8PM</p> <p><b>CHASE AVENUE FAMILY  HEALTH CTRS INC,</b>  Provider ID: 206354</p>	<p>Provider Gender:  License number:  NPI: 1104861681  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty:  FAMILY HEALTH CENTERS OF  SAN DIEGO  1111 W CHASE AVE  EL CAJON, CA 92020-5710  Phone: (619) 515-2499  Fax: (619) 593-7164  After Hours Phone: (619)  515-2499  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  🔊 Accessibility: ME  Hours: M-SA 9AM-5PM</p> <p><b>FAMILY HLTH CTR SAN  DIEGO-EL CAJON,</b>  Provider ID: 418340  Provider Gender:  License number: 550003553  NPI: 1932561198  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No</p>
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## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2498  <i>Fax:</i> (619) 269-0191  <i>After Hours Phone:</i> (619)            515-2498  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5:30PM, SA            9AM-5PM</p> <p><b>LA MAESTRA CHC EL CAJON            BROADWAY,</b>  <i>Provider ID:</i> 418501  <i>Provider Gender:</i>  <i>License number:</i> 550003567  <i>NPI:</i> 1134590086  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i>            LA MAESTRA FAMILY CLINIC            1032 BROADWAY            EL CAJON, CA 92021-7416</p>	<p><i>Phone:</i> (619) 795-5991  <i>Fax:</i> (619) 795-5992  <i>After Hours Phone:</i> (619)            795-5991  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-F 8:30AM-5:30PM, SA            9AM-5PM</p> <p><b>NEIGHBORHOOD            HEALTHCARE EL CAJON,</b>  <i>Provider ID:</i> 206272  <i>Provider Gender:</i>  <i>License number:</i> 090000156  <i>NPI:</i> 1760667950  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i>            IHP OF SOUTHERN            CALIFORNIA            855 E MADISON AVE            EL CAJON, CA 92020-3819  <i>Phone:</i> (619) 440-2751  <i>Fax:</i> (360) 462-2746  <i>After Hours Phone:</i> (619)            440-2751  <i>Website:</i> www.ihpsocal.org</p>	<p><i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM</p> <p><b>SAN YSIDRO HEALTH EL            CAJON,</b>  <i>Provider ID:</i> 569910  <i>Provider Gender:</i>  <i>License number:</i> 550002514  <i>NPI:</i> 1568845741  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i>            IHP OF SOUTHERN            CALIFORNIA            875 EL CAJON BLVD            EL CAJON, CA 92020-5714  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            662-4100  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No</p>
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## C. Directorio de proveedores de atención primaria

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM</p>	<hr/> <b>HEPATOLOGY</b> <hr/>	<p><i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5:30PM, SA            8:30AM-2PM</p>
<hr/> <b>GENERAL PRACTICE</b> <hr/>	<p><b>GISH, ROBERT G</b>  <i>Provider ID:</i> 185267  <i>Provider Gender:</i> Male  <i>License number:</i> G45632  <i>NPI:</i> 1548281322  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Dutch, French, Spanish,            Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Providence            Santa Rosa Memorial Hospital,            Ucsd Medical Ctr, Stanford            Health Care, California Pacific            Med Ctr, Selma Community            Hospital, Adventist Medical            Center, Adventist Med Ctr            Reedley, Loma Linda University            Comm Med Ctr, Regional            Medical Ctr Of San Jose  <i>Board Certified Specialty:</i> No            LA MAESTRA FAMILY CLINIC            165 S 1ST ST            EL CAJON, CA 92019-4795  <i>Phone:</i> (619) 312-0347  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            312-0347  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes</p>	<hr/> <b>INTERNAL MEDICINE</b> <hr/>
<p><b>ALSHAMMARY, MOHAMMED</b>  <i>Provider ID:</i> 601892  <i>Provider Gender:</i> Male  <i>License number:</i> A176049  <i>NPI:</i> 1194217539  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>            Board Certified Specialty: No            IHP OF SOUTHERN            CALIFORNIA            855 E MADISON AVE            EL CAJON, CA 92020-3819  <i>Phone:</i> (619) 440-2751  <i>Fax:</i> (360) 462-2746  <i>After Hours Phone:</i> (619)            440-2751  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 14/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM</p>	<p><b>AGUERO, AMETHYST M</b>  <i>Provider ID:</i> 418340  <i>Provider Gender:</i> Female  <i>License number:</i> 20A19473  <i>NPI:</i> 1568021913  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF            SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2498  <i>Fax:</i> (619) 269-0191  <i>After Hours Phone:</i> (619)            515-2498  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>AL-TAMEEMI, AHMED</b>  <i>Provider ID:</i> 478971  <i>Provider Gender:</i> Male  <i>License number:</i> A151547  <i>NPI:</i> 1134513211  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No            BORREGO COMMUNITY HEALTH FOUNDTION            133 W MAIN ST STE 100            EL CAJON, CA 92020-3325  <i>Phone:</i> (619) 401-0404  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 401-0404  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>ALWASH, MUSTAFA A</b>  <i>Provider ID:</i> 418340  <i>Provider Gender:</i> Male  <i>License number:</i> A160516</p>	<p><i>NPI:</i> 1679936439  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Sharp Memorial Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2498  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2498  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>CARPENTER, ROBERT J</b>  <i>Provider ID:</i> 569910  <i>Provider Gender:</i> Male  <i>License number:</i> 20A10964  <i>NPI:</i> 1356343040  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            875 EL CAJON BLVD            EL CAJON, CA 92020-5714  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>DUONG, MAI T</b>  <i>Provider ID:</i> 418340  <i>Provider Gender:</i> Female  <i>License number:</i> A127798  <i>NPI:</i> 1629339304  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **GORGES, RANDA A**

Provider ID: 418340  
Provider Gender: Female  
License number: A138815  
NPI: 1285079509  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **JABRI, ZAIN T**

Provider ID: 418340  
Provider Gender: Male  
License number: A160760  
NPI: 1891159620  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation: St Agnes  
Medical Center, City Of Hope  
National Med Ctr, John F  
Kennedy Memorial Hosp  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **JABRI, ZAIN T**

Provider ID: 418501  
Provider Gender: Male  
License number: A160760  
NPI: 1891159620  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation: St Agnes  
Medical Center, City Of Hope  
National Med Ctr, John F  
Kennedy Memorial Hosp  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
1032 BROADWAY  
EL CAJON, CA 92021-7416  
Phone: (619) 795-5991  
Fax:  
After Hours Phone: (619)  
795-5991

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a>	♿ Accessibility: W	Provider Gender: Male
Email:	Hours: M-F 8AM-5PM, SA 9AM-5PM	License number: 20A13745
Medi-Cal Open Panel: Yes		NPI: 1194161406
Min/Max Age: None		Provider English Spoken: Yes
American Sign Language (ASL): No	<b>NADI, FAHIMA</b>	Provider Language(s) Spoken: Gujarati, Hindi, Spanish
♿ Accessibility: W	Provider ID: 418340	Cultural Competency: No
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	Provider Gender: Female	Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital
	License number: A175325	Board Certified Specialty: No
	NPI: 1770072290	FAMILY HEALTH CENTERS OF SAN DIEGO
	Provider English Spoken: Yes	525 E MAIN ST
	Provider Language(s) Spoken: Pushto	EL CAJON, CA 92020-4007
<b>LAU, BENISON C</b>	Cultural Competency: No	Phone: (619) 515-2498
Provider ID: 206272	Hospital Affiliation:	Fax:
Provider Gender: Male	Board Certified Specialty: No	After Hours Phone: (619) 515-2498
License number: A161074	FAMILY HEALTH CENTERS OF SAN DIEGO	Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>
NPI: 1255726154	525 E MAIN ST	Email:
Provider English Spoken: Yes	EL CAJON, CA 92020-4007	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken:	Phone: (619) 515-2498	Min/Max Age: None
Cultural Competency: No	Fax:	American Sign Language (ASL): No
Hospital Affiliation:	After Hours Phone: (619) 515-2498	♿ Accessibility:
Board Certified Specialty: No	Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	Hours: M-SA 9AM-5PM
IHP OF SOUTHERN CALIFORNIA	Email:	<b>PETTIT, JOHN C</b>
855 E MADISON AVE	Medi-Cal Open Panel: Yes	Provider ID: 478971
EL CAJON, CA 92020-3819	Min/Max Age: None	Provider Gender: Male
Phone: (619) 440-2751	American Sign Language (ASL): No	License number: G52812
Fax:	♿ Accessibility:	NPI: 1497992432
After Hours Phone: (619) 440-2751	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	Provider English Spoken: Yes
Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>		
Email:	<b>PARIKH, MILIND D</b>	
Medi-Cal Open Panel: Yes	Provider ID: 418340	
Min/Max Age: None		
American Sign Language (ASL): No		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Provider Language(s) Spoken:</i> Spanish	COMMUNITY CARE IPA LLC 5442 SYCUAN RD EL CAJON, CA 92019-1816 <i>Phone:</i> (619) 445-0707 <i>Fax:</i> (619) 445-0988 <i>After Hours Phone:</i> (619) 445-0707 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 18/999 <i>American Sign Language (ASL):</i> No <i>Ⓜ Accessibility:</i> P, EB, IB, E, R, T <i>Hours:</i> M-F 8AM-4PM, SA 9AM-5PM	EL CAJON, CA 92019-3225 <i>Phone:</i> (619) 456-9920 <i>Fax:</i> (619) 456-9340 <i>After Hours Phone:</i> (619) 456-9920 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 18/999 <i>American Sign Language (ASL):</i> No <i>Ⓜ Accessibility:</i> <i>Hours:</i> M-F 8AM-7PM, SA 9AM-5PM
<i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> No BORREGO COMMUNITY HEALTH FOUNDTION 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325 <i>Phone:</i> (619) 401-0404 <i>Fax:</i> <i>After Hours Phone:</i> (619) 401-0404 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Ⓜ Accessibility:</i> W <i>Hours:</i> M-SA 9AM-5PM	<b>ROUEL, LINDA Y</b> <i>Provider ID:</i> 308485 <i>Provider Gender:</i> Female <i>License number:</i> A107575 <i>NPI:</i> 1326128950 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Arabic, Mandarin, Syriac <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Sharp Memorial Hospital, Grossmont Hospital <i>Board Certified Specialty:</i> No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 860 JAMACHA RD STE 107	<b>ROUEL, WADI</b> <i>Provider ID:</i> 185267 <i>Provider Gender:</i> Male <i>License number:</i> C55979 <i>NPI:</i> 1740254713 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Arabic, Spanish, Syriac <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Memorial Hospital, Grossmont Hospital <i>Board Certified Specialty:</i> No LA MAESTRA FAMILY CLINIC 165 S 1ST ST EL CAJON, CA 92019-4795
<b>REDDY, ARJUN N , MD</b> <i>Provider ID:</i> 428134 <i>Provider Gender:</i> Male <i>License number:</i> A61204 <i>NPI:</i> 1730132457 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Grossmont Hospital <i>Board Certified Specialty:</i> No		

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## C. Directorio de proveedores de atención primaria

Phone: (619) 269-1262	Min/Max Age: None	Hours: M-SA 9AM-5PM
Fax:	American Sign Language (ASL):	<b>VETTICADEN, SANTOSH J</b>
After Hours Phone: (619)	No	Provider ID: 206272
269-1262	♿ Accessibility: ME	Provider Gender: Male
Website: www.lamaestra.org	Hours: M-F 8:30AM-5:30PM, SA	License number: C53062
Email:	9AM-5PM	NPI: 1679102461
Medi-Cal Open Panel: Yes	<b>TCHAKMAKJIAN, LEVON N</b>	Provider English Spoken: Yes
Min/Max Age: None	Provider ID: 569910	Provider Language(s) Spoken:
American Sign Language (ASL):	Provider Gender: Male	Cultural Competency: No
No	License number: C144411	Hospital Affiliation:
♿ Accessibility: W	NPI: 1790744795	Board Certified Specialty: No
Hours: M-SA 9AM-5PM	Provider English Spoken: Yes	IHP OF SOUTHERN
<b>SIHOTA, GURPREET</b>	Provider Language(s) Spoken:	CALIFORNIA
Provider ID: 206354	Armenian, Hebrew	855 E MADISON AVE
Provider Gender: Female	Cultural Competency: No	EL CAJON, CA 92020-3819
License number: 20A13700	Hospital Affiliation: North Bay	Phone: (619) 440-2751
NPI: 1659715852	Vacavalley Hospital	Fax:
Provider English Spoken: Yes	Board Certified Specialty: No	After Hours Phone: (619)
Provider Language(s) Spoken:	IHP OF SOUTHERN	440-2751
Cultural Competency: No	CALIFORNIA	Website: www.ihpsocal.org
Hospital Affiliation:	875 EL CAJON BLVD	Email:
Board Certified Specialty: No	EL CAJON, CA 92020-5714	Medi-Cal Open Panel: Yes
FAMILY HEALTH CENTERS OF	Phone: (619) 662-4100	Min/Max Age: None
SAN DIEGO	Fax:	American Sign Language (ASL):
1111 W CHASE AVE	After Hours Phone: (619)	No
EL CAJON, CA 92020-5710	662-4100	♿ Accessibility: W
Phone: (619) 515-2499	Website:	Hours: M-F 8AM-5PM, SA
Fax:	Email:	9AM-5PM
After Hours Phone: (619)	Medi-Cal Open Panel: Yes	<b>YOON, TAE H</b>
515-2499	Min/Max Age: None	Provider ID: 418340
Website: www.fhcsd.org	American Sign Language (ASL):	Provider Gender: Male
Email:	No	License number: C161090
Medi-Cal Open Panel: Yes	♿ Accessibility:	NPI: 1508918178

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## C. Directorio de proveedores de atención primaria

<p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Korean</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST</p> <p>EL CAJON, CA 92020-4007</p> <p><i>Phone:</i> (619) 515-2498</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2498</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p>Arabic, German, Russian, Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr</p> <p><i>Board Certified Specialty:</i> No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>875 EL CAJON BLVD</p> <p>EL CAJON, CA 92020-5714</p> <p><i>Phone:</i> (619) 662-4100</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 662-4100</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p>	<p>Farsi, Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital</p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST</p> <p>EL CAJON, CA 92020-4007</p> <p><i>Phone:</i> (619) 515-2498</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2498</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p>
<p><b>INTERVENTIONAL CARDIOLOGY</b></p>		<p><b>OBSTETRICS / GYNECOLOGY</b></p>

### KAFRI, HASSAN

*Provider ID:* 569910

*Provider Gender:* Male

*License number:* A96002

*NPI:* 1730258401

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

### MOUSSAVIAN, MEHRAN

*Provider ID:* 418340

*Provider Gender:* Male

*License number:* 20A7241

*NPI:* 1689788234

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

### OBSTETRICS / GYNECOLOGY

#### ALIMONOS, LYSISTRATI A

*Provider ID:* 418340

*Provider Gender:* Female

*License number:* 20A14919

*NPI:* 1619397031

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## C. Directorio de proveedores de atención primaria

<p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital</p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST</p> <p>EL CAJON, CA 92020-4007</p> <p><i>Phone:</i> (619) 515-2498</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2498</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Chula Vista, Sharp Mary Birch Hosp For Women And Newborns</p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST</p> <p>EL CAJON, CA 92020-4007</p> <p><i>Phone:</i> (619) 515-2498</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2498</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p>	<p><i>Hospital Affiliation:</i> Grossmont Hospital</p> <p><i>Board Certified Specialty:</i> No</p> <p>BORREGO COMMUNITY HEALTH FOUNDTION</p> <p>133 W MAIN ST STE 100</p> <p>EL CAJON, CA 92020-3325</p> <p><i>Phone:</i> (619) 873-8940</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 873-8940</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p>
<p><b>BUECHNER, CHARLENE A</b></p> <p><i>Provider ID:</i> 418340</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A68463</p> <p><i>NPI:</i> 1376663831</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p>	<p><b>BULLOCH, EDGAR M</b></p> <p><i>Provider ID:</i> 478971</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A113241</p> <p><i>NPI:</i> 1508046376</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p>	<p><b>CARTER, KHALIL J</b></p> <p><i>Provider ID:</i> 418340</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A113001</p> <p><i>NPI:</i> 1225231582</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital, Tri City Medical Ctr</p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF</p>

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## C. Directorio de proveedores de atención primaria

SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 8:30AM-5:30PM

### **CERVANTES, SANDRA M**

Provider ID: 418340  
Provider Gender: Female  
License number: A118095  
NPI: 1073701041  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Sharp  
Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 8:30AM-5:30PM

### **CHAKRABARTI, PRIYA**

Provider ID: 418340  
Provider Gender: Female  
License number: A163464  
NPI: 1326531401  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **DE MIK, TRAVIS J**

Provider ID: 418340  
Provider Gender: Male  
License number: A108228  
NPI: 1629277322  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>DORUELO, ASHLEY L</b>  <i>Provider ID:</i> 418340  <i>Provider Gender:</i> Female  <i>License number:</i> A178499  <i>NPI:</i> 1033613732  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Grossmont Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2498  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2498  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>FAKSH, ARIJ</b>  <i>Provider ID:</i> 185267</p>	<p><i>Provider Gender:</i> Female  <i>License number:</i> 20A14222  <i>NPI:</i> 1912166737  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No            LA MAESTRA FAMILY CLINIC            165 S 1ST ST            EL CAJON, CA 92019-4795  <i>Phone:</i> (619) 312-0347  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 312-0347  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>FAKSH, ARIJ</b>  <i>Provider ID:</i> 418501  <i>Provider Gender:</i> Female</p>	<p><i>License number:</i> 20A14222  <i>NPI:</i> 1912166737  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No            LA MAESTRA FAMILY CLINIC            1032 BROADWAY            EL CAJON, CA 92021-7416  <i>Phone:</i> (619) 795-5991  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 795-5991  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>FOLCH TORRES-AGUIAR, BEATRIZ M</b>  <i>Provider ID:</i> 418340</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i> Spanish	<i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital, Chula Vista
<i>License number:</i> A148014	<i>Cultural Competency:</i> No	<i>Board Certified Specialty:</i> No
<i>NPI:</i> 1457794752	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Grossmont Hospital	LA MAESTRA FAMILY CLINIC
<i>Provider English Spoken:</i> Yes	<i>Board Certified Specialty:</i> No	1032 BROADWAY
<i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese	FAMILY HEALTH CENTERS OF SAN DIEGO	EL CAJON, CA 92021-7416
<i>Cultural Competency:</i> No	525 E MAIN ST	<i>Phone:</i> (619) 795-5991
<i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital	EL CAJON, CA 92020-4007	<i>Fax:</i>
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 515-2498	<i>After Hours Phone:</i> (619) 795-5991
FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Fax:</i>	<i>Website:</i> www.lamaestra.org
525 E MAIN ST	<i>After Hours Phone:</i> (619) 515-2498	<i>Email:</i>
EL CAJON, CA 92020-4007	<i>Website:</i> www.fhcsd.org	<i>Medi-Cal Open Panel:</i> Yes
<i>Phone:</i> (619) 515-2498	<i>Email:</i>	<i>Min/Max Age:</i> None
<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No
<i>After Hours Phone:</i> (619) 515-2498	<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i> W
<i>Website:</i> www.fhcsd.org	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 8AM-6PM, SA 8AM-2PM
<i>Email:</i>	♿ <i>Accessibility:</i>	<b>LIPSCHITZ, LISA S</b>
<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM	<i>Provider ID:</i> 418340
<i>Min/Max Age:</i> None	<b>KHAN, ALIYA I</b>	<i>Provider Gender:</i> Female
<i>American Sign Language (ASL):</i> No	<i>Provider ID:</i> 418501	<i>License number:</i> A72005
♿ <i>Accessibility:</i>	<i>Provider Gender:</i> Female	<i>NPI:</i> 1649208711
<i>Hours:</i> M-SA 8:30AM-5:30PM	<i>License number:</i> G50634	<i>Provider English Spoken:</i> Yes
<b>HANLEY, LAUREN E</b>	<i>NPI:</i> 1285687350	<i>Provider Language(s) Spoken:</i> Spanish
<i>Provider ID:</i> 418340	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i> Hindi, Urdu	<i>Hospital Affiliation:</i> Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital,
<i>License number:</i> C174771	<i>Cultural Competency:</i> No	
<i>NPI:</i> 1053392035		
<i>Provider English Spoken:</i> Yes		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>Grossmont Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2498  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2498  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>LOEFFLER, ALLISON M</b>  <i>Provider ID:</i> 418340  <i>Provider Gender:</i> Female  <i>License number:</i> A116680  <i>NPI:</i> 1700073962  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2498  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2498  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 8:30AM-5:30PM</p> <p><b>MELLENDEZ BERRIOS, IARA DEL M</b>  <i>Provider ID:</i> 418340  <i>Provider Gender:</i> Female  <i>License number:</i> A114181  <i>NPI:</i> 1740514249  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST</p>	<p>EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2498  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2498  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 8:30AM-5:30PM</p> <p><b>MENDEZ, DIEGO</b>  <i>Provider ID:</i> 569910  <i>Provider Gender:</i> Male  <i>License number:</i> A47906  <i>NPI:</i> 1437181922  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **PAPA, RHETT R**

Provider ID: 478971  
Provider Gender: Male  
License number: 20A11733  
NPI: 1063642312  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Board Certified Specialty: No  
BORREGO COMMUNITY  
HEALTH FOUNDTION  
133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325

Phone: (619) 873-8940  
Fax:  
After Hours Phone: (619)  
873-8940  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **RODRIGUEZ JEREZ, ROBERTO D**

Provider ID: 418340  
Provider Gender: Male  
License number: A154298  
NPI: 1710316450  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Sharp  
Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **SAPRA, SONIA V**

Provider ID: 418340  
Provider Gender: Female  
License number: A164859  
NPI: 1952751711  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hindi  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### **SINGH, RASHMI**

Provider ID: 418340

Provider Gender: Female

License number: A168236

NPI: 1679937619

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **SULLIVAN, MARY L**

Provider ID: 478971

Provider Gender: Female

License number: A132556

NPI: 1588893564

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont Hospital

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

133 W MAIN ST STE 100

EL CAJON, CA 92020-3325

Phone: (619) 873-8940

Fax:

After Hours Phone: (619)

873-8940

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **WINESBURG, JENNIFER J**

Provider ID: 418340

Provider Gender: Female

License number: 20A11535

NPI: 1811162456

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare

Ctr, Grossmont Hospital, Desert

Regional Med Ctr

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

### **ZIEG, ALAN J**

Provider ID: 418340

Provider Gender: Male

License number: G78814

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

NPI: 1699790634  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Scripps Mercy  
 Hospital, Sharp Coronado Hosp  
 And Healthcare Ctr, Scripps  
 Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

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### OPHTHALMOLOGY

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#### **ALBORZIAN, SHERVIN**

Provider ID: 418340  
 Provider Gender: Male  
 License number: A107093

NPI: 1588825129  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Sharp  
 Memorial Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 8:30AM-5:30PM

#### **JARDON, JAVIER A**

Provider ID: 569910  
 Provider Gender: Male  
 License number: A131365  
 NPI: 1609171982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Hospital Affiliation: California  
 Hosp Med Ctr Los Angeles, El  
 Centro Regional Medical Center  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

#### **MANI, NASRIN**

Provider ID: 569910  
 Provider Gender: Female  
 License number: A40473  
 NPI: 1023061314  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, Faroese, Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Sharp  
 Memorial Hospital, Ucsd  
 Medical Ctr, Sharp Chula Vista

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## C. Directorio de proveedores de atención primaria

<p>Med Ctr, Grossmont Hospital  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  875 EL CAJON BLVD  EL CAJON, CA 92020-5714  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>	<p><i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  875 EL CAJON BLVD  EL CAJON, CA 92020-5714  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>	<p>IHP OF SOUTHERN CALIFORNIA  875 EL CAJON BLVD  EL CAJON, CA 92020-5714  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p>
<p><b>PAPASTERGIU, GEORGIOS</b>  <i>Provider ID:</i> 569910  <i>Provider Gender:</i> Male  <i>License number:</i> A127706  <i>NPI:</i> 1790054393  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, Farsi, French, Greek, Italian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital</p>	<p><b>PONS, MAURICIO E</b>  <i>Provider ID:</i> 569910  <i>Provider Gender:</i> Male  <i>License number:</i> A87650  <i>NPI:</i> 1376723759  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital  <i>Board Certified Specialty:</i> No</p>	<p><b>SKAF, AYHAM R</b>  <i>Provider ID:</i> 569910  <i>Provider Gender:</i> Male  <i>License number:</i> A120584  <i>NPI:</i> 1285888628  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  875 EL CAJON BLVD</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

EL CAJON, CA 92020-5714

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Phone: (619) 312-0347

Fax:

After Hours Phone: (619)

312-0347

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

### PEDIATRICS

#### CONE, STEPHANIE E

Provider ID: 185267

Provider Gender: Female

License number: A123929

NPI: 1437444858

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Rady

Childrens Hospital San Diego

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

165 S 1ST ST

EL CAJON, CA 92019-4795

#### CONE, STEPHANIE E

Provider ID: 418501

Provider Gender: Female

License number: A123929

NPI: 1437444858

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Rady

Childrens Hospital San Diego

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

1032 BROADWAY

EL CAJON, CA 92021-7416

Phone: (619) 795-5991

Fax:

After Hours Phone: (619)

795-5991

#### FIGUEROA RODRIGUEZ, BRENDA L

Provider ID: 478971

Provider Gender: Female

License number: A114674

NPI: 1134205214

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

133 W MAIN ST STE 100

EL CAJON, CA 92020-3325

Phone: (619) 873-8940

Fax:

After Hours Phone: (619)

873-8940

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM</p>	<p>Provider Gender: Female          License number: A152462          NPI: 1972965242</p>	<p>Hospital Affiliation:          Board Certified Specialty: No          IHP OF SOUTHERN</p>
<p><b>FINK, REBECCA</b>          Provider ID: 546047          Provider Gender: Female          License number: A159345          NPI: 1659725562          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          844 JACKMAN ST          EL CAJON, CA 92020-3053          Phone: (619) 442-2560          Fax: (619) 442-7836          After Hours Phone: (619)          442-2560          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):</p>	<p>Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF          SAN DIEGO          525 E MAIN ST          EL CAJON, CA 92020-4007          Phone: (619) 515-2498          Fax:          After Hours Phone: (619)          515-2498          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8:30AM-5:30PM, SA          9AM-5PM</p>	<p>CALIFORNIA          855 E MADISON AVE          EL CAJON, CA 92020-3819          Phone: (619) 440-2751          Fax:          After Hours Phone: (619)          440-2751          Website: www.ihpsocal.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM</p>
<p>No          ♿ Accessibility: EB, IB, E          Hours: M-F 8AM-5PM, SA          9AM-5PM</p>	<p><b>FRANCIS, KATHERINE L</b>          Provider ID: 206272          Provider Gender: Female          License number: G80917          NPI: 1659301547          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No</p>	<p><b>HOANG, VY U</b>          Provider ID: 546310          Provider Gender: Female          License number: A125768          NPI: 1649575135          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Grossmont          Hospital, Sharp Mary Birch          Hosp For Women And          Newborns, Rady Childrens          Hospital San Diego          Board Certified Specialty: No          RADY CHILDRENS HEALTH</p>
<p><b>FLEMING, TARA M</b>          Provider ID: 418340</p>		

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>NETWORK 844 JACKMAN ST EL CAJON, CA 92020-3053 Phone: (619) 442-2560 Fax: (619) 442-7836 After Hours Phone: (619) 442-2560 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: EB, IB, E Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Phone: (619) 442-2560 Fax: (619) 442-7836 After Hours Phone: (619) 442-2560 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>
<p><b>IMRIE, DRU A</b> Provider ID: 588459 Provider Gender: Male License number: A148882 NPI: 1861853236 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 844 JACKMAN ST EL CAJON, CA 92020-3053</p>	<p><b>KODSI, ALICIA M</b> Provider ID: 418340 Provider Gender: Female License number: A147976 NPI: 1932514353 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2498 Fax: After Hours Phone: (619) 515-2498 Website: www.fhcsd.org Email:</p>	<p><b>LYNN, JOHN G</b> Provider ID: 206272 Provider Gender: Male License number: A87637 NPI: 1891729968 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 855 E MADISON AVE EL CAJON, CA 92020-3819 Phone: (760) 742-2782 Fax: After Hours Phone: (760) 742-2782 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W</p>

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## C. Directorio de proveedores de atención primaria

Hours: M-F 8AM-8PM, SA  
8AM-12PM

### **NAGNUR, PRITI**

Provider ID: 206354  
 Provider Gender: Female  
 License number: A170055  
 NPI: 1316289929  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Kannada  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax:  
 After Hours Phone: (619)  
 515-2499  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM

### **NAIK, SHILPA**

Provider ID: 546498  
 Provider Gender: Female  
 License number: A122868

NPI: 1902156904  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Grossmont Hospital, Sharp  
 Grossmont Hospital  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 844 JACKMAN ST  
 EL CAJON, CA 92020-3053  
 Phone: (619) 442-2560  
 Fax: (619) 442-7836  
 After Hours Phone: (619)  
 442-2560  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility: EB, IB, E  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### **NGUYEN, VI T**

Provider ID: 546509  
 Provider Gender: Female  
 License number: A144937  
 NPI: 1053540534  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 844 JACKMAN ST  
 EL CAJON, CA 92020-3053  
 Phone: (619) 442-2560  
 Fax: (619) 442-7836  
 After Hours Phone: (619)  
 442-2560  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility: EB, IB, E  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### **PINTO, ANITA**

Provider ID: 546215  
 Provider Gender: Female  
 License number: A75968  
 NPI: 1477663722  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont

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## C. Directorio de proveedores de atención primaria

<p>Hospital, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 844 JACKMAN ST EL CAJON, CA 92020-3053 <i>Phone:</i> (619) 442-2560 <i>Fax:</i> (619) 442-7836 <i>After Hours Phone:</i> (619) 442-2560 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> EB, IB, E <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>RODRIGUEZ, ALDO E</b> <i>Provider ID:</i> 569910 <i>Provider Gender:</i> Male <i>License number:</i> A134995 <i>NPI:</i> 1508209651 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Portuguese <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Memorial Hospital</p>	<p><i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 875 EL CAJON BLVD EL CAJON, CA 92020-5714 <i>Phone:</i> (619) 662-4100 <i>Fax:</i> <i>After Hours Phone:</i> (619) 662-4100 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>SCOTT, SABRINA I</b> <i>Provider ID:</i> 206272 <i>Provider Gender:</i> Female <i>License number:</i> A143939 <i>NPI:</i> 1942599196 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 855 E MADISON AVE</p>	<p>EL CAJON, CA 92020-3819 <i>Phone:</i> (619) 440-2751 <i>Fax:</i> <i>After Hours Phone:</i> (619) 440-2751 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> W <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>STENSMAN, LARS M</b> <i>Provider ID:</i> 478971 <i>Provider Gender:</i> Male <i>License number:</i> A158569 <i>NPI:</i> 1659638062 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Danish, French, Norwegian, Swedish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> No BORREGO COMMUNITY HEALTH FOUNDTION 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325 <i>Phone:</i> (619) 401-0404 <i>Fax:</i> <i>After Hours Phone:</i> (619) 401-0404</p>
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## C. Directorio de proveedores de atención primaria

Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
 Phone: (619) 312-0347  
 Fax:

**ALYAS, ALISIA**  
 Provider ID: 418501  
 Provider Gender: Female  
 License number: PA58466  
 NPI: 1437768017  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:

After Hours Phone: (619)  
 312-0347  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5:30PM, SA  
 8:30AM-2PM

Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 1032 BROADWAY  
 EL CAJON, CA 92021-7416  
 Phone: (619) 795-5991  
 Fax:  
 After Hours Phone: (619)  
 795-5991  
 Website: www.lamaestra.org  
 Email:

### PHYSICIANS ASSISTANT

#### ALYAS, ALISIA

Provider ID: 185267  
 Provider Gender: Female  
 License number: PA58466  
 NPI: 1437768017  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
 Phone: (619) 312-0347  
 Fax:  
 After Hours Phone: (619)  
 312-0347  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM

**CHAN, TIFFANY C**  
 Provider ID: 418340  
 Provider Gender: Female  
 License number: PA23258  
 NPI: 1790111607  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

#### ARMENTA, JORGE

Provider ID: 185267  
 Provider Gender: Male  
 License number: PA13694  
 NPI: 1346382611

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## C. Directorio de proveedores de atención primaria

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **MERCER, KELLY C**

Provider ID: 185267

Provider Gender: Female

License number: PA21625

NPI: 1154609790

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

165 S 1ST ST

EL CAJON, CA 92019-4795

Phone: (619) 312-0347

Fax:

After Hours Phone: (619)

312-0347

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

8:30AM-2PM

### **MERCER, KELLY C**

Provider ID: 418501

Provider Gender: Female

License number: PA21625

NPI: 1154609790

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

1032 BROADWAY

EL CAJON, CA 92021-7416

Phone: (619) 795-5991

Fax:

After Hours Phone: (619)

795-5991

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

### **PATEL, SHREYA M**

Provider ID: 206354

Provider Gender: Female

License number: PA18719

NPI: 1447468137

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax:

After Hours Phone: (619)

515-2499

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

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

9AM-5PM

### **TURNER, ERIC M**

Provider ID: 206354

Provider Gender: Male

License number: PA55067

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## C. Directorio de proveedores de atención primaria

<p>NPI: 1669756128          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF SAN DIEGO          1111 W CHASE AVE          EL CAJON, CA 92020-5710          Phone: (619) 515-2499          Fax:          After Hours Phone: (619) 515-2499          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: ME          Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p>Board Certified Specialty: No          FAMILY HEALTH CENTERS OF SAN DIEGO          525 E MAIN ST          EL CAJON, CA 92020-4007          Phone: (619) 515-2498          Fax:          After Hours Phone: (619) 515-2498          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p>Phone: (619) 873-8940          Fax:          After Hours Phone: (619) 873-8940          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-SU 8AM-8PM</p>
<p><b>TURNER, SHEREENA T</b>          Provider ID: 418340          Provider Gender: Female          License number: PA20396          NPI: 1992934988          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation:</p>	<p><b>ZAMBRANA, GEORGE M</b>          Provider ID: 478971          Provider Gender: Male          License number: PA16673          NPI: 1104836659          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          BORREGO COMMUNITY HEALTH FOUNDTION          133 W MAIN ST STE 100          EL CAJON, CA 92020-3325</p>	<p style="text-align: center;"><b>PODIATRIST</b></p> <p><b>CHARP, KENNETH G</b>          Provider ID: 478971          Provider Gender: Male          License number: DPM1536          NPI: 1841384203          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          BORREGO COMMUNITY HEALTH FOUNDTION          133 W MAIN ST STE 100          EL CAJON, CA 92020-3325          Phone: (619) 873-8940          Fax:          After Hours Phone: (619) 873-8940</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria


<p>Website:</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p>	<p>♿ Accessibility:</p> <p>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <hr/> <p style="text-align: center;"><b>REGISTERED PHYSICAL THERAPIST</b></p> <hr/> <p><b>CUMMINGS, GEORGE P</b></p> <p>Provider ID: 418340</p> <p>Provider Gender: Male</p> <p>License number: PT295173</p> <p>NPI: 1497236384</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST</p> <p>EL CAJON, CA 92020-4007</p> <p>Phone: (619) 515-2498</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2498</p> <p>Website: www.fhcsd.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p>	<p><b>DASCENZO, EMILY D</b></p> <p>Provider ID: 569910</p> <p>Provider Gender: Female</p> <p>License number: PT40025</p> <p>NPI: 1952982761</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>875 EL CAJON BLVD</p> <p>EL CAJON, CA 92020-5714</p> <p>Phone: (619) 662-4100</p> <p>Fax:</p> <p>After Hours Phone: (619) 662-4100</p> <p>Website:</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p>
<p><b>JUAREZ, LETICIA J</b></p> <p>Provider ID: 418340</p> <p>Provider Gender: Female</p> <p>License number: DPM5661</p> <p>NPI: 1508393778</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST</p> <p>EL CAJON, CA 92020-4007</p> <p>Phone: (619) 515-2498</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2498</p> <p>Website: www.fhcsd.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p>	<p><b>GUTIERREZ, JUSTINE A</b></p> <p>Provider ID: 418340</p> <p>Provider Gender: Female</p> <p>License number: PT292482</p> <p>NPI: 1851834873</p> <p>Provider English Spoken: Yes</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Provider Language(s) Spoken:* 875 EL CAJON BLVD  
*Cultural Competency:* No EL CAJON, CA 92020-5714  
*Hospital Affiliation:* Phone: (619) 662-4100  
*Board Certified Specialty:* No Fax:  
 FAMILY HEALTH CENTERS OF After Hours Phone: (619)  
 SAN DIEGO 662-4100  
 525 E MAIN ST Website:  
 EL CAJON, CA 92020-4007 Email:  
 Phone: (619) 515-2498 Medi-Cal Open Panel: Yes  
 Fax: Min/Max Age: None  
 After Hours Phone: (619) American Sign Language (ASL):  
 515-2498 No  
 Website: www.fhcsd.org  Accessibility:  
 Email: Hours: M-F 8AM-5PM, SA  
 Medi-Cal Open Panel: Yes 9AM-5PM  
 Min/Max Age: None  
 American Sign Language (ASL):


No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **KUIOKA, TROY H**

*Provider ID:* 569910  
*Provider Gender:* Male  
*License number:* PT42665  
*NPI:* 1912640053  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA

### **MIGNEA, DAVID S**

*Provider ID:* 418340  
*Provider Gender:* Male  
*License number:* PT293536  
*NPI:* 1043736879  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 Accessibility:  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

## ENCINITAS

### **CERTIFIED NURSE PRACTITIONER**

### **MACIAS, ALISSA M**

*Provider ID:* 480243  
*Provider Gender:* Female  
*License number:* NP21368  
*NPI:* 1952658445  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760)  
 736-6767  
 Website:  
 Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

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### FAMILY PRACTICE

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#### **NATH, DEVARSHI**

Provider ID: 480243

Provider Gender: Male

License number: C54157

NPI: 1275630618

Provider English Spoken: Yes

Provider Language(s) Spoken:

Bengali

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1130 2ND ST

ENCINITAS, CA 92024-5008

Phone: (760) 753-7842

Fax:

After Hours Phone: (760)

753-7842

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

#### **SAFI, ROOZCHEHR**

Provider ID: 480243

Provider Gender: Female

License number: A116562

NPI: 1659563641

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1130 2ND ST

ENCINITAS, CA 92024-5008

Phone: (760) 753-7842

Fax:

After Hours Phone: (760)

753-7842

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

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### FQHC

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#### **TRUECARE,**

Provider ID: 480243

Provider Gender:

License number: 080000638

NPI: 1245246917

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP OF SOUTHERN

CALIFORNIA

1130 2ND ST

ENCINITAS, CA 92024-5008

Phone: (760) 753-7842

Fax: (760) 736-8740

After Hours Phone: (760)

753-7842

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

8:30AM-5:30PM, SA 9AM-5PM

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### PEDIATRICS

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#### **BRION, SONJA K**

Provider ID: 386639

Provider Gender: Female

License number: A68705

NPI: 1306817317

Provider English Spoken: Yes

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            499 N EL CAMINO REAL STE B100            ENCINITAS, CA 92024-1347  <i>Phone:</i> (760) 436-4511  <i>Fax:</i> (760) 436-5106  <i>After Hours Phone:</i> (760) 436-4511  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            499 N EL CAMINO REAL STE B100            ENCINITAS, CA 92024-1347  <i>Phone:</i> (760) 436-4511  <i>Fax:</i> (760) 436-5106  <i>After Hours Phone:</i> (760) 436-4511  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            499 N EL CAMINO REAL STE B100            ENCINITAS, CA 92024-1347  <i>Phone:</i> (760) 436-4511  <i>Fax:</i> (760) 436-5106  <i>After Hours Phone:</i> (760) 436-4511  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>
<p><b>CLEMENTINO, NANCY A</b>  <i>Provider ID:</i> 386643  <i>Provider Gender:</i> Female  <i>License number:</i> G85653  <i>NPI:</i> 1619948619  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>MENDENHALL, ANNA K</b>  <i>Provider ID:</i> 386635  <i>Provider Gender:</i> Female  <i>License number:</i> A65279  <i>NPI:</i> 1639140650  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>METSCH, RANDALL B</b>  <i>Provider ID:</i> 386630  <i>Provider Gender:</i> Male  <i>License number:</i> G69565  <i>NPI:</i> 1619948635  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 499 N EL CAMINO REAL STE B100  
 ENCINITAS, CA 92024-1347  
*Phone:* (760) 436-4511  
*Fax:* (760) 436-5106  
*After Hours Phone:* (760) 436-4511  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **MURPHY, CARMEL C**

*Provider ID:* 480243  
*Provider Gender:* Female  
*License number:* A103940  
*NPI:* 1790824787  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
*Phone:* (760) 753-7842  
*Fax:*  
*After Hours Phone:* (760) 753-7842  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **TERRY, AMANDA R**

*Provider ID:* 386739  
*Provider Gender:* Female  
*License number:* A118540  
*NPI:* 1861770885  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps

Memorial Hospital Encinitas, Ucsf Benioff Children's Hospital Oakland  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 499 N EL CAMINO REAL STE B100  
 ENCINITAS, CA 92024-1347  
*Phone:* (760) 436-4511  
*Fax:* (760) 436-5106  
*After Hours Phone:* (760) 436-4511  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **TOLBA, KAMEI B**

*Provider ID:* 386624  
*Provider Gender:* Male  
*License number:* A72066  
*NPI:* 1144221763  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San

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## C. Directorio de proveedores de atención primaria

Diego, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 499 N EL CAMINO REAL STE B100  
 ENCINITAS, CA 92024-1347  
*Phone:* (760) 436-4511  
*Fax:* (760) 436-5106  
*After Hours Phone:* (760) 436-4511  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

**ESCONDIDO**

**CERTIFIED NURSE  
 PRACTITIONER**

### **FORSMAN, SHANA A**

*Provider ID:* 480243  
*Provider Gender:* Female  
*License number:* PA19437  
*NPI:* 1306026737  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008

### **CARNEY, AMY**

*Provider ID:* 206269  
*Provider Gender:* Female  
*License number:* NP8169  
*NPI:* 1164445227  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY R**

*Provider ID:* 480243  
*Provider Gender:* Male  
*License number:* PA22667  
*NPI:* 1174964001  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital

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## C. Directorio de proveedores de atención primaria

Phone: (760) 520-8200  
 Fax:  
 After Hours Phone: (760) 520-8200  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **HACINAS, REYNALDO O**

Provider ID: 419344  
 Provider Gender: Male  
 License number: NP95003024  
 NPI: 1215304860  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 BORREGO COMMUNITY HEALTH FOUNDTION  
 1121 E WASHINGTON AVE  
 ESCONDIDO, CA 92025-2214  
 Phone: (760) 767-5051  
 Fax:  
 After Hours Phone: (760) 767-5051  
 Website: n  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, W  
 Hours: M-SA 9AM-5PM

### **KAHL, NICHOLAS D**

Provider ID: 588941  
 Provider Gender: Male  
 License number: NP95006360  
 NPI: 1821306598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 704 E GRAND AVE  
 ESCONDIDO, CA 92025-4405  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/120  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### **KOROGODSKI, ANNA**

Provider ID: 588941  
 Provider Gender: Female  
 License number: NP95019424  
 NPI: 1326634890  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 704 E GRAND AVE  
 ESCONDIDO, CA 92025-4405  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/120  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### **MITCHELL, CATHY A**

Provider ID: 424775  
 Provider Gender: Female  
 License number: NP4799  
 NPI: 1356365365  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> CALIFORNIA  <i>Board Certified Specialty:</i> No          IHP OF SOUTHERN CALIFORNIA          426 N DATE ST          ESCONDIDO, CA 92025-3409  <i>Phone:</i> (760) 690-5900  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 690-5900  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/21  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>	<p>CALIFORNIA          704 E GRAND AVE          ESCONDIDO, CA 92025-4405  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/120  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p>	<p><i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/120  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p>
<hr/>		
<b>CHIROPRACTOR</b>		
<hr/>		
<p><b>TEHRAN, SAGHI J</b>  <i>Provider ID:</i> 588941  <i>Provider Gender:</i> Female  <i>License number:</i> NP95018423  <i>NPI:</i> 1134792245  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Farsi, Persian  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Rady Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No          IHP OF SOUTHERN</p>	<p><b>TODD, MIKAYLA S</b>  <i>Provider ID:</i> 588941  <i>Provider Gender:</i> Female  <i>License number:</i> NP95005999  <i>NPI:</i> 1316478092  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No          IHP OF SOUTHERN CALIFORNIA          704 E GRAND AVE          ESCONDIDO, CA 92025-4405</p>	<p><b>ROBINSON, DEAN A</b>  <i>Provider ID:</i> 206270  <i>Provider Gender:</i> Male  <i>License number:</i> DC12036  <i>NPI:</i> 1851320337  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No          IHP OF SOUTHERN CALIFORNIA          460 N ELM ST          ESCONDIDO, CA 92025-3002  <i>Phone:</i> (760) 520-8100  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 520-8100  <i>Website:</i> www.ihpsocal.org</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p><b>ZECHA, RONALD S</b></p> <p>Provider ID: 206270</p> <p>Provider Gender: Male</p> <p>License number: DC28605</p> <p>NPI: 1427252121</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: IHP OF SOUTHERN CALIFORNIA</p> <p>Board Certified Specialty: No</p> <p>460 N ELM ST</p> <p>ESCONDIDO, CA 92025-3002</p> <p>Phone: (760) 520-8100</p> <p>Fax:</p> <p>After Hours Phone: (760) 520-8100</p> <p>Website: www.ihpsocal.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p>	<p>Hours: M-F 8AM-5PM, SA 8AM-12PM</p> <hr/> <p><b>FAMILY PRACTICE</b></p> <hr/> <p><b>AVILA, MICHAEL A</b></p> <p>Provider ID: 206270</p> <p>Provider Gender: Male</p> <p>License number: A159727</p> <p>NPI: 1962936450</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: IHP OF SOUTHERN CALIFORNIA</p> <p>Board Certified Specialty: No</p> <p>460 N ELM ST</p> <p>ESCONDIDO, CA 92025-3002</p> <p>Phone: (760) 520-8100</p> <p>Fax:</p> <p>After Hours Phone: (760) 520-8100</p> <p>Website: www.ihpsocal.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-F 8AM-5PM, SA 8AM-12PM</p> <p><b>CASTANER, ZALYA</b></p> <p>Provider ID: 206270</p>	<p>Provider Gender: Female</p> <p>License number: A139490</p> <p>NPI: 1487072179</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Palomar Medical Center</p> <p>Board Certified Specialty: No</p> <p>460 N ELM ST</p> <p>ESCONDIDO, CA 92025-3002</p> <p>Phone: (760) 520-8100</p> <p>Fax:</p> <p>After Hours Phone: (760) 520-8100</p> <p>Website: www.ihpsocal.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p><b>CASTANER, ZALYA</b></p> <p>Provider ID: 206271</p> <p>Provider Gender: Female</p> <p>License number: A139490</p> <p>NPI: 1487072179</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Hospital Affiliation:* Palomar Medical Center  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:*  
*After Hours Phone:* (760) 737-6900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 9AM-5PM

### **COBIAN, VANESSA E**

*Provider ID:* 206271  
*Provider Gender:* Female  
*License number:* A145349  
*NPI:* 1134513039  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:*  
*After Hours Phone:* (760) 737-6900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 9AM-5PM

### **COX, VICTORIA R**

*Provider ID:* 588941  
*Provider Gender:* Female  
*License number:* C171064  
*NPI:* 1093087819  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 704 E GRAND AVE  
 ESCONDIDO, CA 92025-4405  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
*Email:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/120  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **DELGADO, GEORGE, MD**

*Provider ID:* 318978  
*Provider Gender:* Male  
*License number:* G66807  
*NPI:* 1083639470  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Palomar Medical Center  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 362 W MISSION AVE STE 105  
 ESCONDIDO, CA 92025-1738  
*Phone:* (760) 741-1224  
*Fax:* (760) 741-1010  
*After Hours Phone:* (760) 741-1224  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **FERRAILOLO, NATALIE K**

Provider ID: 206270  
Provider Gender: Female  
License number: A152372  
NPI: 1306290143  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax:  
After Hours Phone: (760)  
520-8100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **KAUR, JATINDER**

Provider ID: 206270  
Provider Gender: Female  
License number: A120771

NPI: 1912141391  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hindi, Urdu  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax:  
After Hours Phone: (760)  
520-8100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **LAI, AMARA J**

Provider ID: 206271  
Provider Gender: Female  
License number: A120348  
NPI: 1790912855  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No

Hospital Affiliation: Palomar  
Medical Center  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax:  
After Hours Phone: (760)  
737-6900  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, W  
Hours: M,TU,TH,F 8AM-5PM, W  
9AM-5PM, SA 9AM-5PM

### **MCHENRY, KATHRYN D**

Provider ID: 206270  
Provider Gender: Female  
License number: 20A14292  
NPI: 1326458373  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
 Phone: (760) 520-8100  
 Fax:  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 8AM-12PM

### **NAKAMURA, MELANIE A**

Provider ID: 206270  
 Provider Gender: Female  
 License number: A107557  
 NPI: 1104022672  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
 Phone: (760) 520-8100  
 Fax:  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org

Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 8AM-12PM

### **PATEL, JITENBHAI J**

Provider ID: 206269  
 Provider Gender: Male  
 License number: A94128  
 NPI: 1902921406  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
 Phone: (760) 520-8200  
 Fax:  
 After Hours Phone: (760)  
 520-8200  
 Website: www.ihpsocal.org  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **PATEL, JITENBHAI J**

Provider ID: 206270  
 Provider Gender: Male  
 License number: A94128  
 NPI: 1902921406  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
 Phone: (760) 520-8100  
 Fax:

After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

### **PATEL, JITENBHAI J**

Provider ID: 206271  
 Provider Gender: Male  
 License number: A94128  
 NPI: 1902921406  
 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Provider Language(s) Spoken:</i>	CALIFORNIA	<i>Phone:</i> (760) 520-8100
<i>Cultural Competency:</i> No	1001 E GRAND AVE	<i>Fax:</i>
<i>Hospital Affiliation:</i>	ESCONDIDO, CA 92025-4604	<i>After Hours Phone:</i> (760)
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (760) 520-8200	520-8100
IHP OF SOUTHERN	<i>Fax:</i> (360) 462-2749	<i>Website:</i> www.ihpsocal.org
CALIFORNIA	<i>After Hours Phone:</i> (760)	<i>Email:</i>
728 E VALLEY PKWY	520-8200	<i>Medi-Cal Open Panel:</i> Yes
ESCONDIDO, CA 92025-3052	<i>Website:</i>	<i>Min/Max Age:</i> None
<i>Phone:</i> (760) 737-6900	<i>Email:</i>	<i>American Sign Language (ASL):</i>
<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes	No
<i>After Hours Phone:</i> (760)	<i>Min/Max Age:</i> 14/999	♿ <i>Accessibility:</i> W
737-6900	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>Website:</i>	No	
<i>Email:</i>	♿ <i>Accessibility:</i>	<b>SANDHU, BASANT S</b>
<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Provider ID:</i> 206271
<i>Min/Max Age:</i> None	9AM-5PM	<i>Provider Gender:</i> Male
<i>American Sign Language (ASL):</i>		<i>License number:</i> A140398
No	<b>RASHCOVSKY SCHIFF, KARIN</b>	<i>NPI:</i> 1265795744
♿ <i>Accessibility:</i> P, EB, IB, E, R, W	<i>Provider ID:</i> 206270	<i>Provider English Spoken:</i> Yes
<i>Hours:</i> M-SA 9AM-5PM	<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>
	<i>License number:</i> A82173	German, Hindi, Punjabi, Spanish
	<i>NPI:</i> 1699706333	<i>Cultural Competency:</i> No
<b>RADFORD, JAMES A</b>	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>
<i>Provider ID:</i> 599253	<i>Provider Language(s) Spoken:</i>	<i>Board Certified Specialty:</i> No
<i>Provider Gender:</i> Male	French	IHP OF SOUTHERN
<i>License number:</i> 20A17662	<i>Cultural Competency:</i> No	CALIFORNIA
<i>NPI:</i> 1023188026	<i>Hospital Affiliation:</i> Palomar	728 E VALLEY PKWY
<i>Provider English Spoken:</i> Yes	Medical Center	ESCONDIDO, CA 92025-3052
<i>Provider Language(s) Spoken:</i>	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (760) 737-6900
Spanish	IHP OF SOUTHERN	<i>Fax:</i>
<i>Cultural Competency:</i> No	CALIFORNIA	<i>After Hours Phone:</i> (760)
<i>Hospital Affiliation:</i> Hemet	460 N ELM ST	737-6900
Valley Med Ctr	ESCONDIDO, CA 92025-3002	<i>Website:</i>
<i>Board Certified Specialty:</i> No		<i>Email:</i>
IHP OF SOUTHERN		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

Hours: M-W 8AM-8PM, TH,F

8AM-5PM, SA 9AM-5PM

### **SAROKI, KAREN A**

Provider ID: 430837

Provider Gender: Female

License number: A105032

NPI: 1215157284

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

362 W MISSION AVE STE 105

ESCONDIDO, CA 92025-1738

Phone: (760) 741-1224

Fax: (888) 815-1761

After Hours Phone: (760)

741-1224

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

### **SCHULTZ, JAMES H**

Provider ID: 206270

Provider Gender: Male

License number: G61829

NPI: 1356376164

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Greek, Spanish

Cultural Competency: No

Hospital Affiliation: Southwest

Healthcare System Wildomar,

Southwest Healthcare System

Murrieta, Palomar Medical

Center

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax:

After Hours Phone: (760)

520-8100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **SCHULTZ, JAMES H**

Provider ID: 206271

Provider Gender: Male

License number: G61829

NPI: 1356376164

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Greek, Spanish

Cultural Competency: No

Hospital Affiliation: Southwest

Healthcare System Wildomar,

Southwest Healthcare System

Murrieta, Palomar Medical

Center

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

Phone: (760) 737-6900

Fax:

After Hours Phone: (760)

737-6900

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

Hours: M-SA 9AM-5PM

### **TANTOD, KULIN R**

Provider ID: 206270

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Provider Gender: Male License number: A109655 NPI: 1902058928 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: IHP OF SOUTHERN CALIFORNIA 460 N ELM ST ESCONDIDO, CA 92025-3002 Phone: (760) 520-8100 Fax: After Hours Phone: (760) 520-8100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>THOMPSON, CHERYL E</b> Provider ID: 206270 Provider Gender: Female License number: A102687 NPI: 1548429863 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p>Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 460 N ELM ST ESCONDIDO, CA 92025-3002 Phone: (760) 520-8100 Fax: After Hours Phone: (760) 520-8100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 8AM-12PM</p> <hr/> <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>CENTRO MEDICO ESCONDIDO,</b> Provider ID: 419344 Provider Gender: License number: 550001260 NPI: 1023349883 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty:</p>	<p>BORREGO COMMUNITY HEALTH FOUNDTION 1121 E WASHINGTON AVE ESCONDIDO, CA 92025-2214 Phone: (760) 871-0606 Fax: (858) 634-6918 After Hours Phone: (760) 871-0606 Website: n Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, W Hours: SA,SU 8AM-12PM, M-F 8AM-8PM</p> <p><b>NEIGHBORHOOD HEALTHCARE ESCONDIDO,</b> Provider ID: 206270 Provider Gender: License number: 080000397 NPI: 1598703647 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: IHP OF SOUTHERN CALIFORNIA 460 N ELM ST ESCONDIDO, CA 92025-3002</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (760) 520-8100  
 Fax: (360) 462-2752  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org

Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 8AM-12PM

### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE,

Provider ID: 206269  
 Provider Gender:  
 License number: 550000697  
 NPI: 1487826772  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
 Phone: (760) 520-8200  
 Fax: (360) 462-2749  
 After Hours Phone: (760)  
 520-8200  
 Website: www.ihpsocal.org

Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE,

Provider ID: 206269  
 Provider Gender:  
 License number: 080000483  
 NPI: 1487826772  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
 Phone: (760) 520-8200  
 Fax: (360) 462-2749  
 After Hours Phone: (760)  
 520-8200  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE,

Provider ID: 206269  
 Provider Gender:  
 License number: 080000397  
 NPI: 1487826772  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
 Phone: (760) 520-8200  
 Fax: (360) 462-2749  
 After Hours Phone: (760)  
 520-8200  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### NEIGHBORHOOD

#### HEALTHCARE PEDIATRICS

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

### **AND PRENATAL,**

Provider ID: 424775  
 Provider Gender:  
 License number: 550000511  
 NPI: 1437335353  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP OF SOUTHERN CALIFORNIA  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
 Phone: (760) 690-5900  
 Fax: (360) 462-2747  
 After Hours Phone: (760) 690-5900  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/21  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **NEIGHBORHOOD HEALTHCARE PEDIATRIC AND PRENATAL,**

Provider ID: 206266  
 Provider Gender:  
 License number:

NPI: 1265618185  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP OF SOUTHERN CALIFORNIA  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
 Phone: (760) 520-8340  
 Fax: (360) 462-2752  
 After Hours Phone: (760) 520-8340  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/21  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY,**

Provider ID: 206271  
 Provider Gender:  
 License number: 080000158  
 NPI: 1720264641  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Hospital Affiliation:  
 Board Certified Specialty:  
 IHP OF SOUTHERN CALIFORNIA  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
 Phone: (760) 737-6900  
 Fax: (360) 462-2748  
 After Hours Phone: (760) 737-6900  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M,TU,TH,F 8AM-5PM, W 9AM-5PM, SA 9AM-5PM

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

Provider ID: 588941  
 Provider Gender:  
 License number:  
 NPI: 1801438239  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP OF SOUTHERN CALIFORNIA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

704 E GRAND AVE  
 ESCONDIDO, CA 92025-4405  
 Phone: (619) 662-4100  
 Fax: (619) 662-7952  
 After Hours Phone: (619)  
 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/120  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### GENERAL PRACTICE

#### WATSON, THOMAS L , MD

Provider ID: 383999  
 Provider Gender: Male  
 License number: A52193  
 NPI: 1104865781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 303 S JUNIPER ST  
 ESCONDIDO, CA 92025-4924

Phone: (760) 480-9051  
 Fax: (760) 480-9054  
 After Hours Phone: (760)  
 480-9051  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T  
 Hours: M,TU,TH,F 9AM-5PM, W  
 9AM-1PM, SA 9AM-5PM

#### WATSON, THOMAS L , MD

Provider ID: 80659  
 Provider Gender: Male  
 License number: A52193  
 NPI: 1104865781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 301 E WASHINGTON AVE STE B  
 ESCONDIDO, CA 92025-2855  
 Phone: (760) 480-9051  
 Fax: (760) 480-9054  
 After Hours Phone: (760)  
 480-9051  
 Website:  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M,TU,TH,F 9AM-5PM, W  
 9AM-1PM, SA 9AM-5PM

### INTERNAL MEDICINE

#### CARRERA, JORGE A

Provider ID: 588941  
 Provider Gender: Male  
 License number: G58033  
 NPI: 1184728586  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 704 E GRAND AVE  
 ESCONDIDO, CA 92025-4405  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

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Min/Max Age: 0/120

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **CHEN, MARGARET K**

Provider ID: 206270

Provider Gender: Female

License number: A61751

NPI: 1659305084

Provider English Spoken: Yes

Provider Language(s) Spoken:

Greek, Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax:

After Hours Phone: (760)

520-8100

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

8AM-12PM

### **LAU, BENISON C**

Provider ID: 206269

Provider Gender: Male

License number: A161074

NPI: 1255726154

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200

Fax:

After Hours Phone: (760)

520-8200

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

### **NARAYAN, ARCHANA**

Provider ID: 206269

Provider Gender: Female

License number: A101773

NPI: 1003053950

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Kannada

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200

Fax:

After Hours Phone: (760)

520-8200

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **VETTICADEN, SANTOSH J**

Provider ID: 206270

Provider Gender: Male

License number: C53062

NPI: 1679102461

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
 Phone: (760) 520-8100  
 Fax:  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 8AM-12PM

### PEDIATRICS

#### AGUILAR, EDITA S

Provider ID: 206266  
 Provider Gender: Female  
 License number: A56054  
 NPI: 1467407411  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413

Phone: (760) 520-8340  
 Fax:  
 After Hours Phone: (760)  
 520-8340  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/21  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM

#### AGUILAR, EDITA S

Provider ID: 424775  
 Provider Gender: Female  
 License number: A56054  
 NPI: 1467407411  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
 Phone: (760) 690-5900  
 Fax:  
 After Hours Phone: (760)  
 690-5900  
 Website:  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/21  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

#### ALDANA, NANCY V

Provider ID: 424775  
 Provider Gender: Female  
 License number: A62467  
 NPI: 1558371963  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Rady Childrens  
 Hospital San Diego, Scripps  
 Memorial Hospital Encinitas  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
 Phone: (760) 690-5900  
 Fax:  
 After Hours Phone: (760)  
 690-5900  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/21  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>No          ☯ Accessibility:          Hours: M-SA 9AM-5PM</p>	<p><b>CHOW, BYRON C</b>          Provider ID: 206270          Provider Gender: Male          License number: A78116          NPI: 1619907607</p>	<p>Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Palomar          Health, Rady Childrens Hospital          San Diego, Palomar Medical          Center, Ucsf Benioff Children's          Hospital Oakland          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          625 CITRACADO PKWY STE 200          ESCONDIDO, CA 92025-6428          Phone: (760) 746-2641          Fax: (760) 740-2178          After Hours Phone: (760)          746-2641          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):          No          ☯ Accessibility: P, EB, IB, E, R, T          Hours: M-F 8AM-5PM, SA          8AM-12PM</p>
<p><b>CHAMBERS, EDWARD</b>          Provider ID: 593432          Provider Gender: Male          License number: A69852          NPI: 1467499566          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Los Robles          Regional Med Ctr, Ucsd Medical          Ctr, Ucsd La Jolla John Sally          Thornton          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          625 CITRACADO PKWY STE 200          ESCONDIDO, CA 92025-6428          Phone: (760) 746-2641          Fax: (760) 740-2178          After Hours Phone: (760)          746-2641          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):          No          ☯ Accessibility:          Hours: M-F 8AM-5PM, SA          8:30AM-12PM</p>	<p><b>COHEN, CARA E</b>          Provider ID: 59178          Provider Gender: Female          License number: G83617          NPI: 1215021274</p>	<p><b>COULLAHAN, JESSICA M</b>          Provider ID: 102560          Provider Gender: Female          License number: A95336          NPI: 1750579108          Provider English Spoken: Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> Childrens Hospital San Diego  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady          Childrens Hospital San Diego,          Palomar Medical Center  <i>Board Certified Specialty:</i> No          RADY CHILDRENS HEALTH          NETWORK          625 CITRACADO PKWY STE 200          ESCONDIDO, CA 92025-6428  <i>Phone:</i> (760) 746-2641  <i>Fax:</i> (760) 740-2178  <i>After Hours Phone:</i> (760)          746-2641  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>          No          ♿ <i>Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-F 8AM-5PM, SA          8AM-12PM</p> <p><b>CURET, ZULMA</b>  <i>Provider ID:</i> 206270  <i>Provider Gender:</i> Female  <i>License number:</i> A119661  <i>NPI:</i> 1841561107  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady</p>	<p><i>Board Certified Specialty:</i> No          IHP OF SOUTHERN          CALIFORNIA          460 N ELM ST          ESCONDIDO, CA 92025-3002  <i>Phone:</i> (760) 520-8100  <i>Fax:</i>  <i>After Hours Phone:</i> (760)          520-8100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>          No          ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>DOSHI, NEELIMA G</b>  <i>Provider ID:</i> 206266  <i>Provider Gender:</i> Female  <i>License number:</i> A67626  <i>NPI:</i> 1417921578  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Hindi, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady          Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No          IHP OF SOUTHERN          CALIFORNIA          426 N DATE ST          ESCONDIDO, CA 92025-3409  <i>Phone:</i> (760) 690-5900  <i>Fax:</i>  <i>After Hours Phone:</i> (760)          690-5900</p>	<p>ESCONDIDO, CA 92025-3413  <i>Phone:</i> (760) 520-8340  <i>Fax:</i>  <i>After Hours Phone:</i> (760)          520-8340  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/21  <i>American Sign Language (ASL):</i>          No          ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>DOSHI, NEELIMA G</b>  <i>Provider ID:</i> 424775  <i>Provider Gender:</i> Female  <i>License number:</i> A67626  <i>NPI:</i> 1417921578  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Hindi, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady          Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No          IHP OF SOUTHERN          CALIFORNIA          426 N DATE ST          ESCONDIDO, CA 92025-3409  <i>Phone:</i> (760) 690-5900  <i>Fax:</i>  <i>After Hours Phone:</i> (760)          690-5900</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Website:	No	
Email:	♿ Accessibility: P, EB, IB, E, R, W	<b>MARTINEZ, ASHLEY R</b>
Medi-Cal Open Panel: Yes	Hours: SA,SU 8AM-12PM, M-F	Provider ID: 524530
Min/Max Age: 0/21	8AM-8PM	Provider Gender: Female
American Sign Language (ASL):		License number: A146820
No	<b>MALEKSHAMRAN, KEYVAN</b>	NPI: 1649667379
♿ Accessibility:	Provider ID: 419344	Provider English Spoken: Yes
Hours: M-SA 9AM-5PM	Provider Gender: Male	Provider Language(s) Spoken:
	License number: A94845	Cultural Competency: No
<b>IBRAHIM, MAGED F</b>	NPI: 1952466112	Hospital Affiliation:
Provider ID: 419344	Provider English Spoken: Yes	Board Certified Specialty: No
Provider Gender: Male	Provider Language(s) Spoken:	RADY CHILDRENS HEALTH
License number: C141296	Persian	NETWORK
NPI: 1306852934	Cultural Competency: No	625 CITRACADO PKWY STE 200
Provider English Spoken: Yes	Hospital Affiliation: Pioneers	ESCONDIDO, CA 92025-6428
Provider Language(s) Spoken:	Memorial Hospital, Desert	Phone: (760) 746-2641
Arabic	Regional Med Ctr	Fax: (760) 740-2178
Cultural Competency: No	Board Certified Specialty: No	After Hours Phone: (760)
Hospital Affiliation: Riverside	BORREGO COMMUNITY	746-2641
Community Hosp	HEALTH FOUNDTION	Website:
Board Certified Specialty: No	1121 E WASHINGTON AVE	Email:
BORREGO COMMUNITY	ESCONDIDO, CA 92025-2214	Medi-Cal Open Panel: Yes
HEALTH FOUNDTION	Phone: (760) 871-0606	Min/Max Age: 0/18
1121 E WASHINGTON AVE	Fax:	American Sign Language (ASL):
ESCONDIDO, CA 92025-2214	After Hours Phone: (760)	No
Phone: (760) 871-0606	871-0606	♿ Accessibility:
Fax:	Website: n	Hours: M-F 8AM-5PM, SA
After Hours Phone: (760)	Email:	8:30AM-12PM
871-0606	Medi-Cal Open Panel: Yes	<b>PAYNE, ELIZABETH E</b>
Website: n	Min/Max Age: 0/999	Provider ID: 26991
Email:	American Sign Language (ASL):	Provider Gender: Female
Medi-Cal Open Panel: Yes	No	License number: G74067
Min/Max Age: 0/999	♿ Accessibility: P, EB, IB, E, R, W	NPI: 1043229305
American Sign Language (ASL):	Hours: M-SA 9AM-5PM	Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Palomar Health, Palomar Medical Center  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  625 CITRACADO PKWY STE 200 ESCONDIDO, CA 92025-6428  <i>Phone:</i> (760) 746-2641  <i>Fax:</i> (760) 740-2178  <i>After Hours Phone:</i> (760) 746-2641  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-F 8AM-5PM, SA 8:30AM-12PM</p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Palomar Medical Center  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  215 S HICKORY ST STE 126 ESCONDIDO, CA 92025-4360  <i>Phone:</i> (760) 745-7313  <i>Fax:</i> (760) 745-6360  <i>After Hours Phone:</i> (760) 745-7313  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-4:45PM, SA 9AM-5PM</p>	<p>Medical Center  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  625 CITRACADO PKWY STE 200 ESCONDIDO, CA 92025-6428  <i>Phone:</i> (760) 746-2641  <i>Fax:</i> (760) 740-2178  <i>After Hours Phone:</i> (760) 746-2641  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-F 8AM-5PM, SA 8AM-12PM</p>
<p><b>SOCHA, TRACI E</b>  <i>Provider ID:</i> 22973  <i>Provider Gender:</i> Female  <i>License number:</i> 20A7862  <i>NPI:</i> 1669478616  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>STERNFELD, SHARON R</b>  <i>Provider ID:</i> 56437  <i>Provider Gender:</i> Female  <i>License number:</i> A61025  <i>NPI:</i> 1184695108  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Pomerado Hospital, Rady Childrens Hospital San Diego, Palomar</p>	<p><b>STRAZICICH, KARLA A</b>  <i>Provider ID:</i> 206270  <i>Provider Gender:</i> Female  <i>License number:</i> A45413  <i>NPI:</i> 1134154958  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Palomar Medical Center  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  460 N ELM ST</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>ESCONDIDO, CA 92025-3002          Phone: (760) 520-8100          Fax:          After Hours Phone: (760) 520-8100          Website: www.ihpsocal.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: W          Hours: M-SA 9AM-5PM</p>	<p>Medi-Cal Open Panel: Yes          Min/Max Age: 0/21          American Sign Language (ASL): No          Accessibility:          Hours: M-SA 9AM-5PM</p>	<p>American Sign Language (ASL): No          Accessibility: P, EB, IB, E, R, W          Hours: SA,SU 8AM-12PM, M-F 8AM-8PM</p>
<p><b>TELLECHEA-SANCHEZ, SELMIRA</b>          Provider ID: 424775          Provider Gender: Female          License number: G83438          NPI: 1730288747          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          426 N DATE ST          ESCONDIDO, CA 92025-3409          Phone: (760) 690-5900          Fax:          After Hours Phone: (760) 690-5900          Website:          Email:</p>	<p><b>THIRUNAGARI, HARRSHA</b>          Provider ID: 419344          Provider Gender: Female          License number: A64928          NPI: 1447472212          Provider English Spoken: Yes          Provider Language(s) Spoken: Hindi, Spanish, Telugu          Cultural Competency: No          Hospital Affiliation: El Centro Regional Medical Center, Riverside Community Hosp, Parkview Community Hospital Medical Center          Board Certified Specialty: No          BORREGO COMMUNITY HEALTH FOUNDTION          1121 E WASHINGTON AVE          ESCONDIDO, CA 92025-2214          Phone: (760) 871-0606          Fax:          After Hours Phone: (760) 871-0606          Website: n          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999</p>	<p><b>TYGART, MELISSA K</b>          Provider ID: 606610          Provider Gender: Female          License number: A178923          NPI: 1336602507          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          625 CITRACADO PKWY STE 200          ESCONDIDO, CA 92025-6428          Phone: (760) 746-2641          Fax: (760) 740-2178          After Hours Phone: (760) 746-2641          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility:          Hours: M-F 8AM-5PM, SA 8:30AM-12PM</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

### ZANDKARIMI, FARIBA

Provider ID: 87737  
 Provider Gender: Female  
 License number: A46161  
 NPI: 1356373674  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Persian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Mercy General Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 240 W MISSION AVE STE A  
 ESCONDIDO, CA 92025-1700  
 Phone: (760) 747-5400  
 Fax: (760) 747-2286  
 After Hours Phone: (760) 747-5400  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M-SU 8AM-5PM

### PHYSICIANS ASSISTANT

#### BAISLEY, SHAWN M

Provider ID: 588941  
 Provider Gender: Male  
 License number: PA52347  
 NPI: 1376936120  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 704 E GRAND AVE  
 ESCONDIDO, CA 92025-4405  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/120  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

#### SAVILLE, KUN

Provider ID: 206269  
 Provider Gender: Female  
 License number: PA51508  
 NPI: 1518377894

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
 Phone: (760) 850-8200  
 Fax:  
 After Hours Phone: (760) 850-8200  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

#### SHARPE, NORMA A

Provider ID: 588941  
 Provider Gender: Female  
 License number: PA20490  
 NPI: 1619100237  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

CALIFORNIA  
704 E GRAND AVE  
ESCONDIDO, CA 92025-4405  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/120  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

Phone: (760) 737-6900  
Fax:  
After Hours Phone: (760)  
737-6900  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, W  
Hours: M-SA 9AM-5PM

Phone: (760) 451-4720  
Fax: (760) 451-4700  
After Hours Phone: (760)  
451-4720  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
W  
Hours: M-SA 8AM-5PM

### FALLBROOK

### OBSTETRICS / GYNECOLOGY

### FQHC

#### PODIATRIST

#### NEGRON, RICARDO J

Provider ID: 206271  
Provider Gender: Male  
License number: DPM5260  
NPI: 1932548393  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Providence  
St Joseph Hospital  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052

#### FALLBROOK FAMILY HLTH CTR,

Provider ID: 183910  
Provider Gender:  
License number: 080000150  
NPI: 1982756086  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty:  
IHP OF SOUTHERN  
CALIFORNIA  
1328 S MISSION RD  
FALLBROOK, CA 92028-4006

#### PEARSON, LAWRENCE F

Provider ID: 183910  
Provider Gender: Male  
License number: G37412  
NPI: 1538234190  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
1328 S MISSION RD  
FALLBROOK, CA 92028-4006

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Phone: (760) 451-4720

Fax:

After Hours Phone: (760)  
451-4720

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
W

Hours: M-F 8AM-5:30PM, SA  
9AM-5PM

Phone: (760) 451-0070

Fax: (760) 451-1499

After Hours Phone: (760)  
451-0070

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA

9AM-5PM

Phone: (760) 451-0070

Fax: (760) 451-1499

After Hours Phone: (760)  
451-0070

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA

9AM-5PM

### PEDIATRICS

#### DEL RE, AMANDA M

Provider ID: 238960

Provider Gender: Female

License number: A129568

NPI: 1548499957

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

1107 S MISSION RD

FALLBROOK, CA 92028-3224

#### LINARES, YENDI N

Provider ID: 538068

Provider Gender: Female

License number: A148629

NPI: 1336674886

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Childrens

Hosp Of Los Angeles, Scripps

Memorial Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

1107 S MISSION RD

FALLBROOK, CA 92028-3224

#### PAIK, JULIANA S

Provider ID: 504522

Provider Gender: Female

License number: A73973

NPI: 1528167087

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

1107 S MISSION RD

FALLBROOK, CA 92028-3224

Phone: (760) 451-0070

Fax: (760) 451-1499

After Hours Phone: (760)

451-0070

Website:

Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

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

No

♿ Accessibility: P, EB, IB, E, R

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

9AM-5PM

### **ROBINSON, DAISY A**

Provider ID: 230579

Provider Gender: Female

License number: A56278

NPI: 1659389740

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

321 E ALVARADO ST

FALLBROOK, CA 92028-2912

Phone: (760) 723-6200

Fax: (760) 723-6215

After Hours Phone: (760)

723-6200

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-TH 8AM-4PM, F,SA

9AM-5PM

### **VU, WENDY**

Provider ID: 183910

Provider Gender: Female

License number: A169529

NPI: 1508148370

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1328 S MISSION RD

FALLBROOK, CA 92028-4006

Phone: (760) 451-4770

Fax:

After Hours Phone: (760)

451-4770

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-F 8AM-7:30PM, SA

8AM-5PM

**IMPERIAL BEACH**

### **FAMILY PRACTICE**

### **JOHNSON, DANIEL W**

Provider ID: 179678

Provider Gender: Male

License number: 20A9393

NPI: 1245311216

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

949 PALM AVE

IMPERIAL BEACH, CA

91932-1503

Phone: (619) 429-3733

Fax:

After Hours Phone: (619)

429-3733

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, E, R, W

Hours: M-TH 8:30AM-9PM, F

8:30AM-5PM, SA 8:30AM-2PM

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

### LEUTE, ERIC J

Provider ID: 179678  
 Provider Gender: Male  
 License number: A80832  
 NPI: 1720171507  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: Yes  
 IHP OF SOUTHERN CALIFORNIA  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax:  
 After Hours Phone: (619) 429-3733  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, E, R, W  
 Hours: M-SA 9AM-5PM

### INTERNAL MEDICINE

### RYAN, DANA A

Provider ID: 179678  
 Provider Gender: Female  
 License number: A66830  
 NPI: 1780609990  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax:  
 After Hours Phone: (619) 429-3733  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, E, R, W  
 Hours: M-SA 9AM-5PM

### PEDIATRICS

### DOKICH, SRETENKA

Provider ID: 179678  
 Provider Gender: Female  
 License number: A51447

NPI: 1154409035  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax:  
 After Hours Phone: (619) 429-3733  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, E, R, W  
 Hours: M-SA 9AM-5PM

### JULIAN

### FQHC

### JULIAN MEDICAL CENTER,

Provider ID: 185180  
 Provider Gender:  
 License number: 080000651  
 NPI: 1700946969

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## C. Directorio de proveedores de atención primaria

<p>Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty:          BORREGO COMMUNITY          HEALTH FOUNDTION          2721 WASHINGTON ST          JULIAN, CA 92036-9233          Phone: (760) 765-1223          Fax: (760) 765-1278          After Hours Phone: (760)          765-1223          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM</p>	<p>Hospital Affiliation:          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          7300 GIRARD AVE STE 106          LA JOLLA, CA 92037-5138          Phone: (858) 459-4351          Fax: (858) 459-4399          After Hours Phone: (858)          459-4351          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          8AM-12PM</p>	<p>4150 REGENTS PARK ROW STE          355          LA JOLLA, CA 92037-9102          Phone: (858) 457-2043          Fax: (858) 457-2092          After Hours Phone: (858)          457-2043          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility: EB, IB, E, R          Hours: M-F 8AM-5PM, SA          9AM-5PM</p>
<p><b>LA JOLLA</b></p> <hr/> <p><b>PEDIATRICS</b></p> <hr/>		
<p><b>GAINOR, GRETCHEN C</b>          Provider ID: 537752          Provider Gender: Female          License number: G79066          NPI: 1174504757          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No</p>	<p><b>GANDHI, SHEETAL N</b>          Provider ID: 282029          Provider Gender: Female          License number: A81898          NPI: 1700858859          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego,          Scripps Memorial Hospital          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK</p>	<p><b>HUNTER, WENDY L</b>          Provider ID: 377597          Provider Gender: Female          License number: A94607          NPI: 1053515551          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsf Benioff          Children's Hospital Oakland,          Rady Childrens Hospital San          Diego          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          7300 GIRARD AVE STE 106          LA JOLLA, CA 92037-5138</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (858) 459-4351  
 Fax: (858) 459-4399  
 After Hours Phone: (858) 459-4351  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **JAMES, VERONIQUE M**

Provider ID: 9959  
 Provider Gender: Female  
 License number: C50068  
 NPI: 1700857703  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 4150 REGENTS PARK ROW STE 355  
 LA JOLLA, CA 92037-9102

Phone: (858) 457-2043  
 Fax: (858) 457-2092  
 After Hours Phone: (858) 457-2043  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility: EB, IB, E, R  
 Hours: M-F 8AM-5PM, SA 8AM-12PM

### **PARSONS, GENEVIEVE N**

Provider ID: 24122  
 Provider Gender: Female  
 License number: A91825  
 NPI: 1699700914  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Memorial Hospital  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037-5138

Phone: (858) 459-4351  
 Fax: (858) 459-4399  
 After Hours Phone: (858) 459-4351  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **PASTORE, SIMONE D**

Provider ID: 600881  
 Provider Gender: Female  
 License number: 20A19239  
 NPI: 1528588134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 4150 REGENTS PARK ROW STE 355  
 LA JOLLA, CA 92037-9102  
 Phone: (858) 457-2043  
 Fax: (858) 457-2092  
 After Hours Phone: (858) 457-2043  
 Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Email:</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel: Yes</i>	No	No
<i>Min/Max Age: 0/18</i>	<i>♿ Accessibility: EB, IB, E, R</i>	<i>♿ Accessibility: EB, IB, E, R</i>
<i>American Sign Language (ASL):</i>	<i>Hours: M-F 8AM-5PM, SA</i>	<i>Hours: M-F 8AM-5PM, SA</i>
No	9AM-5PM	9AM-5PM
<i>♿ Accessibility:</i>		
<i>Hours: M-F 8AM-5PM, SA</i>		
9AM-5PM		
<b>ROBERTS, KENDALL R</b>	<b>SHAH, MEERA T</b>	<b>TUNG, VIVIAN V</b>
<i>Provider ID: 48933</i>	<i>Provider ID: 145167</i>	<i>Provider ID: 11291</i>
<i>Provider Gender: Male</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>License number: A66977</i>	<i>License number: A111054</i>	<i>License number: A78067</i>
<i>NPI: 1265762033</i>	<i>NPI: 1720300239</i>	<i>NPI: 1285665133</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>
<i>Hospital Affiliation: Scripps</i>	<i>Hospital Affiliation: Rady</i>	<i>Hospital Affiliation: Rady</i>
<i>Memorial Hospital, Rady</i>	<i>Childrens Hospital San Diego,</i>	<i>Childrens Hospital San Diego,</i>
<i>Childrens Hospital San Diego</i>	<i>Scripps Memorial Hospital,</i>	<i>Scripps Memorial Hospital</i>
<i>Board Certified Specialty: No</i>	<i>Scripps Mercy Hospital Chula</i>	<i>Board Certified Specialty: No</i>
<i>RADY CHILDRENS HEALTH</i>	<i>Vista, Sharp Chula Vista Med</i>	<i>RADY CHILDRENS HEALTH</i>
<i>NETWORK</i>	<i>Ctr</i>	<i>NETWORK</i>
<i>4150 REGENTS PARK ROW STE</i>	<i>Board Certified Specialty: No</i>	<i>7300 GIRARD AVE STE 106</i>
<i>355</i>	<i>RADY CHILDRENS HEALTH</i>	<i>LA JOLLA, CA 92037-5138</i>
<i>LA JOLLA, CA 92037-9102</i>	<i>NETWORK</i>	<i>Phone: (858) 459-4351</i>
<i>Phone: (858) 457-2043</i>	<i>4150 REGENTS PARK ROW STE</i>	<i>Fax: (858) 459-4399</i>
<i>Fax: (858) 457-2092</i>	<i>355</i>	<i>After Hours Phone: (858)</i>
<i>After Hours Phone: (858)</i>	<i>LA JOLLA, CA 92037-9102</i>	<i>459-4351</i>
<i>457-2043</i>	<i>Phone: (858) 457-2043</i>	<i>Website:</i>
<i>Website:</i>	<i>Fax: (858) 457-2092</i>	<i>Email:</i>
<i>Email:</i>	<i>After Hours Phone: (858)</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>457-2043</i>	<i>Min/Max Age: 0/18</i>
<i>Min/Max Age: 0/18</i>	<i>Website:</i>	<i>American Sign Language (ASL):</i>
	<i>Email:</i>	No
	<i>Medi-Cal Open Panel: Yes</i>	<i>♿ Accessibility:</i>
	<i>Min/Max Age: 0/18</i>	<i>Hours: M-F 8AM-5PM, SA</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

9AM-5PM

### TWITO, TORY R

Provider ID: 465383  
 Provider Gender: Female  
 License number: 20A12114  
 NPI: 1073838611  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 4150 REGENTS PARK ROW STE 355  
 LA JOLLA, CA 92037-9102  
 Phone: (858) 457-2043  
 Fax: (858) 457-2092  
 After Hours Phone: (858) 457-2043  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 8AM-12PM

**LA MESA**

**CERTIFIED NURSE**

### PRACTITIONER

### WARD, KATHERINE J

Provider ID: 480827  
 Provider Gender: Female  
 License number: NP95017921  
 NPI: 1477223576  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 BORREGO COMMUNITY HEALTH FOUNDTION  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
 Phone: (616) 464-6434  
 Fax:  
 After Hours Phone: (616) 464-6434  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/21  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM

### FAMILY PRACTICE

### GURTCH, TIM P

Provider ID: 395107  
 Provider Gender: Male

License number: C50806  
 NPI: 1881694776  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hosp Med Ctr, Alvarado Hospital Llc  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 8875 LA MESA BLVD STE C  
 LA MESA, CA 91942-5434  
 Phone: (619) 668-8100  
 Fax: (619) 667-2688  
 After Hours Phone: (619) 668-8100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM

### FQHC

### LA MESA PEDIATRICS,

Provider ID: 480827  
 Provider Gender:  
 License number: 550000430

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>NPI: 1033759311          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty:          BORREGO COMMUNITY          HEALTH FOUNDTION          8881 FLETCHER PKWY STE 200          LA MESA, CA 91942-3135          Phone: (619) 464-6434          Fax: (619) 464-5109          After Hours Phone: (619)          464-6434          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/21          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM</p>	<p>Cultural Competency: No          Hospital Affiliation: Alvarado          Hospital Llc, Grossmont          Hospital, Scripps Mercy          Hospital          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          7339 EL CAJON BLVD STE I          LA MESA, CA 91942-7435          Phone: (619) 698-0606          Fax: (619) 698-0609          After Hours Phone: (619)          698-0606          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 9AM-5:30PM, SA          9AM-5PM</p>	<p>Hospital Affiliation: Grossmont          Hospital          Board Certified Specialty: No          BORREGO COMMUNITY          HEALTH FOUNDTION          8881 FLETCHER PKWY STE 200          LA MESA, CA 91942-3135          Phone: (619) 464-6434          Fax:          After Hours Phone: (619)          464-6434          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/21          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM</p>
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### INTERNAL MEDICINE

#### **PRABAKER, VENUGOPAL, MD**

Provider ID: 41067  
 Provider Gender: Male  
 License number: A42653  
 NPI: 1467401042  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, Polish, Russian, Spanish,  
 Tagalog, Tamil, Thai

### OBSTETRICS / GYNECOLOGY

#### **BULLOCH, EDGAR M**

Provider ID: 480827  
 Provider Gender: Male  
 License number: A113241  
 NPI: 1508046376  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No

#### **DAVIS, TRACIE L**

Provider ID: 480827  
 Provider Gender: Female  
 License number: A89865  
 NPI: 1275680738  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Board Certified Specialty: No  
 BORREGO COMMUNITY  
 HEALTH FOUNDTION  
 8881 FLETCHER PKWY STE 200

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

LA MESA, CA 91942-3135

Phone: (619) 464-6434

Fax:

After Hours Phone: (619)

464-6434

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/21

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### PAPA, RHETT R

Provider ID: 480827

Provider Gender: Male

License number: 20A11733

NPI: 1063642312

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942-3135

Phone: (619) 464-6434

Fax:

After Hours Phone: (619)

464-6434

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/21

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### PEDIATRICS

### ADIGOPULA, BINA

Provider ID: 44140

Provider Gender: Female

License number: A45273

NPI: 1982686200

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Rady Childrens

Hospital San Diego

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

6942 UNIVERSITY AVE STE A

LA MESA, CA 91942-5963

Phone: (619) 698-2184

Fax: (619) 698-2084

After Hours Phone: (619)

698-2184

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

### ALSHEIKH, HUDA Y

Provider ID: 435468

Provider Gender: Female

License number: C133872

NPI: 1487746855

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942-3135

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)

464-6434

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M,TU 7:30AM-6PM, W-F

7:30AM-6:30PM, SA

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## C. Directorio de proveedores de atención primaria

8:30AM-5PM

### **ALSHEIKH, HUDA Y**

Provider ID: 451191

Provider Gender: Female

License number: C133872

NPI: 1487746855

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

8881 FLETCHER PKWY STE 205

LA MESA, CA 91942-3187

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)

464-6434

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M,TU 7:30AM-6PM, W-F

7:30AM-6:30PM, SA

8:30AM-5PM

### **ALSHEIKH, HUDA Y**

Provider ID: 480827

Provider Gender: Female

License number: C133872

NPI: 1487746855

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942-3135

Phone: (619) 464-6434

Fax:

After Hours Phone: (619)

464-6434

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/21

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **CLAY, CORRIE T**

Provider ID: 536652

Provider Gender: Female

License number: A91977

NPI: 1437207750

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Grossmont Hospital, Sharp

Mary Birch Hosp For Women

And Newborns

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942-3135

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)

464-6434

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-6PM, SA

11:30AM-3:30PM

### **GIANFORTUNE, RACHEL M**

Provider ID: 433091

Provider Gender: Female

License number: A94327

NPI: 1912193301

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

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## C. Directorio de proveedores de atención primaria

Sharp Memorial Hospital, Grossmont Hospital <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 8881 FLETCHER PKWY STE 200 LA MESA, CA 91942-3135 <i>Phone:</i> (619) 464-6434 <i>Fax:</i> (619) 464-5109 <i>After Hours Phone:</i> (619) 464-6434 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 8881 FLETCHER PKWY STE 205 LA MESA, CA 91942-3187 <i>Phone:</i> (619) 464-6434 <i>Fax:</i> <i>After Hours Phone:</i> (619) 464-6434 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM	8881 FLETCHER PKWY STE 200 LA MESA, CA 91942-3135 <i>Phone:</i> (619) 401-0404 <i>Fax:</i> (619) 401-0522 <i>After Hours Phone:</i> (619) 401-0404 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM
<b>GIANFORTUNE, RACHEL M</b> <i>Provider ID:</i> 450501 <i>Provider Gender:</i> Female <i>License number:</i> A94327 <i>NPI:</i> 1912193301 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Grossmont Hospital	<b>IMUS, PAUL M</b> <i>Provider ID:</i> 239590 <i>Provider Gender:</i> Male <i>License number:</i> A124606 <i>NPI:</i> 1104116680 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Grossmont Hospital <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK	<b>MOFFATT, KYRRA</b> <i>Provider ID:</i> 275099 <i>Provider Gender:</i> Female <i>License number:</i> 20A10604 <i>NPI:</i> 1194922419 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 8881 FLETCHER PKWY STE 200

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## C. Directorio de proveedores de atención primaria

<p>LA MESA, CA 91942-3135            Phone: (619) 401-0404            Fax: (619) 401-0522            After Hours Phone: (619) 401-0404            Website:            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:            Hours: M-F 9AM-5PM, SA 9AM-5PM</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:            Hours: M-F 9AM-5PM, SA 9AM-5PM</p>
<p><b>MOLINOS, NICOLE P</b>            Provider ID: 538098            Provider Gender: Female            License number: A166790            NPI: 1538685524            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Tagalog            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital, Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Sharp Memorial Hospital            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            6942 UNIVERSITY AVE STE A            LA MESA, CA 91942-5963            Phone: (619) 698-2184            Fax: (619) 698-2084            After Hours Phone: (619) 698-2184            Website:            Email:</p>	<p><b>RONQUILLO, RINA R</b>            Provider ID: 377359            Provider Gender: Female            License number: A99286            NPI: 1407047749            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Tagalog            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital, Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Sharp Memorial Hospital            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            8881 FLETCHER PKWY STE 200            LA MESA, CA 91942-3135            Phone: (619) 464-6434            Fax: (619) 464-5109            After Hours Phone: (619) 464-6434            Website:            Email:</p>	<p><b>SHORT, RICHARD L</b>            Provider ID: 60736            Provider Gender: Male            License number: G37177            NPI: 1568552727            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital, Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns            Board Certified Specialty: Yes            RADY CHILDRENS HEALTH NETWORK            8881 FLETCHER PKWY STE 200            LA MESA, CA 91942-3135            Phone: (619) 464-6434            Fax: (619) 464-5109            After Hours Phone: (619) 464-6434            Website:            Email:            Medi-Cal Open Panel: Yes</p>

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## C. Directorio de proveedores de atención primaria

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-6PM, SA

11:30AM-3:30PM

No

♿ Accessibility: W

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

9AM-5PM

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### FAMILY PRACTICE

---

#### LAKESIDE

---

#### CHIROPRACTOR

---

#### PAGE, BIANCA M

Provider ID: 353843

Provider Gender: Female

License number: DC33688

NPI: 1649787607

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (858) 218-3000

Fax:

After Hours Phone: (858)

218-3000

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

#### FERRAILOLO, NATALIE K

Provider ID: 353843

Provider Gender: Female

License number: A152372

NPI: 1306290143

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (858) 218-3000

Fax:

After Hours Phone: (858)

218-3000

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

#### ZAMPELLO, LISA E

Provider ID: 353843

Provider Gender: Female

License number: A145924

NPI: 1477933026

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (858) 218-3000

Fax:

After Hours Phone: (858)

218-3000

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

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#### FQHC

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#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE,

Provider ID: 353843

Provider Gender:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>License number: 080000483  NPI: 1932384120  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty:  IHP OF SOUTHERN CALIFORNIA  10039 VINE ST  LAKESIDE, CA 92040-3120  Phone: (858) 218-3000  Fax: (360) 462-2744  After Hours Phone: (858) 218-3000  Website: www.ihpsocal.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  &amp; Accessibility: W  Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Italian, Spanish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  10039 VINE ST  LAKESIDE, CA 92040-3120  Phone: (858) 218-3000  Fax:  After Hours Phone: (858) 218-3000  Website: www.ihpsocal.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  &amp; Accessibility: W  Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Hospital Affiliation:  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  10039 VINE ST  LAKESIDE, CA 92040-3120  Phone: (858) 218-3000  Fax:  After Hours Phone: (858) 218-3000  Website: www.ihpsocal.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  &amp; Accessibility: W  Hours: M-F 8AM-5PM, SA 9AM-5PM</p>
	<b>PREVENTATIVE MEDICINE GENERAL</b>	<b>LEMON GROVE CERTIFIED NURSE PRACTITIONER</b>

<b>INTERNAL MEDICINE</b>	<b>MANNINO, ELIZABETH A</b>	<b>ALLEN, KATHERINE L</b>
<p><b>MCFARLAND, NATHAN A</b>  Provider ID: 353843  Provider Gender: Male  License number: A75411  NPI: 1265462196  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p>Provider ID: 353843  Provider Gender: Female  License number: A43914  NPI: 1548290463  Provider English Spoken: Yes  Provider Language(s) Spoken:  Italian, Spanish  Cultural Competency: No</p>	<p>Provider ID: 419139  Provider Gender: Female  License number: NP95009933  NPI: 1831557024  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 7592 BROADWAY LEMON GROVE, CA 91945-1604 Phone: (619) 515-2550 Fax: After Hours Phone: (619) 515-2550 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T Hours: M-F 9AM-5PM, SA 9AM-5PM</p> <p><b>ARVIZU, PALOMA</b> Provider ID: 419139 Provider Gender: Female License number: NP95008782 NPI: 1689139396 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 7592 BROADWAY LEMON GROVE, CA 91945-1604 Phone: (619) 515-2550 Fax: After Hours Phone: (619) 515-2550 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T</p>	<p>Phone: (619) 515-2550 Fax: After Hours Phone: (619) 515-2550 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T Hours: M-F 9AM-5PM, SA 9AM-5PM</p> <p><b>SMITH, SHARON T</b> Provider ID: 419139 Provider Gender: Female License number: NP15444 NPI: 1780603597 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 7592 BROADWAY LEMON GROVE, CA 91945-1604 Phone: (619) 515-2550 Fax: After Hours Phone: (619) 515-2550 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T</p>	<p>Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T Hours: M-SA 9AM-5PM</p> <p><b>SMITH, SHARON T</b> Provider ID: 419139 Provider Gender: Female License number: RN428876 NPI: 1780603597 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 7592 BROADWAY LEMON GROVE, CA 91945-1604 Phone: (619) 515-2550 Fax: After Hours Phone: (619) 515-2550 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### **TOTH, JESSICA R**

Provider ID: 419139

Provider Gender: Female

License number: NP95001050

NPI: 1578993788

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)

515-2550

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T

Hours: M-SA 9AM-5PM

### **WILLIAMS, TAKISHA K**

Provider ID: 419139

Provider Gender: Female

License number: NP95013978

NPI: 1881727386

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)

515-2550

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T

Hours: M-SA 9AM-5PM

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### **FAMILY PRACTICE**

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### **DORN, TIA J**

Provider ID: 419139

Provider Gender: Female

License number: C172318

NPI: 1285074740

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)

515-2550

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T

Hours: M-F 9AM-5PM, SA

9AM-5PM

### **KIM, YUHEE**

Provider ID: 419139

Provider Gender: Female

License number: A107323

NPI: 1629289400

Provider English Spoken: Yes

Provider Language(s) Spoken:

Korean

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945-1604

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>Phone: (619) 515-2550          Fax:          After Hours Phone: (619) 515-2550          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ⚭ Accessibility: P, EB, IB, E, T          Hours: M-SA 9AM-5PM</p>	<p>Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ⚭ Accessibility: P, EB, IB, E, T          Hours: M-F 9AM-5PM, SA 9AM-5PM</p>	<p>American Sign Language (ASL): No          ⚭ Accessibility: P, EB, IB, E, T          Hours: M-SA 9AM-5PM</p>
<hr/>		
<b>OBSTETRICS / GYNECOLOGY</b>		
<hr/>		
<b>ALIMONOS, LYSISTRATI A</b>		
<p>Provider ID: 419139          Provider Gender: Female          License number: 20A14919          NPI: 1619397031          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF SAN DIEGO          7592 BROADWAY          LEMON GROVE, CA 91945-1604          Phone: (619) 515-2500          Fax:          After Hours Phone: (619) 515-2500          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No</p>		
<hr/>		
<b>INTERNAL MEDICINE</b>		
<hr/>		
<b>GALLARES, DANIEL D</b>		
<p>Provider ID: 419139          Provider Gender: Male          License number: A165925          NPI: 1245689488          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF SAN DIEGO          7592 BROADWAY          LEMON GROVE, CA 91945-1604          Phone: (619) 515-2550          Fax:          After Hours Phone: (619) 515-2550          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None</p>		
<hr/>		
<b>FQHC</b>		
<hr/>		
<b>LEMONGROVE FAMILY HEALTH CENTER,</b>		
<p>Provider ID: 419139          Provider Gender:          License number: 550001268          NPI: 1427282466          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty:          FAMILY HEALTH CENTERS OF SAN DIEGO          7592 BROADWAY          LEMON GROVE, CA 91945-1604          Phone: (619) 515-2550          Fax: (619) 825-9577          After Hours Phone: (619) 515-2550</p>		

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## C. Directorio de proveedores de atención primaria

♿ Accessibility: P, EB, IB, E, T  
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### **BUECHNER, CHARLENE A**

Provider ID: 419139  
Provider Gender: Female  
License number: A68463  
NPI: 1376663831  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA 91945-1604  
Phone: (619) 515-2550  
Fax:  
After Hours Phone: (619) 515-2550  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No

♿ Accessibility: P, EB, IB, E, T  
Hours: M-SA 9AM-5PM

### **CARTER, KHALIL J**

Provider ID: 419139  
Provider Gender: Male  
License number: A113001  
NPI: 1225231582  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital, Tri City Medical Ctr  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA 91945-1604  
Phone: (619) 515-2550  
Fax:  
After Hours Phone: (619) 515-2550  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, T  
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### **CERVANTES, SANDRA M**

Provider ID: 419139  
Provider Gender: Female  
License number: A118095  
NPI: 1073701041  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA 91945-1604  
Phone: (619) 515-2550  
Fax:  
After Hours Phone: (619) 515-2550  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, T  
Hours: M-SA 9AM-5PM

### **CHAKRABARTI, PRIYA**

Provider ID: 419139  
Provider Gender: Female  
License number: A163464

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>NPI: 1326531401  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Grossmont Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604  <i>Phone:</i> (619) 515-2550  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2550  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, T  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604  <i>Phone:</i> (619) 515-2550  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2550  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, T  <i>Hours:</i> M-SA 9AM-5PM</p>	<p>SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604  <i>Phone:</i> (619) 515-2550  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2550  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, T  <i>Hours:</i> M-SA 9AM-5PM</p>
<p><b>DE MIK, TRAVIS J</b>  <i>Provider ID:</i> 419139  <i>Provider Gender:</i> Male  <i>License number:</i> A108228  <i>NPI:</i> 1629277322  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>DORUELO, ASHLEY L</b>  <i>Provider ID:</i> 419139  <i>Provider Gender:</i> Female  <i>License number:</i> A178499  <i>NPI:</i> 1033613732  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Grossmont Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF</p>	<p><b>FOLCH TORRES-AGUIAR, BEATRIZ M</b>  <i>Provider ID:</i> 419139  <i>Provider Gender:</i> Female  <i>License number:</i> A148014  <i>NPI:</i> 1457794752  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Sharp Grossmont Hospital, Scripps Mercy Hospital, Chula Vista  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

7592 BROADWAY LEMON GROVE, CA 91945-1604 Phone: (619) 515-2550 Fax: After Hours Phone: (619) 515-2550 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T Hours: M-SA 9AM-5PM	Phone: (619) 515-2550 Fax: After Hours Phone: (619) 515-2550 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T Hours: M-F 9AM-5PM, SA 9AM-5PM	Phone: (619) 515-2550 Fax: After Hours Phone: (619) 515-2550 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T Hours: M-SA 9AM-5PM
<b>HANLEY, LAUREN E</b> Provider ID: 419139 Provider Gender: Female License number: C174771 NPI: 1053392035 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Sharp Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 7592 BROADWAY LEMON GROVE, CA 91945-1604	<b>LIPSCHITZ, LISA S</b> Provider ID: 419139 Provider Gender: Female License number: A72005 NPI: 1649208711 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 7592 BROADWAY LEMON GROVE, CA 91945-1604	<b>LOEFFLER, ALLISON M</b> Provider ID: 419139 Provider Gender: Female License number: A116680 NPI: 1700073962 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 7592 BROADWAY LEMON GROVE, CA 91945-1604

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)  
515-2550

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T

Hours: M-SA 9AM-5PM

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)  
515-2550

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T

Hours: M-SA 9AM-5PM

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)  
515-2500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### MELENDEZ BERRIOS, IARA DEL

#### M

Provider ID: 419139

Provider Gender: Female

License number: A114181

NPI: 1740514249

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Grossmont

Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945-1604

#### D

Provider ID: 419139

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare

Ctr, Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945-1604

### SAPRA, SONIA V

Provider ID: 419139

Provider Gender: Female

License number: A164859

NPI: 1952751711

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)

515-2550

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## C. Directorio de proveedores de atención primaria

Website:	American Sign Language (ASL):	♿ Accessibility: P, EB, IB, E, T
Email:	No	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM
Medi-Cal Open Panel: Yes	♿ Accessibility: P, EB, IB, E, T	
Min/Max Age: None	Hours: M-SA 9AM-5PM	
American Sign Language (ASL):	<b>WINESBURG, JENNIFER J</b>	<b>ZIEG, ALAN J</b>
No	Provider ID: 419139	Provider ID: 419139
♿ Accessibility: P, EB, IB, E, T	Provider Gender: Female	Provider Gender: Male
Hours: M-F 9AM-5PM, SA 9AM-5PM	License number: 20A11535	License number: G78814
	NPI: 1811162456	NPI: 1699790634
<b>SINGH, RASHMI</b>	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider ID: 419139	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Cultural Competency: No
Provider Gender: Female	Cultural Competency: No	Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
License number: A168236	Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr	Board Certified Specialty: No
NPI: 1679937619	Board Certified Specialty: No	FAMILY HEALTH CENTERS OF SAN DIEGO
Provider English Spoken: Yes	FAMILY HEALTH CENTERS OF SAN DIEGO	7592 BROADWAY
Provider Language(s) Spoken: Spanish	7592 BROADWAY	LEMON GROVE, CA 91945-1604
Cultural Competency: No	LEMON GROVE, CA 91945-1604	Phone: (619) 515-2500
Hospital Affiliation: Scripps Mercy Hospital	Phone: (619) 515-2500	Fax:
Board Certified Specialty: No	Fax:	After Hours Phone: (619) 515-2500
FAMILY HEALTH CENTERS OF SAN DIEGO	After Hours Phone: (619) 515-2500	Website:
7592 BROADWAY	Website:	Email:
LEMON GROVE, CA 91945-1604	Email:	Medi-Cal Open Panel: Yes
Phone: (619) 515-2550	Medi-Cal Open Panel: Yes	Min/Max Age: None
Fax:	Min/Max Age: None	American Sign Language (ASL):
After Hours Phone: (619) 515-2550	American Sign Language (ASL):	No
Website:	No	♿ Accessibility: P, EB, IB, E, T
Email:		Hours: M-F 8AM-5PM, SA
Medi-Cal Open Panel: Yes		
Min/Max Age: None		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

9AM-5PM

### PEDIATRICS

#### SLEIMAN, JOSEPH N

Provider ID: 419139  
 Provider Gender: Male  
 License number: A102060  
 NPI: 1093976748  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: (619) 515-2550  
 Fax:  
 After Hours Phone: (619) 515-2550  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ⚠ Accessibility: P, EB, IB, E, T  
 Hours: M-SA 9AM-5PM

### PHYSICIANS ASSISTANT

#### FLEMING, DAVID E

Provider ID: 419139  
 Provider Gender: Male  
 License number: PA12416  
 NPI: 1932329505  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: (619) 515-2550  
 Fax:  
 After Hours Phone: (619) 515-2550  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ⚠ Accessibility: P, EB, IB, E, T  
 Hours: M-SA 9AM-5PM

#### GODDARD, SHANNON

Provider ID: 419139  
 Provider Gender: Female  
 License number: PA56072  
 NPI: 1780961417  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: (619) 515-2550  
 Fax:  
 After Hours Phone: (619) 515-2550  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ⚠ Accessibility: P, EB, IB, E, T  
 Hours: M-SA 9AM-5PM

### NATIONAL CITY

### CERTIFIED NURSE PRACTITIONER

#### AQUINO, FELINO V

Provider ID: 417102  
 Provider Gender: Male  
 License number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: No

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## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> NATIONAL CITY, CA  <i>Board Certified Specialty:</i> No  OPERATION SAMAHAN  2743 HIGHLAND AVE  NATIONAL CITY, CA 91950-7410  <i>Phone:</i> (844) 200-2426  <i>Fax:</i>  <i>After Hours Phone:</i> (844) 200-2426  <i>Website:</i>  www.operationsamahan.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM</p> <p><b>AQUINO, FELINO V</b>  <i>Provider ID:</i> 418302  <i>Provider Gender:</i> Male  <i>License number:</i> NP22974  <i>NPI:</i> 1356684781  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  OPERATION SAMAHAN  2101 GRANGER AVE</p>	<p>NATIONAL CITY, CA  91950-6208  <i>Phone:</i> (844) 200-2426  <i>Fax:</i>  <i>After Hours Phone:</i> (844) 200-2426  <i>Website:</i>  www.operationsamahan.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>DHARKAR SURBER, SAPNA A</b>  <i>Provider ID:</i> 185270  <i>Provider Gender:</i> Female  <i>License number:</i> NP95013257  <i>NPI:</i> 1538707765  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  LA MAESTRA FAMILY CLINIC  217 HIGHLAND AVE  NATIONAL CITY, CA 91950-1518  <i>Phone:</i> (619) 434-7308  <i>Fax:</i> (619) 434-7310  <i>After Hours Phone:</i> (619) 434-7308</p>	<p><i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R, W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>LIM, IMELDA B</b>  <i>Provider ID:</i> 417102  <i>Provider Gender:</i> Female  <i>License number:</i> NP95000203  <i>NPI:</i> 1093130395  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  OPERATION SAMAHAN  2743 HIGHLAND AVE  NATIONAL CITY, CA 91950-7410  <i>Phone:</i> (844) 200-2426  <i>Fax:</i>  <i>After Hours Phone:</i> (844) 200-2426  <i>Website:</i>  www.operationsamahan.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No</p>
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## C. Directorio de proveedores de atención primaria

♿ *Accessibility:* W  
*Hours:* M-TH 8AM-6PM, F  
 8AM-5PM, SA 9AM-5PM

### LIM, IMELDA B

*Provider ID:* 418302  
*Provider Gender:* Female  
*License number:* NP95000203  
*NPI:* 1093130395  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 2101 GRANGER AVE  
 NATIONAL CITY, CA  
 91950-6208  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844)  
 200-2426  
*Website:*  
 www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### LUM, YUIN-WAH

*Provider ID:* 418930  
*Provider Gender:* Female  
*License number:* NP95010663  
*NPI:* 1942764477  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
*Phone:* (619) 515-2399  
*Fax:*  
*After Hours Phone:* (619)  
 515-2399  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

### NEVAREZ, IRENE

*Provider ID:* 185270  
*Provider Gender:* Female  
*License number:* NP95009891  
*NPI:* 1003166646  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950-1518  
*Phone:* (619) 564-8765  
*Fax:*  
*After Hours Phone:* (619)  
 564-8765  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-SA 9AM-5PM

### OCHOA, ERLINDA A

*Provider ID:* 185270  
*Provider Gender:* Female  
*License number:* NP4430  
*NPI:* 1346437464  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 217 HIGHLAND AVE

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## C. Directorio de proveedores de atención primaria

NATIONAL CITY, CA 91950-1518

Phone: (619) 434-7308

Fax:

After Hours Phone: (619)

434-7308

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

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

9AM-5PM

### REAL, MARIA F

Provider ID: 185270

Provider Gender: Female

License number: NP17328

NPI: 1548450471

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

217 HIGHLAND AVE

NATIONAL CITY, CA 91950-1518

Phone: (619) 434-7308

Fax:

After Hours Phone: (619)

434-7308

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

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

9AM-5PM

### REID, EMILY

Provider ID: 185270

Provider Gender: Female

License number: NP95002766

NPI: 1083081467

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

217 HIGHLAND AVE

NATIONAL CITY, CA 91950-1518

Phone: (619) 434-7308

Fax:

After Hours Phone: (619)

434-7308

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

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

9AM-5PM

### VERDUZCO GONZALEZ,

### AURORA B

Provider ID: 185270

Provider Gender: Female

License number: NP95001961

NPI: 1932452323

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

217 HIGHLAND AVE

NATIONAL CITY, CA 91950-1518

Phone: (619) 434-7308

Fax:

After Hours Phone: (619)

434-7308

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

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

9AM-5PM

### VILLANUEVA DE GUTIE,

### BERENICE

Provider ID: 185270

Provider Gender: Female

License number: NP95002188

NPI: 1952795536

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## C. Directorio de proveedores de atención primaria

<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  <b>LA MAESTRA FAMILY CLINIC</b>                  217 HIGHLAND AVE                  NATIONAL CITY, CA 91950-1518  <i>Phone:</i> (619) 434-7308  <i>Fax:</i>  <i>After Hours Phone:</i> (619)                  434-7308  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>                  No                  ☞ <i>Accessibility:</i> P, EB, IB, E, R, W  <i>Hours:</i> M-F 8AM-5:30PM, SA                  9AM-5PM             </p>	<p>                 217 HIGHLAND AVE                  NATIONAL CITY, CA 91950-1518  <i>Phone:</i> (619) 434-7308  <i>Fax:</i>  <i>After Hours Phone:</i> (619)                  434-7308  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>                  No                  ☞ <i>Accessibility:</i> P, EB, IB, E, R, W  <i>Hours:</i> M-F 8AM-5:30PM, SA                  9AM-5PM             </p>	<p> <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619)                  662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>                  No                  ☞ <i>Accessibility:</i> P, EB, IB, E, R, T, W  <i>Hours:</i> M-F 8AM-5PM, SA                  9AM-5PM             </p>
<p> <b>WILLIAMS, BREAUNA A</b>  <i>Provider ID:</i> 185270  <i>Provider Gender:</i> Female  <i>License number:</i> NP95001840  <i>NPI:</i> 1063884864  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                  Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  <b>LA MAESTRA FAMILY CLINIC</b> </p>	<p> <b>ALGHAMDI, ASMA M</b>  <i>Provider ID:</i> 227418  <i>Provider Gender:</i> Female  <i>License number:</i> A167529  <i>NPI:</i> 1316310840  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                  Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No                  IHP OF SOUTHERN                  CALIFORNIA                  2400 E 8TH ST STE A                  NATIONAL CITY, CA                  91950-2956             </p>	<p> <b>ANDAYA, MIKHAEL D</b>  <i>Provider ID:</i> 418930  <i>Provider Gender:</i> Male  <i>License number:</i> A176878  <i>NPI:</i> 1780189209  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                  Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  <b>FAMILY HEALTH CENTERS OF                  SAN DIEGO</b>                  1000 EUCLID AVE                  NATIONAL CITY, CA                  91950-3856             </p>

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## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2399	Medi-Cal Open Panel: Yes	Hours: M,TU,TH,F
Fax:	Min/Max Age: None	8:30AM-5:30PM, W 10AM-7PM,
After Hours Phone: (619)	American Sign Language (ASL):	SA 9AM-5PM
515-2399	No	
Website: www.fhcsd.org	♿ Accessibility: W	<b>CAMPBELL, BRIANNA N</b>
Email:	Hours: M,TU,TH,F	Provider ID: 227418
Medi-Cal Open Panel: Yes	8:30AM-5:30PM, W 10AM-7PM,	Provider Gender: Female
Min/Max Age: None	SA 9AM-5PM	License number: A157488
American Sign Language (ASL):	<b>BAEZ, BEATRICE E , MD</b>	NPI: 1316479892
No	Provider ID: 455677	Provider English Spoken: Yes
♿ Accessibility: P, EB, IB, E, R, T	Provider Gender: Female	Provider Language(s) Spoken:
Hours: M-SA 9AM-5PM	License number: A74777	Cultural Competency: No
	NPI: 1245372507	Hospital Affiliation: Chula Vista
<b>BAEZ, BEATRICE E</b>	Provider English Spoken: Yes	Comm Hosp
Provider ID: 417102	Provider Language(s) Spoken:	Board Certified Specialty: No
Provider Gender: Female	Spanish	IHP OF SOUTHERN
License number: A74777	Cultural Competency: No	CALIFORNIA
NPI: 1245372507	Hospital Affiliation:	2400 E 8TH ST STE A
Provider English Spoken: Yes	Board Certified Specialty: No	NATIONAL CITY, CA
Provider Language(s) Spoken:	COMMUNITY CARE IPA LLC	91950-2956
Spanish	2743 HIGHLAND AVE	Phone: (619) 662-4100
Cultural Competency: No	NATIONAL CITY, CA 91950-7410	Fax:
Hospital Affiliation:	Phone: (844) 200-2426	After Hours Phone: (619)
Board Certified Specialty: No	Fax: (619) 356-2726	662-4100
OPERATION SAMAHAN	After Hours Phone: (844)	Website: www.ihpsocal.org
2743 HIGHLAND AVE	200-2426	Email:
NATIONAL CITY, CA 91950-7410	Website:	Medi-Cal Open Panel: Yes
Phone: (844) 200-2426	Email:	Min/Max Age: None
Fax:	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
After Hours Phone: (844)	Min/Max Age: 0/999	No
200-2426	American Sign Language (ASL):	♿ Accessibility: P, EB, IB, E, R, T,
Website:	No	W
www.operationsamahan.org	♿ Accessibility:	Hours: M-SA 9AM-5PM
Email:		<b>CARRIEDO CENICEROS, MARIA</b>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><b>T</b>  <i>Provider ID:</i> 227412  <i>Provider Gender:</i> Female  <i>License number:</i> A78373  <i>NPI:</i> 1295746618  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            1136 D AVE            NATIONAL CITY, CA 91950-3412  <i>Phone:</i> (619) 336-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 336-2300  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☎ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>CEVALLOS, JAMES E</b>  <i>Provider ID:</i> 227412  <i>Provider Gender:</i> Male  <i>License number:</i> A55469  <i>NPI:</i> 1720181829  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            1136 D AVE            NATIONAL CITY, CA 91950-3412  <i>Phone:</i> (619) 662-4100  <i>Fax:</i> (619) 474-3722  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☎ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>DANGREMOND, ADRIANNA J</b>  <i>Provider ID:</i> 418930  <i>Provider Gender:</i> Female  <i>License number:</i> G138260  <i>NPI:</i> 1508802828  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO            1000 EUCLID AVE            NATIONAL CITY, CA 91950-3856  <i>Phone:</i> (619) 515-2399  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2399  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☎ <i>Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>DILLON, MAYRA M</b>  <i>Provider ID:</i> 227412  <i>Provider Gender:</i> Female  <i>License number:</i> A112571  <i>NPI:</i> 1629232715  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            1136 D AVE            NATIONAL CITY, CA 91950-3412</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 662-4100	Medi-Cal Open Panel: Yes	Hours: M,W,F 8:30AM-3:30PM, TU,TH 10:30AM-5:30PM, SA 9AM-5PM
Fax: (619) 336-2323	Min/Max Age: None	
After Hours Phone: (619) 662-4100	American Sign Language (ASL): No	
Website: www.ihpsocal.org	♿ Accessibility: W	<b>LAW, KAREN</b>
Email:	Hours: M-F 8AM-5PM, SA 9AM-5PM	Provider ID: 227418
Medi-Cal Open Panel: Yes		Provider Gender: Female
Min/Max Age: None		License number: A138534
American Sign Language (ASL): No	<b>LANUZA, MARK J</b>	NPI: 1205253150
♿ Accessibility: W	Provider ID: 418930	Provider English Spoken: Yes
Hours: M-SA 9AM-5PM	Provider Gender: Male	Provider Language(s) Spoken: Spanish
	License number: 20A18460	Cultural Competency: No
	NPI: 1992230593	Hospital Affiliation: Chula Vista Comm Hosp
<b>HERNANDEZ, JOANNA L</b>	Provider English Spoken: Yes	Board Certified Specialty: No
Provider ID: 227412	Provider Language(s) Spoken: Spanish	IHP OF SOUTHERN CALIFORNIA
Provider Gender: Female	Cultural Competency: No	2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956
License number: A138919	Hospital Affiliation:	Phone: (619) 662-4100
NPI: 1154749315	Board Certified Specialty: No	Fax:
Provider English Spoken: Yes	FAMILY HEALTH CENTERS OF SAN DIEGO	After Hours Phone: (619) 662-4100
Provider Language(s) Spoken: Spanish	1000 EUCLID AVE NATIONAL CITY, CA 91950-3856	Website: www.ihpsocal.org
Cultural Competency: No	Phone: (619) 515-2399	Email:
Hospital Affiliation:	Fax:	Medi-Cal Open Panel: Yes
Board Certified Specialty: No	After Hours Phone: (619) 515-2399	Min/Max Age: None
IHP OF SOUTHERN CALIFORNIA	Website: www.fhcsd.org	American Sign Language (ASL): No
1136 D AVE NATIONAL CITY, CA 91950-3412	Email:	♿ Accessibility: P, EB, IB, E, R, T, W
Phone: (619) 662-4100	Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
Fax:	Min/Max Age: None	
After Hours Phone: (619) 662-4100	American Sign Language (ASL): No	
Website: www.ihpsocal.org	♿ Accessibility: P, EB, IB, E, R, T	
Email:		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

### **MCKENNETT, MARIANNE A , MD**

Provider ID: 447682  
 Provider Gender: Female  
 License number: G57243  
 NPI: 1376639666  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2835 HIGHLAND AVE STE B  
 NATIONAL CITY, CA  
 91950-7406  
 Phone: (844) 200-2426  
 Fax: (619) 339-5657  
 After Hours Phone: (844) 200-2426  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

Provider ID: 361428  
 Provider Gender: Male  
 License number: A133539  
 NPI: 1467714436  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: IHP OF SOUTHERN CALIFORNIA  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 330 E 8TH ST  
 NATIONAL CITY, CA 91950-2312  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM

### **MOHAMEDI, NADIA A**

Provider ID: 227418  
 Provider Gender: Female  
 License number: A146819  
 NPI: 1477947364  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Spanish  
 Cultural Competency: No  
 Hospital Affiliation: IHP OF SOUTHERN CALIFORNIA  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **NAVARRO, VANESSA M**

Provider ID: 227418  
 Provider Gender: Female  
 License number: A113624  
 NPI: 1952563421  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Filipino, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Scripps

### **MEDINA, ALEXANDER R**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956 <i>Phone:</i> (619) 662-4100 <i>Fax:</i> (619) 259-2807 <i>After Hours Phone:</i> (619) 662-4100 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> P, EB, IB, E, R, T, W <i>Hours:</i> M-SA 9AM-5PM</p>	<p>IHP OF SOUTHERN CALIFORNIA 330 E 8TH ST NATIONAL CITY, CA 91950-2312 <i>Phone:</i> (619) 662-4100 <i>Fax:</i> <i>After Hours Phone:</i> (619) 662-4100 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M-SA 9AM-5PM</p>	<p><i>Phone:</i> (619) 662-4100 <i>Fax:</i> <i>After Hours Phone:</i> (619) 662-4100 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>
<p><b>NIKZAD, JASON</b> <i>Provider ID:</i> 361428 <i>Provider Gender:</i> Male <i>License number:</i> 20A12653 <i>NPI:</i> 1508121674 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Farsi, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Memorial Hospital <i>Board Certified Specialty:</i> No</p>	<p><b>OCEGUEDA, JOSHUA A</b> <i>Provider ID:</i> 227412 <i>Provider Gender:</i> Male <i>License number:</i> A165184 <i>NPI:</i> 1336643345 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Memorial Hospital <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 1136 D AVE NATIONAL CITY, CA 91950-3412</p>	<p><b>PALACIOS, YELENNIA</b> <i>Provider ID:</i> 503938 <i>Provider Gender:</i> Female <i>License number:</i> A152662 <i>NPI:</i> 1285088013 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 2835 HIGHLAND AVE STE A NATIONAL CITY, CA 91950-7406 <i>Phone:</i> (619) 474-4451 <i>Fax:</i> <i>After Hours Phone:</i> (619) 474-4451</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM</p>	<p>♿ Accessibility: W Hours: M-SA 9AM-5PM</p>	<p>Provider English Spoken: Yes Provider Language(s) Spoken: Tagalog Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital Board Certified Specialty: No COMMUNITY CARE IPA LLC 2340 E 8TH ST STE D NATIONAL CITY, CA 91950-2875 Phone: (619) 470-7007 Fax: (619) 470-9379 After Hours Phone: (619) 470-7007 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9:30AM-2PM, SA 9AM-5PM</p>
<p><b>ROBERTS, POMAI</b> Provider ID: 227412 Provider Gender: Female License number: A103218 NPI: 1023278314 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: IHP OF SOUTHERN CALIFORNIA Board Certified Specialty: No 1136 D AVE NATIONAL CITY, CA 91950-3412 Phone: (619) 428-4463 Fax: After Hours Phone: (619) 428-4463 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No</p>	<p><b>SCHUMAKER, EDWARD W</b> Provider ID: 185270 Provider Gender: Male License number: 20A6433 NPI: 1184616872 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: LA MAESTRA FAMILY CLINIC Board Certified Specialty: No 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518 Phone: (619) 434-7308 Fax: After Hours Phone: (619) 434-7308 Website: www.lamaestra.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, W Hours: M-SA 9AM-5PM</p>	<p><b>SNOOK, BRIAN P</b> Provider ID: 227418 Provider Gender: Male License number: 20A11518 NPI: 1295977353 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No</p>
<p><b>SEVILLA, MARIANITO D , MD</b> Provider ID: 80910 Provider Gender: Male License number: A37097 NPI: 1760574727</p>		

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## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956 <i>Phone:</i> (619) 662-4100 <i>Fax:</i> (619) 259-2806 <i>After Hours Phone:</i> (619) 662-4100 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No Ⓜ <i>Accessibility:</i> P, EB, IB, E, R, T, W <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>STONES, RACHEL E</b> <i>Provider ID:</i> 185270 <i>Provider Gender:</i> Female <i>License number:</i> A167184 <i>NPI:</i> 1720583040 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: No <i>Hospital Affiliation:</i> Board Certified Specialty: No LA MAESTRA FAMILY CLINIC 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518</p>	<p><i>Phone:</i> (619) 280-4213 <i>Fax:</i> <i>After Hours Phone:</i> (619) 280-4213 <i>Website:</i> www.lamaestra.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No Ⓜ <i>Accessibility:</i> P, EB, IB, E, R, W <i>Hours:</i> M-W,F,SA 9AM-5PM, TH 8AM-2PM</p> <p><b>VELASQUEZ, SHARON F</b> <i>Provider ID:</i> 227418 <i>Provider Gender:</i> Female <i>License number:</i> A71304 <i>NPI:</i> 1972732584 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956</p>	<p><i>Phone:</i> (619) 662-4100 <i>Fax:</i> (619) 259-2807 <i>After Hours Phone:</i> (619) 662-4100 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No Ⓜ <i>Accessibility:</i> P, EB, IB, E, R, T, W <i>Hours:</i> M-SA 9AM-5PM</p> <hr/> <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>FAMILY HEALTH CTR SD NATIONAL CITY,</b> <i>Provider ID:</i> 418930 <i>Provider Gender:</i> <i>License number:</i> 550000465 <i>NPI:</i> 1417409228 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: No <i>Hospital Affiliation:</i> Board Certified Specialty: FAMILY HEALTH CENTERS OF SAN DIEGO 1000 EUCLID AVE NATIONAL CITY, CA 91950-3856</p>
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## C. Directorio de proveedores de atención primaria

<p>Phone: (619) 515-2399          Fax: (619) 269-0053          After Hours Phone: (619) 515-2399          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E, R, T          Hours: M,W,F 8:30AM-3:30PM, TU,TH 10:30AM-5:30PM, SA 9AM-5PM</p>	<p>Website:          www.operationsamahan.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM</p>	<p>Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM</p>
<p><b>OPERATION SAMAHAN - NATIONAL C,</b>          Provider ID: 417102          Provider Gender:          License number: 090000183          NPI: 1801907449          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty:          OPERATION SAMAHAN          2743 HIGHLAND AVE          NATIONAL CITY, CA 91950-7410          Phone: (844) 200-2426          Fax: (619) 474-3919          After Hours Phone: (844) 200-2426</p>	<p><b>OPERATION SAMAHAN GRANGER SCHOOL BASED,</b>          Provider ID: 418302          Provider Gender:          License number: 550002622          NPI: 1205134517          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty:          OPERATION SAMAHAN          2101 GRANGER AVE          NATIONAL CITY, CA 91950-6208          Phone: (844) 200-2426          Fax: (619) 434-8999          After Hours Phone: (844) 200-2426          Website:          www.operationsamahan.org          Email:          Medi-Cal Open Panel: Yes</p>	<p><b>SAN YSIDRO HEALTH NATIONAL CITY,</b>          Provider ID: 227412          Provider Gender:          License number:          NPI: 1003869363          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty:          IHP OF SOUTHERN CALIFORNIA          1136 D AVE          NATIONAL CITY, CA 91950-3412          Phone: (619) 662-4100          Fax: (619) 336-2323          After Hours Phone: (619) 662-4100          Website: www.ihpsocal.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-F 8AM-5PM, SA</p>

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## C. Directorio de proveedores de atención primaria

9AM-5PM

### SAN YSIDRO HEALTH PARADISE HILLS,

Provider ID: 227418

Provider Gender:

License number:

NPI: 1598907487

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP OF SOUTHERN  
CALIFORNIA

2400 E 8TH ST STE A

NATIONAL CITY, CA

91950-2956

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

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

9AM-5PM

### SAN YSIDRO HEALTH SOUTH BAY,

Provider ID: 361428

Provider Gender:

License number:

NPI: 1851757215

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP OF SOUTHERN

CALIFORNIA

330 E 8TH ST

NATIONAL CITY, CA 91950-2312

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

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### HEPATOLOGY

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### GISH, ROBERT G

Provider ID: 185270

Provider Gender: Male

License number: G45632

NPI: 1548281322

Provider English Spoken: Yes

Provider Language(s) Spoken:

Dutch, French, Spanish,

Vietnamese

Cultural Competency: No

Hospital Affiliation: Providence

Santa Rosa Memorial Hospital,

Ucsd Medical Ctr, Stanford

Health Care, California Pacific

Med Ctr, Selma Community

Hospital, Adventist Medical

Center, Adventist Med Ctr

Reedley, Loma Linda University

Comm Med Ctr, Regional

Medical Ctr Of San Jose

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

217 HIGHLAND AVE

NATIONAL CITY, CA 91950-1518

Phone: (619) 434-7308

Fax:

After Hours Phone: (619)

434-7308

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

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

9AM-5PM

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### INTERNAL MEDICINE

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## C. Directorio de proveedores de atención primaria

### **ALTAVAS, VALERIE C , MD**

Provider ID: 57963  
 Provider Gender: Female  
 License number: C52243  
 NPI: 1245231174  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 209  
 NATIONAL CITY, CA  
 91950-2970  
 Phone: (619) 470-7000  
 Fax: (619) 470-7009  
 After Hours Phone: (619) 470-7000  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **BRAVERMAN, IRA R**

Provider ID: 10635  
 Provider Gender: Male  
 License number: A37912

NPI: 1124039755  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital  
 Board Certified Specialty: Yes  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 610 EUCLID AVE STE 201  
 NATIONAL CITY, CA  
 91950-2952  
 Phone: (619) 267-8181  
 Fax: (619) 479-6750  
 After Hours Phone: (619) 267-8181  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **HEKMAT, RAZI D**

Provider ID: 78388  
 Provider Gender: Male  
 License number: A75886  
 NPI: 1871501205  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 610 EUCLID AVE STE 201  
 NATIONAL CITY, CA  
 91950-2952  
 Phone: (619) 267-8181  
 Fax: (619) 479-6750  
 After Hours Phone: (619) 267-8181  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM

### **LAMANTIA, MICHELE A**

Provider ID: 227412  
 Provider Gender: Female  
 License number: G71855  
 NPI: 1124176102  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>IHP OF SOUTHERN CALIFORNIA 1136 D AVE NATIONAL CITY, CA 91950-3412 Phone: (619) 428-4463 Fax: After Hours Phone: (619) 428-4463 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM</p> <p><b>LAMANTIA, MICHELE A</b> Provider ID: 361428 Provider Gender: Female License number: G71855 NPI: 1124176102 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA 330 E 8TH ST NATIONAL CITY, CA 91950-2312</p>	<p>Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM</p> <p><b>NIGUIDULA, TROY H</b> Provider ID: 413964 Provider Gender: Male License number: A92543 NPI: 1215948849 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Paradise Valley Hospital Board Certified Specialty: No</p> <p>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 610 EUCLID AVE NATIONAL CITY, CA 91950-2951 Phone: (619) 267-8181 Fax: (619) 479-6750 After Hours Phone: (619) 267-8181 Website:</p>	<p>Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>ROUEL, WADI</b> Provider ID: 185270 Provider Gender: Male License number: C55979 NPI: 1740254713 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic, Spanish, Syriac Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Scripps Memorial Hospital, Grossmont Hospital Board Certified Specialty: No</p> <p>LA MAESTRA FAMILY CLINIC 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518 Phone: (619) 434-7308 Fax: After Hours Phone: (619) 434-7308 Website: www.lamaestra.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>American Sign Language (ASL): No            Accessibility: P, EB, IB, E, R, W            Hours: M-F 8AM-5:30PM, SA 9AM-5PM</p>	<p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Provider ID: 227418            Provider Gender: Female            License number: A118227            NPI: 1851667661</p>
<p><b>SACAMAY, ELENA MARIA B, MD</b></p>	<p><b>NEUROLOGY</b></p>	<p>Provider English Spoken: Yes            Provider Language(s) Spoken: Fataleka</p>
<p>Provider ID: 109971            Provider Gender: Female            License number: A63422            NPI: 1992777882            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital Chula Vista            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            655 EUCLID AVE STE 209            NATIONAL CITY, CA 91950-2970            Phone: (619) 470-7000            Fax: (619) 470-7009            After Hours Phone: (619) 470-7000            Website:            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessibility:</p>	<p><b>CANTU-REYNA, GUILLERMO A</b>            Provider ID: 185270            Provider Gender: Male            License number: A41375            NPI: 1447389101            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Sharp Chula Vista Med Ctr            Board Certified Specialty: No            LA MAESTRA FAMILY CLINIC            217 HIGHLAND AVE            NATIONAL CITY, CA 91950-1518            Phone: (619) 798-3977            Fax:            After Hours Phone: (619) 798-3977            Website: www.lamaestra.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessibility: P, EB, IB, E, R, W            Hours: M-SA 9AM-5PM</p>	<p>Provider English Spoken: Yes            Provider Language(s) Spoken: Fataleka            Cultural Competency: No            Hospital Affiliation: Hemet Global Medical Center, Menifee Global Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            2400 E 8TH ST STE A            NATIONAL CITY, CA 91950-2956            Phone: (619) 662-4100            Fax:            After Hours Phone: (619) 662-4100            Website: www.ihpsocal.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessibility: P, EB, IB, E, R, T, W            Hours: M-SA 9AM-5PM</p>
	<p><b>OBSTETRICS / GYNECOLOGY</b></p>	<p><b>FAKSH, ARIJ</b></p>
	<p><b>ASLIAN, AZITA</b></p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Provider ID: 185270  Provider Gender: Female  License number: 20A14222  NPI: 1912166737  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  Board Certified Specialty: No  LA MAESTRA FAMILY CLINIC  217 HIGHLAND AVE  NATIONAL CITY, CA 91950-1518  Phone: (619) 434-7308  Fax:  After Hours Phone: (619) 434-7308  Website: www.lamaestra.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  No  ♿ Accessibility: P, EB, IB, E, R, W  Hours: M-SA 9AM-5PM</p>	<p><b>ASSER, SETH M</b>  Provider ID: 227412  Provider Gender: Male  License number: G46444  NPI: 1205049038  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  1136 D AVE  NATIONAL CITY, CA 91950-3412  Phone: (619) 662-4100  Fax: (619) 474-3722  After Hours Phone: (619) 662-4100  Website: www.ihpsocal.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM</p>	<p>License number: A108665  NPI: 1790914422  Provider English Spoken: Yes  Provider Language(s) Spoken: Arabic, Spanish  Cultural Competency: No  Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  655 EUCLID AVE STE 205  NATIONAL CITY, CA 91950-2967  Phone: (619) 470-1945  Fax: (619) 475-5048  After Hours Phone: (619) 470-1945  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-F 9AM-5PM, SA 9AM-5PM</p>
<hr/> <b>PEDIATRICS</b> <hr/>	<p><b>BAILONY, AHMAD L</b>  Provider ID: 146949  Provider Gender: Male</p>	<p><b>BAILONY, MOHAMMED T</b>  Provider ID: 30132</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<i>Provider Gender:</i> Male	<i>Provider ID:</i> 84258	<i>Provider English Spoken:</i> Yes
<i>License number:</i> A34406	<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>
<i>NPI:</i> 1376625913	<i>License number:</i> A38742	<i>Cultural Competency:</i> No
<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1952416695	<i>Hospital Affiliation:</i> Rady
<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes	Childrens Hospital San Diego,
<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>	Ucsf Benioff Children's Hospital
<i>Hospital Affiliation:</i> Sharp Mary	<i>Cultural Competency:</i> No	Oakland
Birch Hosp For Women And	<i>Hospital Affiliation:</i> Paradise	<i>Board Certified Specialty:</i> No
Newborns, Paradise Valley	Valley Hospital	IHP OF SOUTHERN
Hospital, Sharp Chula Vista	<i>Board Certified Specialty:</i> No	CALIFORNIA
Med Ctr, Rady Childrens	RADY CHILDRENS HEALTH	1136 D AVE
Hospital San Diego, Scripps	NETWORK	NATIONAL CITY, CA 91950-3412
Mercy Hospital Chula Vista	655 EUCLID AVE STE 201	<i>Phone:</i> (619) 662-4100
<i>Board Certified Specialty:</i> Yes	NATIONAL CITY, CA	<i>Fax:</i>
RADY CHILDRENS HEALTH	91950-2966	<i>After Hours Phone:</i> (619)
NETWORK	<i>Phone:</i> (619) 267-8601	662-4100
655 EUCLID AVE STE 205	<i>Fax:</i> (619) 267-2242	<i>Website:</i> www.ihpsocal.org
NATIONAL CITY, CA	<i>After Hours Phone:</i> (619)	<i>Email:</i>
91950-2967	267-8601	<i>Medi-Cal Open Panel:</i> Yes
<i>Phone:</i> (619) 470-1945	<i>Website:</i>	<i>Min/Max Age:</i> None
<i>Fax:</i> (619) 475-5048	<i>Email:</i>	<i>American Sign Language (ASL):</i>
<i>After Hours Phone:</i> (619)	<i>Medi-Cal Open Panel:</i> Yes	No
470-1945	<i>Min/Max Age:</i> 0/18	♿ <i>Accessibility:</i> W
<i>Website:</i>	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>Email:</i>	No	
<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i> P, EB, IB, E, R, W	<b>CONE, STEPHANIE E</b>
<i>Min/Max Age:</i> 0/18	<i>Hours:</i> M-F 9AM-5PM, SA	<i>Provider ID:</i> 185270
<i>American Sign Language (ASL):</i>	9AM-5PM	<i>Provider Gender:</i> Female
No	<b>BONSU, BEMA K</b>	<i>License number:</i> A123929
♿ <i>Accessibility:</i> W	<i>Provider ID:</i> 227412	<i>NPI:</i> 1437444858
<i>Hours:</i> M-F 9AM-5PM, SA	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
9AM-5PM	<i>License number:</i> C55180	<i>Provider Language(s) Spoken:</i>
<b>BARBADILLO, TERESITA T</b>	<i>NPI:</i> 1932106986	Spanish
		<i>Cultural Competency:</i> No

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## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No  <b>LA MAESTRA FAMILY CLINIC</b>          217 HIGHLAND AVE          NATIONAL CITY, CA 91950-1518  <i>Phone:</i> (619) 434-7308  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 434-7308  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>FRESNO, BLANCA I</b>  <i>Provider ID:</i> 102433  <i>Provider Gender:</i> Female  <i>License number:</i> A45205  <i>NPI:</i> 1346258787  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Paradise Valley Hospital, Sharp Chula Vista Med Ctr  <i>Board Certified Specialty:</i> No</p>	<p>RADY CHILDRENS HEALTH NETWORK          655 EUCLID AVE STE 207          NATIONAL CITY, CA 91950-2968  <i>Phone:</i> (619) 475-4575  <i>Fax:</i> (619) 475-4578  <i>After Hours Phone:</i> (619) 475-4575  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SU 8AM-5PM</p> <p><b>GARCIA, RAFAEL A</b>  <i>Provider ID:</i> 84954  <i>Provider Gender:</i> Male  <i>License number:</i> A50715  <i>NPI:</i> 1053414086  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>          610 EUCLID AVE STE 302</p>	<p>NATIONAL CITY, CA 91950-2953  <i>Phone:</i> (619) 527-7700  <i>Fax:</i> (619) 527-3226  <i>After Hours Phone:</i> (619) 527-7700  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>HIPOLITO, CECILIA L</b>  <i>Provider ID:</i> 418930  <i>Provider Gender:</i> Female  <i>License number:</i> A145850  <i>NPI:</i> 1770999773  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Rady Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>          1000 EUCLID AVE          NATIONAL CITY, CA 91950-3856</p>
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## C. Directorio de proveedores de atención primaria

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Phone: (619) 515-2399

Fax:

After Hours Phone: (619)  
515-2399

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### **RANA, DEBORAH T**

Provider ID: 227418

Provider Gender: Female

License number: G88347

NPI: 1033191457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas,

Chula Vista Comm Hosp

Board Certified Specialty: No

IHP OF SOUTHERN  
CALIFORNIA

2400 E 8TH ST STE A

NATIONAL CITY, CA

91950-2956

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 9AM-5PM

### **UY, CARMELITA**

Provider ID: 424443

Provider Gender: Female

License number: C50548

NPI: 1154431484

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2340 E 8TH ST STE E

NATIONAL CITY, CA

91950-2870

Phone: (619) 216-8500

Fax: (619) 216-8511

After Hours Phone: (619)  
216-8511

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

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

9AM-5PM

### **VALENCIA, MARILES F**

Provider ID: 104060

Provider Gender: Female

License number: A54929

NPI: 1275541625

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,

Paradise Valley Hospital, Sharp

Chula Vista Med Ctr, Rady

Childrens Hospital San Diego,

Scripps Mercy Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

655 EUCLID AVE STE 207

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

NATIONAL CITY, CA  
91950-2968  
Phone: (619) 475-4575  
Fax: (619) 475-4578  
After Hours Phone: (619)  
475-4575  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SU 8AM-5PM

### VITUG, ELENA P

Provider ID: 74967  
Provider Gender: Female  
License number: A44349  
NPI: 1285746214  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
Hospital Affiliation: Paradise  
Valley Hospital, Sharp Chula  
Vista Med Ctr, Rady Childrens  
Hospital San Diego  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
502 EUCLID AVE STE 201  
NATIONAL CITY, CA  
91950-2949

Phone: (619) 475-6204  
Fax: (619) 475-5174  
After Hours Phone: (619)  
475-6204  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, W  
Hours: M-F 8AM-4:30PM, SA  
9AM-5PM

### PHYSICIANS ASSISTANT

### ARMENTA, JORGE

Provider ID: 185270  
Provider Gender: Male  
License number: PA13694  
NPI: 1346382611  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950-1518  
Phone: (619) 434-7308  
Fax:  
After Hours Phone: (619)  
434-7308  
Website: www.lamaestra.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, W  
Hours: M-F 8AM-5:30PM, SA  
9AM-5PM

### BANGS, SASHA S

Provider ID: 418930  
Provider Gender: Female  
License number: PA55660  
NPI: 1720524374  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
Phone: (619) 515-2399  
Fax:  
After Hours Phone: (619)  
515-2399  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM

### MARTINEZ MURGUIA, IRENE

Provider ID: 185270  
Provider Gender: Female  
License number: PA20296  
NPI: 1447492889  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950-1518  
Phone: (619) 434-7308  
Fax:  
After Hours Phone: (619)  
434-7308  
Website: www.lamaestra.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, W  
Hours: M-SA 9AM-5PM

### MERCER, KELLY C

Provider ID: 185270  
Provider Gender: Female  
License number: PA21625  
NPI: 1154609790  
Provider English Spoken: Yes

Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950-1518  
Phone: (619) 434-7308  
Fax:  
After Hours Phone: (619)  
434-7308  
Website: www.lamaestra.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, W  
Hours: M-F 8AM-5:30PM, SA  
9AM-5PM

## OCEANSIDE

### CERTIFIED NURSE PRACTITIONER

### BAEK, KILHYO K

Provider ID: 206341  
Provider Gender: Female  
License number: NP95003571  
NPI: 1053776914  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-5000  
Fax:  
After Hours Phone: (760)  
631-5000  
Website:  
www.vistacommunityclinic.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-4PM

### BEECHER-VAN HORN, JOANNE B

Provider ID: 296476  
Provider Gender: Female  
License number: NP95013879  
NPI: 1457665424  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>CALIFORNIA 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415 Phone: (760) 736-6767 Fax: After Hours Phone: (760) 736-6767 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 8AM-5PM</p>	<p>Website: www.vistacommunityclinic.org Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-4PM</p>	<p>No ♿ Accessibility: W Hours: M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM</p>
<p><b>BROMAN, GRETCHEN L</b> Provider ID: 206341 Provider Gender: Female License number: NP95007885 NPI: 1922421288 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 4700 N RIVER RD OCEANSIDE, CA 92057-6043 Phone: (760) 631-3500 Fax: After Hours Phone: (760) 631-3500</p>	<p><b>BROMAN, GRETCHEN L</b> Provider ID: 402434 Provider Gender: Female License number: NP95007885 NPI: 1922421288 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 818 PIER VIEW WAY OCEANSIDE, CA 92054-2803 Phone: (760) 631-5000 Fax: After Hours Phone: (760) 631-5000 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL):</p>	<p><b>BROMAN, GRETCHEN L</b> Provider ID: 402436 Provider Gender: Female License number: NP95007885 NPI: 1922421288 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 517 N HORNE ST OCEANSIDE, CA 92054-2518 Phone: (760) 631-5000 Fax: After Hours Phone: (760) 631-5000 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-4PM</p> <p><b>DO, JACKIE V</b> Provider ID: 206341</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p> <i>Provider Gender:</i> Male  <i>License number:</i> NP95016368  <i>NPI:</i> 1356925283  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i>  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  4700 N RIVER RD  OCEANSIDE, CA 92057-6043  <i>Phone:</i> (760) 631-5000  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 631-5000  <i>Website:</i>  www.vistacommunityclinic.org  <i>Email:</i>  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-4PM </p>	<p> Mandarin  Cultural Competency: No  <i>Hospital Affiliation:</i>  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  4700 N RIVER RD  OCEANSIDE, CA 92057-6043  <i>Phone:</i> (844) 308-5003  <i>Fax:</i>  <i>After Hours Phone:</i> (844) 308-5003  <i>Website:</i>  www.vistacommunityclinic.org  <i>Email:</i>  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-4PM </p>	<p> IHP OF SOUTHERN CALIFORNIA  818 PIER VIEW WAY  OCEANSIDE, CA 92054-2803  <i>Phone:</i> (760) 631-5000  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 631-5000  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM </p>
<p> <b>HALGEDAHL, YI T</b>  <i>Provider ID:</i> 206341  <i>Provider Gender:</i> Female  <i>License number:</i> NP95006826  <i>NPI:</i> 1619246907  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Mandarin  Cultural Competency: No  <i>Hospital Affiliation:</i>  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  517 N HORNE ST  OCEANSIDE, CA 92054-2518 </p>	<p> <b>HALGEDAHL, YI T</b>  <i>Provider ID:</i> 402434  <i>Provider Gender:</i> Female  <i>License number:</i> NP95006826  <i>NPI:</i> 1619246907  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Mandarin  Cultural Competency: No  <i>Hospital Affiliation:</i>  Board Certified Specialty: No </p>	<p> <b>HALGEDAHL, YI T</b>  <i>Provider ID:</i> 402436  <i>Provider Gender:</i> Female  <i>License number:</i> NP95006826  <i>NPI:</i> 1619246907  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Mandarin  Cultural Competency: No  <i>Hospital Affiliation:</i>  Board Certified Specialty: No </p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (760) 631-5000	Website:	Min/Max Age: 0/999
Fax:	www.vistacommunityclinic.org	American Sign Language (ASL):
After Hours Phone: (760)	Email:	No
631-5000	Medi-Cal Open Panel: Yes	♿ Accessibility: W
Website:	Min/Max Age: 0/999	Hours: M,TU,TH,F 8AM-5PM, W
Email:	American Sign Language (ASL):	8AM-7PM, SA 9AM-4PM
Medi-Cal Open Panel: Yes	No	
Min/Max Age: 0/999	♿ Accessibility: W	<b>MACIAS, ALISSA M</b>
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Provider ID: 296476
No	9AM-4PM	Provider Gender: Female
♿ Accessibility: W		License number: NP21368
Hours: M-F 8AM-5PM, SA	<b>KELLEHER, BRIDGET M</b>	NPI: 1952658445
9AM-4PM	Provider ID: 402434	Provider English Spoken: Yes
	Provider Gender: Female	Provider Language(s) Spoken:
<b>KELLEHER, BRIDGET M</b>	License number: NP95003447	Cultural Competency: No
Provider ID: 206341	NPI: 1245695006	Hospital Affiliation:
Provider Gender: Female	Provider English Spoken: Yes	Board Certified Specialty: No
License number: NP95003447	Provider Language(s) Spoken:	IHP OF SOUTHERN
NPI: 1245695006	Spanish	CALIFORNIA
Provider English Spoken: Yes	Cultural Competency: No	605 CROUCH ST BLDG C
Provider Language(s) Spoken:	Hospital Affiliation: Tri City	OCEANSIDE, CA 92054-4415
Spanish	Medical Ctr	Phone: (760) 757-4566
Cultural Competency: No	Board Certified Specialty: No	Fax:
Hospital Affiliation: Tri City	IHP OF SOUTHERN	After Hours Phone: (760)
Medical Ctr	CALIFORNIA	757-4566
Board Certified Specialty: No	818 PIER VIEW WAY	Website: www.ihpsocal.org
IHP OF SOUTHERN	OCEANSIDE, CA 92054-2803	Email:
CALIFORNIA	Phone: (760) 631-5000	Medi-Cal Open Panel: Yes
4700 N RIVER RD	Fax:	Min/Max Age: None
OCEANSIDE, CA 92057-6043	After Hours Phone: (760)	American Sign Language (ASL):
Phone: (760) 631-5000	631-5000	No
Fax:	Website: www.ihpsocal.org	♿ Accessibility: W
After Hours Phone: (760)	Email:	Hours: M-SA 9AM-5PM
631-5000	Medi-Cal Open Panel: Yes	
		<b>MACIAS, ALISSA M</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

Provider ID: 480315  
 Provider Gender: Female  
 License number: NP21368  
 NPI: 1952658445  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### **VAUGHAN, ROBERT R**

Provider ID: 296476  
 Provider Gender: Male  
 License number: NP95012681  
 NPI: 1780233221  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 8AM-5PM

### **CERTIFIED REGISTERED NURSE MIDWIFE**

#### **ZAMORA-FLYR, MARIA M**

Provider ID: 402434  
 Provider Gender: Female  
 License number: NM1634  
 NPI: 1194938647  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA

818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **FAMILY PRACTICE**

#### **DAUGIRDAS, ANDREA J**

Provider ID: 598980  
 Provider Gender: Female  
 License number: A138810  
 NPI: 1225472764  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Lithuanian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354

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## C. Directorio de proveedores de atención primaria

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-8PM, SA  
9AM-5PM

### **ESPINOSA-SILVA, YAMINAH**

Provider ID: 206341

Provider Gender: Female

License number: 20A12958

NPI: 1003172016

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas, Tri  
City Medical Ctr

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)  
631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-4PM

### **ESPINOSA-SILVA, YAMINAH**

Provider ID: 402434

Provider Gender: Female

License number: 20A12958

NPI: 1003172016

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas, Tri  
City Medical Ctr

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)  
631-5000

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **ESPINOSA-SILVA, YAMINAH**

Provider ID: 402436

Provider Gender: Female

License number: 20A12958

NPI: 1003172016

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas, Tri  
City Medical Ctr

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

517 N HORNE ST

OCEANSIDE, CA 92054-2518

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)  
631-5000

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## C. Directorio de proveedores de atención primaria

Website:	♿ Accessibility: W	License number: A135564
Email:	Hours: M-F 8AM-5PM, SA	NPI: 1699038125
Medi-Cal Open Panel: Yes	9AM-4PM	Provider English Spoken: Yes
Min/Max Age: 0/999		Provider Language(s) Spoken:
American Sign Language (ASL):	<b>HAIDER, ABDULLAH T</b>	Arabic, Spanish, Syriac
No	Provider ID: 296476	Cultural Competency: No
♿ Accessibility: W	Provider Gender: Male	Hospital Affiliation: Southwest
Hours: M-SA 9AM-5PM	License number: A64435	Healthcare System Murrieta,
	NPI: 1730156936	Southwest Healthcare System
<b>FATLAND, SARAH E</b>	Provider English Spoken: Yes	Wildomar, Scripps Memorial
Provider ID: 206341	Provider Language(s) Spoken:	Hospital Encinitas, Tri City
Provider Gender: Female	Cultural Competency: No	Medical Ctr, Whittier Hospital
License number: 20A18374	Hospital Affiliation:	Medical Center
NPI: 1831354026	Board Certified Specialty: No	Board Certified Specialty: No
Provider English Spoken: Yes	IHP OF SOUTHERN	IHP OF SOUTHERN
Provider Language(s) Spoken:	CALIFORNIA	CALIFORNIA
Cultural Competency: No	605 CROUCH ST BLDG C	4700 N RIVER RD
Hospital Affiliation:	OCEANSIDE, CA 92054-4415	OCEANSIDE, CA 92057-6043
Board Certified Specialty: No	Phone: (760) 757-4566	Phone: (760) 631-5000
IHP OF SOUTHERN	Fax:	Fax:
CALIFORNIA	After Hours Phone: (760)	After Hours Phone: (760)
4700 N RIVER RD	757-4566	631-5000
OCEANSIDE, CA 92057-6043	Website: www.ihpsocal.org	Website:
Phone: (760) 631-5000	Email:	www.vistacommunityclinic.org
Fax:	Medi-Cal Open Panel: Yes	Email:
After Hours Phone: (760)	Min/Max Age: None	Medi-Cal Open Panel: Yes
631-5000	American Sign Language (ASL):	Min/Max Age: 0/999
Website:	No	American Sign Language (ASL):
www.vistacommunityclinic.org	♿ Accessibility: W	No
Email:	Hours: M-W 8AM-8PM, TH,F	♿ Accessibility: W
Medi-Cal Open Panel: Yes	8AM-5PM, SA 9AM-5PM	Hours: M-SA 9AM-5PM
Min/Max Age: 0/999		
American Sign Language (ASL):	<b>KETCHEL, CLINT</b>	<b>KETCHEL, CLINT</b>
No	Provider ID: 206341	Provider ID: 402434
	Provider Gender: Male	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Provider Gender:* Male  
*License number:* A135564  
*NPI:* 1699038125  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish, Syriac  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **KETCHEL, CLINT**

*Provider ID:* 402436  
*Provider Gender:* Male  
*License number:* A135564  
*NPI:* 1699038125  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish, Syriac  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

### **KNAPP, GEORGE S**

*Provider ID:* 206341  
*Provider Gender:* Male  
*License number:* NP95009284  
*NPI:* 1124500012  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:* www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

### **KURUKULASURIYA, DAYANTHI N**

*Provider ID:* 296476  
*Provider Gender:* Female  
*License number:* 20A15689

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>NPI: 1205246865  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  605 CROUCH ST BLDG C  OCEANSIDE, CA 92054-4415  Phone: (760) 757-4566  Fax:  After Hours Phone: (760) 757-4566  Website: www.ihpsocal.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM</p>	<p>CALIFORNIA  4700 N RIVER RD  OCEANSIDE, CA 92057-6043  Phone: (760) 631-5000  Fax:  After Hours Phone: (760) 631-5000  Website:  www.vistacommunityclinic.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-F 8AM-5PM, SA 9AM-4PM</p>	<p>Phone: (760) 631-5000  Fax:  After Hours Phone: (760) 631-5000  Website:  www.vistacommunityclinic.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM</p>
<p><b>LAROCQUE, MICHAEL A</b>  Provider ID: 206341  Provider Gender: Male  License number: C34614  NPI: 1306879549  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  IHP OF SOUTHERN</p>	<p><b>PANICKER, CIBU</b>  Provider ID: 206341  Provider Gender: Male  License number: A149340  NPI: 1235492760  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Tri City Medical Ctr  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  4700 N RIVER RD  OCEANSIDE, CA 92057-6043</p>	<p><b>PONSFORD, DIANA O</b>  Provider ID: 402436  Provider Gender: Female  License number: 20A17371  NPI: 1407204969  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Tri City Medical Ctr  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  517 N HORNE ST  OCEANSIDE, CA 92054-2518  Phone: (760) 631-5000  Fax:  After Hours Phone: (760) 631-5000  Website:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-F 8AM-5PM, SA 9AM-4PM</p> <p><b>SAFI, ROOZCHEHR</b></p> <p>Provider ID: 296476</p> <p>Provider Gender: Female</p> <p>License number: A116562</p> <p>NPI: 1659563641</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Farsi</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: IHP OF SOUTHERN CALIFORNIA</p> <p>Board Certified Specialty: No</p> <p>605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p> <p>Phone: (760) 757-4566</p> <p>Fax: (760) 757-3004</p> <p>After Hours Phone: (760) 757-4566</p> <p>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p>	<p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p><b>SIMATI, BETH L</b></p> <p>Provider ID: 206341</p> <p>Provider Gender: Female</p> <p>License number: C156596</p> <p>NPI: 1417187618</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Whittier Hospital Medical Center, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>4700 N RIVER RD OCEANSIDE, CA 92057-6043</p> <p>Phone: (760) 631-5000</p> <p>Fax:</p> <p>After Hours Phone: (760) 631-5000</p> <p>Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-F 8AM-5PM, SA 9AM-4PM</p>	<p><b>SIMATI, BETH L</b></p> <p>Provider ID: 402434</p> <p>Provider Gender: Female</p> <p>License number: C156596</p> <p>NPI: 1417187618</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Whittier Hospital Medical Center, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>818 PIER VIEW WAY OCEANSIDE, CA 92054-2803</p> <p>Phone: (760) 631-5000</p> <p>Fax:</p> <p>After Hours Phone: (760) 631-5000</p> <p>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>SIMATI, BETH L</b></p> <p>Provider ID: 402436</p> <p>Provider Gender: Female</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>License number: C156596  NPI: 1417187618  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Whittier  Hospital Medical Center,  Scripps Memorial Hospital  Encinitas, Tri City Medical Ctr  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  517 N HORNE ST  OCEANSIDE, CA 92054-2518  Phone: (760) 631-5000  Fax:  After Hours Phone: (760)  631-5000  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM</p> <p><b>VIDAL, MONICA M</b>  Provider ID: 206341  Provider Gender: Female  License number: 20A8949  NPI: 1871791749  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p>Spanish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  4700 N RIVER RD  OCEANSIDE, CA 92057-6043  Phone: (760) 631-5000  Fax:  After Hours Phone: (760)  631-5000  Website:  www.vistacommunityclinic.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-F 8AM-5PM, SA  9AM-4PM</p> <hr/> <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>TRUECARE,</b>  Provider ID: 296476  Provider Gender:  License number: 080000240  NPI: 1245246917  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:</p>	<p>Board Certified Specialty:  IHP OF SOUTHERN  CALIFORNIA  605 CROUCH ST BLDG C  OCEANSIDE, CA 92054-4415  Phone: (760) 757-4566  Fax: (760) 736-8740  After Hours Phone: (760)  757-4566  Website: www.ihpsocal.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 8AM-5PM</p> <p><b>TRUECARE,</b>  Provider ID: 480247  Provider Gender:  License number: 080000637  NPI: 1245246917  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty:  IHP OF SOUTHERN  CALIFORNIA  2210 MESA DR STE 300  OCEANSIDE, CA 92054-3701</p>
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## C. Directorio de proveedores de atención primaria

Phone: (760) 757-5841	Medi-Cal Open Panel: Yes	9AM-5PM
Fax: (760) 736-8740	Min/Max Age: None	
After Hours Phone: (760) 757-5841	American Sign Language (ASL): No	<b>VISTA COMMUNITY CLINIC</b>
Website:	♿ Accessibility:	<b>HORNE STREET,</b>
Email:	Hours: M-F 8AM-5PM, SA 8AM-4:30PM	Provider ID: 402436
Medi-Cal Open Panel: Yes		Provider Gender:
Min/Max Age: None		License number: 080000745
American Sign Language (ASL): No	<b>TRUECARE,</b>	NPI: 1437245412
♿ Accessibility:	Provider ID: 480315	Provider English Spoken: Yes
Hours: M-F 8AM-5PM, SA 8AM-4:30PM	Provider Gender:	Provider Language(s) Spoken:
	License number: 080000240	Cultural Competency: No
	NPI: 1245246917	Hospital Affiliation:
<b>TRUECARE,</b>	Provider English Spoken: Yes	Board Certified Specialty:
Provider ID: 480247	Provider Language(s) Spoken:	IHP OF SOUTHERN
Provider Gender:	Cultural Competency: No	CALIFORNIA
License number: 080000531	Hospital Affiliation:	517 N HORNE ST
NPI: 1245246917	Board Certified Specialty:	OCEANSIDE, CA 92054-2518
Provider English Spoken: Yes	IHP OF SOUTHERN	Phone: (760) 631-5000
Provider Language(s) Spoken:	CALIFORNIA	Fax: (760) 414-3892
Cultural Competency: No	3220 MISSION AVE STE 1	After Hours Phone: (760)
Hospital Affiliation:	OCEANSIDE, CA 92058-1354	631-5000
Board Certified Specialty:	Phone: (760) 433-3155	Website:
IHP OF SOUTHERN	Fax: (760) 736-8740	Email:
CALIFORNIA	After Hours Phone: (760)	Medi-Cal Open Panel: Yes
2210 MESA DR STE 300	433-3155	Min/Max Age: 0/999
OCEANSIDE, CA 92054-3701	Website:	American Sign Language (ASL):
Phone: (760) 757-5841	Email:	No
Fax: (760) 736-8740	Medi-Cal Open Panel: Yes	♿ Accessibility: W
After Hours Phone: (760) 757-5841	Min/Max Age: None	Hours: M-F 8AM-5PM, SA
Website:	American Sign Language (ASL): No	9AM-4PM
Email:	♿ Accessibility:	<b>VISTA COMMUNITY CLINIC</b>
	Hours: M-F 8AM-5PM, SA	<b>PIER VIEW WAY,</b>
		Provider ID: 402434
		Provider Gender:

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## C. Directorio de proveedores de atención primaria

License number: 080000510 NPI: 1649363375 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: IHP OF SOUTHERN CALIFORNIA 818 PIER VIEW WAY OCEANSIDE, CA 92054-2803 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: W Hours: M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM	Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 517 N HORNE ST OCEANSIDE, CA 92054-2518 Phone: (760) 631-5000 Fax: After Hours Phone: (760) 631-5000 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-4PM	Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415 Phone: (760) 757-4566 Fax: After Hours Phone: (760) 757-4566 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 9AM-5PM
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### INTERNAL MEDICINE

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#### GENERAL PRACTICE

##### **RONAN, KEVIN J**

Provider ID: 402436  
Provider Gender: Male  
License number: G77176  
NPI: 1225017353  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

##### **CHONG, ILSONG J**

Provider ID: 296476  
Provider Gender: Male  
License number: C152937  
NPI: 1831240159  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Korean

##### **GOMEZ, DENISE Y**

Provider ID: 296476  
Provider Gender: Female  
License number: A66289  
NPI: 1407871817  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City Medical Ctr, Palomar Medical Center  
Board Certified Specialty: No

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## C. Directorio de proveedores de atención primaria

IHP OF SOUTHERN CALIFORNIA  
605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054-4415  
Phone: (760) 757-4566  
Fax: (760) 757-3004  
After Hours Phone: (760) 757-4566  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

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### **INTERVENTIONAL CARDIOLOGY**

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#### **MOUSSAVIAN, MEHRAN**

Provider ID: 296476  
Provider Gender: Male  
License number: 20A7241  
NPI: 1689788234  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps

Mercy Hospital, Scripps Memorial Hospital  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054-4415  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 8AM-5PM

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### **PEDIATRICS**

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#### **CALHOUN, CHANELLE R**

Provider ID: 480247  
Provider Gender: Female  
License number: G75390  
NPI: 1437166709  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas

Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
Phone: (760) 891-4667  
Fax:  
After Hours Phone: (760) 891-4667  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

#### **CHEN, MING**

Provider ID: 480247  
Provider Gender: Female  
License number: A56246  
NPI: 1851525505  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: No  
Hospital Affiliation: Delano Regional Med Ctr  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701

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## C. Directorio de proveedores de atención primaria

Phone: (760) 891-4667	Email:	Min/Max Age: 0/18
Fax:	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
After Hours Phone: (760)	Min/Max Age: None	No
891-4667	American Sign Language (ASL):	♿ Accessibility:
Website:	No	Hours: M-F 8AM-5PM, SA
Email:	♿ Accessibility:	9AM-5PM
Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM	
Min/Max Age: None		<b>GUNTA, SUJANA S</b>
American Sign Language (ASL):	<b>DANIELS, SARAH R</b>	Provider ID: 402434
No	Provider ID: 433806	Provider Gender: Female
♿ Accessibility:	Provider Gender: Female	License number: A109056
Hours: M-SA 9AM-5PM	License number: A130872	NPI: 1932304342
	NPI: 1730446527	Provider English Spoken: Yes
<b>CURLEY, EDWARD R</b>	Provider English Spoken: Yes	Provider Language(s) Spoken:
Provider ID: 480247	Provider Language(s) Spoken:	Hindi, Marathi, Spanish, Telugu
Provider Gender: Male	Cultural Competency: No	Cultural Competency: No
License number: A73814	Hospital Affiliation: Tri City	Hospital Affiliation: Rady
NPI: 1164434312	Medical Ctr, Rady Childrens	Childrens Hospital San Diego
Provider English Spoken: Yes	Hospital San Diego, Scripps	Board Certified Specialty: No
Provider Language(s) Spoken:	Memorial Hospital Encinitas,	IHP OF SOUTHERN
Spanish	Scripps Memorial Hospital	CALIFORNIA
Cultural Competency: No	Board Certified Specialty: No	818 PIER VIEW WAY
Hospital Affiliation: Tri City	RADY CHILDRENS HEALTH	OCEANSIDE, CA 92054-2803
Medical Ctr	NETWORK	Phone: (760) 631-5000
Board Certified Specialty: No	3605 VISTA WAY STE 130 BLDG	Fax:
IHP OF SOUTHERN	B	After Hours Phone: (760)
CALIFORNIA	OCEANSIDE, CA 92056-4565	631-5000
2210 MESA DR STE 300	Phone: (760) 547-1010	Website: www.ihpsocal.org
OCEANSIDE, CA 92054-3701	Fax:	Email:
Phone: (760) 891-4667	After Hours Phone: (760)	Medi-Cal Open Panel: Yes
Fax:	547-1010	Min/Max Age: 0/999
After Hours Phone: (760)	Website:	American Sign Language (ASL):
891-4667	Email:	No
Website:	Medi-Cal Open Panel: Yes	♿ Accessibility: W

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## C. Directorio de proveedores de atención primaria

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **KRAMER, MELISSA S**

Provider ID: 469759  
Provider Gender: Female  
License number: A146613  
NPI: 1467833467  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY BLDG B  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1010  
Fax: (760) 547-1011  
After Hours Phone: (760)  
547-1010  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **MACINTYRE, ELIZABETH T**

Provider ID: 543354  
Provider Gender: Female

License number: A172352  
NPI: 1336520766  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 130 BLDG  
B  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1010  
Fax: (760) 547-1011  
After Hours Phone: (760)  
547-1010  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **MCCAMMACK, BRADLEY D**

Provider ID: 206341  
Provider Gender: Male  
License number: A130883  
NPI: 1629368857  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish

Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-5000  
Fax: (760) 414-3731  
After Hours Phone: (760)  
631-5000  
Website:  
www.vistacommunityclinic.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **MILLER, DONALD T**

Provider ID: 433589  
Provider Gender: Male  
License number: G69645  
NPI: 1154356582  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr, Scripps Memorial  
Hospital Encinitas, Rady  
Childrens Hospital San Diego,

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## C. Directorio de proveedores de atención primaria

Palomar Medical Center, Ucsf  
Benioff Children's Hospital  
Oakland, Scripps Memorial  
Hospital  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 130 BLDG  
B  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1010  
*Fax:*  
*After Hours Phone:* (760)  
547-1010  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

### **PERKINS, RACHEL E**

*Provider ID:* 435952  
*Provider Gender:* Female  
*License number:* A123956  
*NPI:* 1427398320  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,

Scripps Memorial Hospital, Tri  
City Medical Ctr, Ucsf Benioff  
Children's Hospital Oakland,  
Rady Childrens Hospital San  
Diego  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 130 BLDG  
B  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1010  
*Fax:*  
*After Hours Phone:* (760)  
547-1010  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

### **ZACHRY, ALISON D**

*Provider ID:* 296476  
*Provider Gender:* Female  
*License number:* A131678  
*NPI:* 1922402858  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Tri City Medical Ctr  
*Board Certified Specialty:* No  
IHP OF SOUTHERN  
CALIFORNIA  
605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054-4415  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760)  
736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 8AM-5PM

### **ZACHRY, ALISON D**

*Provider ID:* 480247  
*Provider Gender:* Female  
*License number:* A131678  
*NPI:* 1922402858  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Tri City Medical Ctr  
*Board Certified Specialty:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

IHP OF SOUTHERN CALIFORNIA  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760) 736-6767  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 8AM-4:30PM

### ZACHRY, ALISON D

Provider ID: 480315  
Provider Gender: Female  
License number: A131678  
NPI: 1922402858  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Tri City Medical Ctr  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
3220 MISSION AVE STE 1

OCEANSIDE, CA 92058-1354  
Phone: (760) 891-4667  
Fax:  
After Hours Phone: (760) 891-4667  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### PHYSICIANS ASSISTANT

### BLAKESPEAR, JEREMY D

Provider ID: 480315  
Provider Gender: Male  
License number: PA19825  
NPI: 1750474177  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
Phone: (760) 433-3155  
Fax:  
After Hours Phone: (760) 433-3155

Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### CHISWICK, GARY R

Provider ID: 296476  
Provider Gender: Male  
License number: PA22667  
NPI: 1174964001  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054-4415  
Phone: (760) 757-4566  
Fax:  
After Hours Phone: (760) 757-4566  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **CHISWICK, GARY R**

*Provider ID:* 480247  
*Provider Gender:* Male  
*License number:* PA22667  
*NPI:* 1174964001  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:*  
*After Hours Phone:* (760) 966-3306  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **RANDALLS, JESSICA L**

*Provider ID:* 296476  
*Provider Gender:* Female  
*License number:* PA54982

*NPI:* 1538410550  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 8AM-5PM

### **RUSSO, KRISTA L**

*Provider ID:* 296476  
*Provider Gender:* Female  
*License number:* PA53036  
*NPI:* 1922471192  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA

CALIFORNIA  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
*Phone:* (760) 757-4566  
*Fax:*  
*After Hours Phone:* (760) 757-4566  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **RUSSO, KRISTA L**

*Provider ID:* 480247  
*Provider Gender:* Female  
*License number:* PA53036  
*NPI:* 1922471192  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:*  
*After Hours Phone:* (760) 966-3306  
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

<p>Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM</p>	<p><b>POWAY</b></p> <hr/> <p><b>FAMILY PRACTICE</b></p> <hr/>	<p><b>NEIGHBORHOOD          HEALTHCARE GOLD FAMILY          HEALTH CENTER,</b>          Provider ID: 481187          Provider Gender:          License number: 550004321          NPI: 1023518768          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty:          IHP OF SOUTHERN          CALIFORNIA          13010 POWAY RD          POWAY, CA 92064          Phone: (858) 218-3000          Fax: (360) 462-2742          After Hours Phone: (858)          218-3000          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM</p>
<p><b>RUSSO, KRISTA L</b>          Provider ID: 480315          Provider Gender: Female          License number: PA53036          NPI: 1922471192          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          3220 MISSION AVE STE 1          OCEANSIDE, CA 92058-1354          Phone: (760) 433-3155          Fax:          After Hours Phone: (760)          433-3155          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM</p>	<p><b>KAUR, JATINDER</b>          Provider ID: 481187          Provider Gender: Female          License number: A120771          NPI: 1912141391          Provider English Spoken: Yes          Provider Language(s) Spoken:          Hindi, Urdu          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          13010 POWAY RD          POWAY, CA 92064          Phone: (858) 218-3000          Fax:          After Hours Phone: (858)          218-3000          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM</p>	<p style="text-align: center;"><b>PEDIATRICS</b></p> <hr/> <p><b>CURET, ZULMA</b>          Provider ID: 481187</p>
	<p><b>FQHC</b></p>	

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## C. Directorio de proveedores de atención primaria

*Provider Gender:* Female  
*License number:* A119661  
*NPI:* 1841561107  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 13010 POWAY RD  
 POWAY, CA 92064  
*Phone:* (858) 218-3000  
*Fax:*  
*After Hours Phone:* (858) 218-3000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*NPI:* 1649692369  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* IHP OF SOUTHERN CALIFORNIA  
 13010 POWAY RD  
 POWAY, CA 92064  
*Phone:* (858) 218-3000  
*Fax:*  
*After Hours Phone:* (858) 218-3000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* IHP OF SOUTHERN CALIFORNIA  
 16650 HIGHWAY 76  
 PAUMA VALLEY, CA 92061-9524  
*Phone:* (760) 742-9919  
*Fax:*  
*After Hours Phone:* (760) 742-9919  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

### PAUMA VALLEY

### FAMILY PRACTICE

### SCHULTZ, JAMES H

*Provider ID:* 206267  
*Provider Gender:* Male  
*License number:* G61829  
*NPI:* 1356376164  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Greek, Spanish  
*Cultural Competency:* No

### PHYSICIANS ASSISTANT

### BALDWIN, DONNA J

*Provider ID:* 481187  
*Provider Gender:* Female  
*License number:* PA23310

### AYON MARTINEZ, CARLOS X

*Provider ID:* 206267  
*Provider Gender:* Male  
*License number:* A114419  
*NPI:* 1154583128  
*Provider English Spoken:* Yes

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## C. Directorio de proveedores de atención primaria

*Hospital Affiliation:* Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 16650 HIGHWAY 76  
 PAUMA VALLEY, CA  
 92061-9524  
*Phone:* (760) 742-9919  
*Fax:*  
*After Hours Phone:* (760) 742-9919  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 9AM-5PM

### FQHC

#### NEIGHBORHOOD

##### HEALTHCARE PAUMA VALLEY,

*Provider ID:* 206267

*Provider Gender:*

*License number:* 080000611

*NPI:* 1407031693

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 IHP OF SOUTHERN CALIFORNIA  
 16650 HIGHWAY 76  
 PAUMA VALLEY, CA  
 92061-9524  
*Phone:* (760) 742-9919  
*Fax:* (858) 633-4696  
*After Hours Phone:* (760) 742-9919  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

### POWAY

#### FAMILY PRACTICE

##### IONESCU, LUDMILLA N, MD

*Provider ID:* 505945

*Provider Gender:* Female

*License number:* C130451

*NPI:* 1568498145

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Russian  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD FL 3  
 POWAY, CA 92064-2437  
*Phone:* (858) 675-3210  
*Fax:* (858) 613-2938  
*After Hours Phone:* (858) 675-3210  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

##### MALETZ, LOUIS, MD

*Provider ID:* 70756

*Provider Gender:* Male

*License number:* G50801

*NPI:* 1013983055

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

German, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar Health

*Board Certified Specialty:* No

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## C. Directorio de proveedores de atención primaria

<p>COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 400 POWAY, CA 92064-2437 Phone: (858) 675-3287 Fax: (858) 613-2932 After Hours Phone: (858) 675-3287 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Phone: (858) 675-3100 Fax: (858) 613-2932 After Hours Phone: (858) 675-3100 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R Hours: M-F 8AM-5PM, SA 9AM-5PM</p>
<p><b>MERAM, SUSAN, MD</b> Provider ID: 38214 Provider Gender: Female License number: A53727 NPI: 1588630735 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: St Johns Regional Medical Center Board Certified Specialty: No COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 400 POWAY, CA 92064-2437</p>	<p><b>MIR, YUSRA A, MD</b> Provider ID: 104018 Provider Gender: Female License number: A101298 NPI: 1932435757 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi, Spanish, Urdu Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 400 POWAY, CA 92064-2437 Phone: (858) 675-3100 Fax: (858) 618-1523 After Hours Phone: (858) 675-3100 Website: Email:</p>	<p><b>PUTNAM, RICHARD L, MD</b> Provider ID: 506946 Provider Gender: Male License number: G50068 NPI: 1861468027 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 300 POWAY, CA 92064-2437 Phone: (858) 675-3100 Fax: (858) 673-5187 After Hours Phone: (858) 675-3100 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

INTERNAL MEDICINE	License number: A52257	Hospital Affiliation: Palomar
<b>CARTY, DAVID J , MD</b>	NPI: 1487620662	Health
Provider ID: 53596	Provider English Spoken: Yes	Board Certified Specialty: Yes
Provider Gender: Male	Provider Language(s) Spoken:	COMMUNITY CARE IPA LLC
License number: A41501	Cultural Competency: No	15611 POMERADO RD STE 400
NPI: 1205802568	Hospital Affiliation: Palomar	POWAY, CA 92064-2437
Provider English Spoken: Yes	Health	Phone: (858) 675-3100
Provider Language(s) Spoken:	Board Certified Specialty: No	Fax: (858) 618-1523
Spanish	COMMUNITY CARE IPA LLC	After Hours Phone: (858)
Cultural Competency: No	15611 POMERADO RD STE 400	675-3100
Hospital Affiliation: Pomerado	POWAY, CA 92064-2437	Website:
Hospital	Phone: (858) 675-3100	Email:
Board Certified Specialty: Yes	Fax: (858) 487-3823	Medi-Cal Open Panel: Yes
COMMUNITY CARE IPA LLC	After Hours Phone: (858)	Min/Max Age: None
15611 POMERADO RD STE 400	675-3100	American Sign Language (ASL):
POWAY, CA 92064-2437	Website:	No
Phone: (858) 675-3293	Email:	♿ Accessibility: P, EB, IB, E, R
Fax: (858) 613-2937	Medi-Cal Open Panel: Yes	Hours: M-F 8AM-5PM, SA
After Hours Phone: (858)	Min/Max Age: 18/999	9AM-5PM
675-3293	American Sign Language (ASL):	<b>PRESANT, LARRY A , MD</b>
Website:	No	Provider ID: 57940
Email:	♿ Accessibility: P, EB, IB, E, R	Provider Gender: Male
Medi-Cal Open Panel: Yes	Hours: M-F 8AM-5PM, SA	License number: G42579
Min/Max Age: None	9AM-5PM	NPI: 1790751956
American Sign Language (ASL):	<b>MAMARIL, DENNIS M , MD</b>	Provider English Spoken: Yes
No	Provider ID: 53861	Provider Language(s) Spoken:
♿ Accessibility: P, EB, IB, E, R	Provider Gender: Male	Spanish
Hours: M-F 8AM-5PM, SA	License number: A90180	Cultural Competency: No
9AM-5PM	NPI: 1508832601	Hospital Affiliation: Palomar
<b>DURE-SMITH, BELINDA A , MD</b>	Provider English Spoken: Yes	Health
Provider ID: 25721	Provider Language(s) Spoken:	Board Certified Specialty: Yes
Provider Gender: Female	Spanish	COMMUNITY CARE IPA LLC
	Cultural Competency: No	15611 POMERADO RD STE 400

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

POWAY, CA 92064-2437  
 Phone: (858) 675-3100  
 Fax: (858) 618-1523  
 After Hours Phone: (858) 675-3100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### PEDIATRICS

#### **BOWERS, HILARY M**

Provider ID: 41436  
 Provider Gender: Female  
 License number: A78338  
 NPI: 1891884318  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Palomar Health, Palomar Medical Center  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058

Phone: (858) 673-3340  
 Fax: (858) 673-1075  
 After Hours Phone: (858) 673-3340  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R  
 Hours: M-F 8AM-5PM, SA 8AM-12PM

#### **CHANG, IRENE S**

Provider ID: 462361  
 Provider Gender: Female  
 License number: A73533  
 NPI: 1790756799  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Pomerado Hospital  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058

Phone: (858) 673-3340  
 Fax:  
 After Hours Phone: (858) 673-3340  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM

#### **DIEP, THUAN M**

Provider ID: 462977  
 Provider Gender: Male  
 License number: A146685  
 NPI: 1477948479  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058  
 Phone: (858) 673-3340  
 Fax: (858) 673-1075  
 After Hours Phone: (858) 673-3340  
 Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/18</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R</p> <p>Hours: M-F 8AM-5PM, SA 8AM-12PM</p>	<p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>KHATTRI, SONAL, MD</b></p> <p>Provider ID: 506565</p> <p>Provider Gender: Female</p> <p>License number: A105678</p> <p>NPI: 1013997303</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Hindi</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Palomar Health</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p>15611 POMERADO RD FL 3 POWAY, CA 92064-2437</p> <p>Phone: (858) 675-3170</p> <p>Fax: (858) 675-0518</p> <p>After Hours Phone: (858) 675-3170</p> <p>Website:</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/18</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 9AM-5PM, SA 9AM-5PM</p>	<p>License number: A117823</p> <p>NPI: 1427345487</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Pomerado Hospital, Scripps Memorial Hospital, Rady Childrens Hospital San Diego</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>15725 POMERADO RD STE 203 POWAY, CA 92064-2058</p> <p>Phone: (858) 673-3340</p> <p>Fax: (858) 673-1075</p> <p>After Hours Phone: (858) 673-3340</p> <p>Website:</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/18</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p>
<p><b>GRAHAM, STUART N , MD</b></p> <p>Provider ID: 508717</p> <p>Provider Gender: Male</p> <p>License number: G70035</p> <p>NPI: 1083680060</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Palomar Health</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p>15611 POMERADO RD STE 300 POWAY, CA 92064-2437</p> <p>Phone: (858) 924-1900</p> <p>Fax: (858) 924-1949</p> <p>After Hours Phone: (858) 924-1900</p> <p>Website:</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/18</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R</p>	<p><b>LINDBACK, SARAH M</b></p> <p>Provider ID: 161834</p> <p>Provider Gender: Female</p>	<p><b>LOSTETTER, ADRIENNE L</b></p> <p>Provider ID: 261797</p> <p>Provider Gender: Female</p> <p>License number: C54914</p> <p>NPI: 1881607984</p> <p>Provider English Spoken: Yes</p>

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## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> Hospital Affiliation: Scripps  <i>Cultural Competency:</i> No Memorial Hospital Encinitas,  <i>Hospital Affiliation:</i> Rady Rady Childrens Hospital San          Childrens Hospital San Diego, Diego          Sharp Mary Birch Hosp For Board Certified Specialty: No          Women And Newborns, RADY CHILDRENS HEALTH          Pomerado Hospital NETWORK  <i>Board Certified Specialty:</i> No 15725 POMERADO RD STE 203          RADY CHILDRENS HEALTH POWAY, CA 92064-2058          NETWORK 15725 POMERADO RD STE 203          POWAY, CA 92064-2058  <i>Phone:</i> (858) 673-3340  <i>Fax:</i> (858) 673-1075  <i>After Hours Phone:</i> (858)          673-3340  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-F 8AM-5PM, SA          9AM-5PM</p> <p><b>MOREIRA, LUCILA K</b>  <i>Provider ID:</i> 523761  <i>Provider Gender:</i> Female  <i>License number:</i> 20A15437  <i>NPI:</i> 1104846567  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No</p>	<p><i>Hospital Affiliation:</i> Scripps          Memorial Hospital Encinitas,          Rady Childrens Hospital San          Diego          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          15725 POMERADO RD STE 203          POWAY, CA 92064-2058  <i>Phone:</i> (858) 673-3340  <i>Fax:</i> (858) 673-1075  <i>After Hours Phone:</i> (858)          673-3340  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-W 8AM-5PM, TH          9AM-5PM, F 8:30AM-5PM, SA          8AM-12PM</p> <p><b>MORTIMER, DORI R</b>  <i>Provider ID:</i> 230552  <i>Provider Gender:</i> Female  <i>License number:</i> A75016  <i>NPI:</i> 1417928417  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady          Childrens Hospital San Diego,</p>	<p>Sharp Mary Birch Hosp For          Women And Newborns,          Palomar Health  <i>Board Certified Specialty:</i> No          RADY CHILDRENS HEALTH          NETWORK          15725 POMERADO RD STE 203          POWAY, CA 92064-2058  <i>Phone:</i> (858) 673-3340  <i>Fax:</i> (858) 673-1075  <i>After Hours Phone:</i> (858)          673-3340  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-F 8AM-5PM, SA          9AM-5PM</p> <p><b>RAMGREN, AILEEN N</b>  <i>Provider ID:</i> 397707  <i>Provider Gender:</i> Female  <i>License number:</i> 20A14418  <i>NPI:</i> 1356785505  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady          Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No          RADY CHILDRENS HEALTH</p>
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## C. Directorio de proveedores de atención primaria

NETWORK  
15725 POMERADO RD STE 203  
POWAY, CA 92064-2058  
Phone: (858) 673-3340  
Fax:  
After Hours Phone: (858)  
673-3340  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-SA 9AM-5PM

### RENDLER, NATHAN

Provider ID: 30205  
Provider Gender: Male  
License number: G64231  
NPI: 1275531337  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hebrew, Spanish, Yiddish  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Palomar Health  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
15525 POMERADO RD STE B1  
POWAY, CA 92064-2425

Phone: (858) 487-8333  
Fax: (858) 487-0856  
After Hours Phone: (858)  
487-8333  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5PM, SA  
9AM-5PM

### TAI, KUANGKAI

Provider ID: 351834  
Provider Gender: Male  
License number: A68063  
NPI: 1396744066  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Chinese, Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation: Pomerado  
Hospital, Rady Childrens  
Hospital San Diego  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
15525 POMERADO RD STE B1  
POWAY, CA 92064-2425

Phone: (858) 487-8333  
Fax: (858) 487-0856  
After Hours Phone: (858)  
484-4003  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8:30AM-5PM, SA  
8:30AM-12PM

### RAMONA

#### CERTIFIED NURSE PRACTITIONER

### DOAN, CHINH N

Provider ID: 449438  
Provider Gender: Female  
License number: NP18874  
NPI: 1083845069  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
220 ROTANZI ST  
RAMONA, CA 92065-2583

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## C. Directorio de proveedores de atención primaria

Phone: (760) 736-6767	Website:	Min/Max Age: 0/999
Fax:	Email:	American Sign Language (ASL):
After Hours Phone: (760) 736-6767	Medi-Cal Open Panel: Yes	No
Website: www.ihpsocal.org	Min/Max Age: 0/999	♿ Accessibility: P, EB, IB, E
Email:	American Sign Language (ASL):	Hours: M-F 9AM-5PM, SA 9AM-5PM
Medi-Cal Open Panel: Yes	No	
Min/Max Age: None	♿ Accessibility: P, EB, IB, E	
American Sign Language (ASL):	Hours: M-F 10:30AM-7PM, SA 9AM-4PM	
No		
♿ Accessibility: P, EB, IB, E, R	<b>KASCH, JANINE</b>	<b>MILLER, JERRY, MD</b>
Hours: M-SA 9AM-5PM	Provider ID: 78918	Provider ID: 247912
	Provider Gender: Female	Provider Gender: Male
	License number: 20A5832	License number: A119340
	NPI: 1871569087	NPI: 1871543199
	Provider English Spoken: Yes	Provider English Spoken: Yes
	Provider Language(s) Spoken:	Provider Language(s) Spoken:
	German, Spanish	Spanish
	Cultural Competency: No	Cultural Competency: No
	Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Health	Hospital Affiliation:
	Board Certified Specialty: No	Board Certified Specialty: No
	COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC
	211 13TH ST	211 13TH ST
	RAMONA, CA 92065-2711	RAMONA, CA 92065-2711
	Phone: (858) 924-1900	Phone: (760) 789-5160
	Fax: (858) 924-1949	Fax: (760) 789-6316
	After Hours Phone: (858) 924-1900	After Hours Phone: (760) 789-5160
	Website:	Website:
	Email:	Email:
	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
	Min/Max Age: None	Min/Max Age: None
	American Sign Language (ASL):	American Sign Language (ASL):
	No	No
	♿ Accessibility: P, EB, IB, E	♿ Accessibility: P, EB, IB, E
	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM

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### FAMILY PRACTICE

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#### **HARDISON, CHARLES L**

Provider ID: 82228  
 Provider Gender: Male  
 License number: G70382  
 NPI: 1538475793  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Natividad Medical Center  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 211 13TH ST  
 RAMONA, CA 92065-2711  
 Phone: (760) 789-5160  
 Fax: (858) 613-2938  
 After Hours Phone: (760) 789-5160

Provider ID: 78918  
 Provider Gender: Female  
 License number: 20A5832  
 NPI: 1871569087  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Health  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 211 13TH ST  
 RAMONA, CA 92065-2711  
 Phone: (858) 924-1900  
 Fax: (858) 924-1949  
 After Hours Phone: (858) 924-1900  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes

Provider ID: 247912  
 Provider Gender: Male  
 License number: A119340  
 NPI: 1871543199  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 211 13TH ST  
 RAMONA, CA 92065-2711  
 Phone: (760) 789-5160  
 Fax: (760) 789-6316  
 After Hours Phone: (760) 789-5160  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

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## C. Directorio de proveedores de atención primaria

<b>FQHC</b>		
<p><b>TRUECARE,</b>            Provider ID: 449438            Provider Gender:            License number: 080000149            NPI: 1245246917            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Board Certified Specialty:            IHP OF SOUTHERN CALIFORNIA            220 ROTANZI ST            RAMONA, CA 92065-2583            Phone: (760) 736-6767            Fax: (760) 736-8740            After Hours Phone: (760) 736-6767            Website: www.ihpsocal.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: P, EB, IB, E, R            Hours: M-F 8AM-5PM, SA 8AM-12PM</p>	<p>Provider Gender: Female            License number: A89893            NPI: 1730386863            Provider English Spoken: Yes            Provider Language(s) Spoken:            Chinese, Mandarin, Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital Encinitas            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            220 ROTANZI ST            RAMONA, CA 92065-2583            Phone: (760) 736-6767            Fax:            After Hours Phone: (760) 736-6767            Website: www.ihpsocal.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: P, EB, IB, E, R            Hours: M-SA 9AM-5PM</p>	<p>Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Tri City Medical Ctr            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            220 ROTANZI ST            RAMONA, CA 92065-2583            Phone: (760) 736-6767            Fax:            After Hours Phone: (760) 736-6767            Website: www.ihpsocal.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: P, EB, IB, E, R            Hours: M-F 8AM-5PM, SA 8AM-12PM</p>
<p><b>INTERNAL MEDICINE</b></p> <p><b>YUNG, DORIS A</b>            Provider ID: 449438</p>	<p><b>PEDIATRICS</b></p> <p><b>ZACHRY, ALISON D</b>            Provider ID: 449438            Provider Gender: Female            License number: A131678            NPI: 1922402858</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>CHISWICK, GARY R</b>            Provider ID: 449438            Provider Gender: Male            License number: PA22667            NPI: 1174964001            Provider English Spoken: Yes</p>

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## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> 220 ROTANZI ST  <i>Cultural Competency:</i> No RAMONA, CA 92065-2583  <i>Hospital Affiliation:</i> Grossmont <i>Phone:</i> (760) 736-6767  Hospital <i>Fax:</i>  <i>Board Certified Specialty:</i> No <i>After Hours Phone:</i> (760)  IHP OF SOUTHERN 736-6767  CALIFORNIA <i>Website:</i> www.ihpsocal.org  220 ROTANZI ST <i>Email:</i>  RAMONA, CA 92065-2583 <i>Medi-Cal Open Panel:</i> Yes  <i>Phone:</i> (760) 736-6767 <i>Min/Max Age:</i> None  <i>Fax:</i> <i>American Sign Language (ASL):</i>  <i>After Hours Phone:</i> (760) No  736-6767 <i>Accessibility:</i> P, EB, IB, E, R  <i>Website:</i> www.ihpsocal.org <i>Hours:</i> M-SA 9AM-5PM  <i>Email:</i></p>	<p><b>RUSO, KRISTA L</b>  <i>Provider ID:</i> 449438  <i>Provider Gender:</i> Female  <i>License number:</i> PA53036  <i>NPI:</i> 1922471192  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN  CALIFORNIA  220 ROTANZI ST  RAMONA, CA 92065-2583  <i>Phone:</i> (760) 736-6767  <i>Fax:</i>  <i>After Hours Phone:</i> (760)  736-6767  <i>Website:</i> www.ihpsocal.org  <i>Email:</i></p>	<p><i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>ZANGEN, ROCHELLE L</b>  <i>Provider ID:</i> 449438  <i>Provider Gender:</i> Female  <i>License number:</i> PA51494  <i>NPI:</i> 1447681150  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN  CALIFORNIA  220 ROTANZI ST  RAMONA, CA 92065-2583  <i>Phone:</i> (760) 736-6767  <i>Fax:</i>  <i>After Hours Phone:</i> (760)  736-6767  <i>Website:</i> www.ihpsocal.org  <i>Email:</i></p>
<p><b>REIFENBERGER, JODY L</b>  <i>Provider ID:</i> 449438  <i>Provider Gender:</i> Female  <i>License number:</i> PA22669  <i>NPI:</i> 1386741072  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN  CALIFORNIA</p>	<p><i>After Hours Phone:</i> (760)  736-6767  <i>Website:</i> www.ihpsocal.org  <i>Email:</i></p>	<p><i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-SA 9AM-5PM</p>

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## C. Directorio de proveedores de atención primaria

<b>SAN DIEGO</b>	<i>Hours: M-SA 9AM-5PM</i>	<i>License number: 20A15088</i>
<b>CARDIOLOGY</b>	<b>CARDIOVASCULAR DISEASE</b>	<i>NPI: 1871897678</i>
<p><b>NARAYANAN, MEENA R</b>  <i>Provider ID: 206363</i>  <i>Provider Gender: Female</i>  <i>License number: A113448</i>  <i>NPI: 1508170697</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Farsi, Spanish</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Sharp Memorial Hospital, Sharp Chula Vista Med Ctr</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>            4725 MARKET ST            SAN DIEGO, CA 92102-4715  <i>Phone: (619) 515-2560</i>  <i>Fax:</i>  <i>After Hours Phone: (619) 515-2560</i>  <i>Website: www.fhcsd.org</i>  <i>Email:</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: None</i>  <i>American Sign Language (ASL): No</i>            ☯ <i>Accessibility: P, EB, IB, E, R, T, ME</i></p>	<p><b>BLUM, RICHARD I</b>  <i>Provider ID: 417937</i>  <i>Provider Gender: Male</i>  <i>License number: G53758</i>  <i>NPI: 1043310030</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Cultural Competency: No</i>  <i>Hospital Affiliation: Scripps Mercy Hospital</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>            4094 4TH AVE            SAN DIEGO, CA 92103-2143  <i>Phone: (619) 515-2545</i>  <i>Fax:</i>  <i>After Hours Phone: (619) 515-2545</i>  <i>Website: www.fhcsd.org</i>  <i>Email:</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: None</i>  <i>American Sign Language (ASL): No</i>            ☯ <i>Accessibility:</i>  <i>Hours: M-SA 9AM-5PM</i></p> <p><b>CHRISTOPHY, ANTONIO C</b>  <i>Provider ID: 417937</i>  <i>Provider Gender: Male</i></p>	<p><i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Persian, Spanish</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Scripps Mercy Hospital, Scripps Memorial Hospital</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>            4094 4TH AVE            SAN DIEGO, CA 92103-2143  <i>Phone: (619) 515-2545</i>  <i>Fax:</i>  <i>After Hours Phone: (619) 515-2545</i>  <i>Website: www.fhcsd.org</i>  <i>Email:</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: None</i>  <i>American Sign Language (ASL): No</i>            ☯ <i>Accessibility:</i>  <i>Hours: M-SA 9AM-5PM</i></p> <p><b>GARIBYAN, VARTAN N</b>  <i>Provider ID: 417937</i>  <i>Provider Gender: Male</i>  <i>License number: 20A12504</i>  <i>NPI: 1790084143</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

---

### **CERTIFIED NURSE PRACTITIONER**

---

#### **ALVAREZ, LISA J**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* NP19911  
*NPI:* 1417262718  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

#### **AQUINO, FELINO V**

*Provider ID:* 418535  
*Provider Gender:* Male  
*License number:* NP22974  
*NPI:* 1356684781  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No

OPERATION SAMAHAN  
 9995 CARMEL MOUNTAIN RD  
 STE B10 AND B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844) 200-2426  
*Website:*  
 www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

#### **AQUINO, FELINO V**

*Provider ID:* 432308  
*Provider Gender:* Male  
*License number:* NP22974  
*NPI:* 1356684781  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

Phone: (844) 200-2426  
 Fax:  
 After Hours Phone: (844) 200-2426  
 Website:  
 www.operationsamahan.org  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### **ARTS, SERENA C**

Provider ID: 403583  
 Provider Gender: Female  
 License number: NP10769  
 NPI: 1801881552  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
 Phone: (619) 233-8500  
 Fax:  
 After Hours Phone: (619) 233-8500  
 Website:  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### **BELEN, NEZER B**

Provider ID: 206363  
 Provider Gender: Male  
 License number: NP95009292  
 NPI: 1386120723  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619) 515-2560  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

### **BESTERFELDT, LYDIA**

Provider ID: 482070  
 Provider Gender: Female  
 License number: NP95013060  
 NPI: 1265929442  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax:

After Hours Phone: (858) 810-8700  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, W  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-4PM

### **BURNS, DELLA E**

Provider ID: 233597  
 Provider Gender: Female  
 License number: NP7413  
 NPI: 1871577023  
 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> 950 S EUCLID AVE  <i>Cultural Competency:</i> No SAN DIEGO, CA 92114-6201  <i>Hospital Affiliation:</i> Phone: (619) 662-4100  <i>Board Certified Specialty:</i> No Fax:  IHP OF SOUTHERN After Hours Phone: (619)  CALIFORNIA 662-4100  4290 POLK AVE Website: www.ihpsocal.org  SAN DIEGO, CA 92105-1524 Email:  Phone: (619) 563-0250 Medi-Cal Open Panel: Yes  Fax: Min/Max Age: None  After Hours Phone: (619) American Sign Language (ASL):  563-0250 No  Website: www.sdfamilycare.org ⚡ Accessibility: P, EB, IB, E, R, T,  Email: W  Medi-Cal Open Panel: Yes Hours: M-F 8AM-5PM, SA  Min/Max Age: None 8AM-4PM  American Sign Language (ASL):  No  ⚡ Accessibility: W  Hours: M-SA 9AM-5PM</p>	<p><b>CHASE, AVA LOU C</b>  Provider ID: 206353  Provider Gender: Female  License number: NP95000602  NPI: 1164496386  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621</p>	<p>Phone: (619) 515-2400  Fax:  After Hours Phone: (619)  515-2400  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ⚡ Accessibility: P, EB, IB, E, R, T,  ME  Hours: M-F 9AM-5PM, SA  9AM-5PM</p> <p><b>CHASE, AVA LOU C</b>  Provider ID: 206360  Provider Gender: Female  License number: NP95000602  NPI: 1164496386  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  Phone: (619) 515-2300  Fax:  After Hours Phone: (619)  515-2300</p>
<p><b>CELESTIN-RAMSEY, AKANKE J</b>  Provider ID: 451167  Provider Gender: Female  License number: NP8563  NPI: 1447450275  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Scripps  Memorial Hospital  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA</p>	<p><b>CHASE, AVA LOU C</b>  Provider ID: 206353  Provider Gender: Female  License number: NP95000602  NPI: 1164496386  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621</p>	<p>Phone: (619) 515-2400  Fax:  After Hours Phone: (619)  515-2400  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ⚡ Accessibility: P, EB, IB, E, R, T,  ME  Hours: M-F 9AM-5PM, SA  9AM-5PM</p> <p><b>CHASE, AVA LOU C</b>  Provider ID: 206360  Provider Gender: Female  License number: NP95000602  NPI: 1164496386  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  Phone: (619) 515-2300  Fax:  After Hours Phone: (619)  515-2300</p>

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## C. Directorio de proveedores de atención primaria

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **CONNER, PAMELA M**

Provider ID: 417937

Provider Gender: Female

License number: NP18098

NPI: 1770558967

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **DHARKAR SURBER, SAPNA A**

Provider ID: 185268

Provider Gender: Female

License number: NP95013257

NPI: 1538707765

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

Phone: (619) 255-9155

Fax:

After Hours Phone: (619)

255-9155

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, W

Hours: M-F 8AM-6PM, SA

8AM-2PM

### **DOW, RAEHELLE L**

Provider ID: 482070

Provider Gender: Female

License number: NP15667

NPI: 1184679789

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Vietnamese

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax:

After Hours Phone: (858)

810-8700

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

Hours: M-SA 9AM-5PM

### **DO, ELAINE T**

Provider ID: 233532

Provider Gender: Female

License number: NP95019446

NPI: 1215696307

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>CALIFORNIA 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690 Phone: (619) 280-2058 Fax: After Hours Phone: (619) 280-2058 Website: www.sdfamilycare.org Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/22 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, W Hours: M-F 8AM-5PM, SA 8AM-2PM</p>	<p>Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Website: www.sdfamilycare.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, W Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM</p>	<p>Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM</p>
<p><b>FERRARI, GINA E</b> Provider ID: 482070 Provider Gender: Female License number: NP95016072 NPI: 1922639301 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p>	<p><b>GARCIA, JOHNNY</b> Provider ID: 206363 Provider Gender: Male License number: NP95007000 NPI: 1932622156 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2560 Fax: After Hours Phone: (619) 515-2560</p>	<p><b>GOLDFINGER, SARAH N</b> Provider ID: 206360 Provider Gender: Female License number: NP95011313 NPI: 1134686744 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **GRAHAM, DEBRA J**

*Provider ID:* 451167  
*Provider Gender:* Female  
*License number:* NP15657  
*NPI:* 1790757623  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

### **GREER, TRACY P**

*Provider ID:* 206362  
*Provider Gender:* Female

*License number:* NP95002226  
*NPI:* 1891101754  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **HARRINGTON, BARBARA LORRAINE R**

*Provider ID:* 185268  
*Provider Gender:* Female  
*License number:* NP17008  
*NPI:* 1659579134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:*  
*After Hours Phone:* (619) 255-9155  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

### **HA, THU T**

*Provider ID:* 206046  
*Provider Gender:* Female  
*License number:* NP95010517  
*NPI:* 1346443983  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 6973 LINDA VISTA RD

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

SAN DIEGO, CA 92111-6342

Phone: (858) 279-0925

Fax:

After Hours Phone: (858)

279-0925

Website: www.sdfamilycare.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T, W

Hours: M-SA 9AM-5PM

### HA, THU T

Provider ID: 482070

Provider Gender: Female

License number: NP95010517

NPI: 1346443983

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax:

After Hours Phone: (858)

810-8700

Website: www.sdfamilycare.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

Hours: M-SA 9AM-5PM

### HILLIARD, THESALONICA P

Provider ID: 417101

Provider Gender: Female

License number: NP95010585

NPI: 1861956724

Provider English Spoken: Yes

Provider Language(s) Spoken:

Tagalog

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

OPERATION SAMAHAN

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

Phone: (844) 200-2426

Fax:

After Hours Phone: (844)

200-2426

Website:

www.operationsamahan.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-4:30PM, SA 9AM-5PM

### HOANG, CHI Q

Provider ID: 482070

Provider Gender: Female

License number: NP95004600

NPI: 1902350994

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax:

After Hours Phone: (858)

810-8700

Website: www.sdfamilycare.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

Hours: M-SA 9AM-5PM

### HOGAN, ROSELYNN JOY S

Provider ID: 206360

Provider Gender: Female

License number: NP17852

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

NPI: 1205019510	SAN DIEGO	Phone: (619) 280-2058
Provider English Spoken: Yes	3544 30TH ST	Fax:
Provider Language(s) Spoken:	SAN DIEGO, CA 92104-4120	After Hours Phone: (619)
Cultural Competency: No	Phone: (619) 515-2424	280-2058
Hospital Affiliation:	Fax:	Website: www.sdfamilycare.org
Board Certified Specialty: No	After Hours Phone: (619)	Email:
FAMILY HEALTH CENTERS OF	515-2424	Medi-Cal Open Panel: Yes
SAN DIEGO	Website: www.fhcsd.org	Min/Max Age: 0/22
1809 NATIONAL AVE	Email:	American Sign Language (ASL):
SAN DIEGO, CA 92113-2113	Medi-Cal Open Panel: Yes	No
Phone: (619) 515-2300	Min/Max Age: None	♿ Accessibility: P, EB, IB, E, W
Fax:	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
After Hours Phone: (619)	No	8AM-2PM
515-2300	♿ Accessibility: P, EB, IB, E, R, T,	
Website: www.fhcsd.org	ME	<b>INSTONE, SUSAN L</b>
Email:	Hours: M-TH 8:30AM-5:30PM, F	Provider ID: 482070
Medi-Cal Open Panel: Yes	8AM-5PM, SA 9AM-5PM	Provider Gender: Female
Min/Max Age: None	<b>INSTONE, SUSAN L</b>	License number: NP4858
American Sign Language (ASL):	Provider ID: 233532	NPI: 1710223268
No	Provider Gender: Female	Provider English Spoken: Yes
♿ Accessibility: ME	License number: NP4858	Provider Language(s) Spoken:
Hours: M-SA 9AM-5PM	NPI: 1710223268	Spanish
<b>HOGAN, ROSELYNN JOY S</b>	Provider English Spoken: Yes	Cultural Competency: No
Provider ID: 206362	Provider Language(s) Spoken:	Hospital Affiliation: Rady
Provider Gender: Female	Spanish	Childrens Hospital San Diego
License number: NP17852	Cultural Competency: No	Board Certified Specialty: No
NPI: 1205019510	Hospital Affiliation: Rady	IHP OF SOUTHERN
Provider English Spoken: Yes	Childrens Hospital San Diego	CALIFORNIA
Provider Language(s) Spoken:	Board Certified Specialty: No	7011 LINDA VISTA RD
Cultural Competency: No	IHP OF SOUTHERN	SAN DIEGO, CA 92111-6307
Hospital Affiliation:	CALIFORNIA	Phone: (858) 810-8700
Board Certified Specialty: No	4305 UNIVERSITY AVE STE 150	Fax:
FAMILY HEALTH CENTERS OF	SAN DIEGO, CA 92105-1690	After Hours Phone: (858)
		810-8700

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, W

Hours: M-SA 9AM-5PM

### **JOHNSON, SHAWNA AKIKO H**

Provider ID: 233597

Provider Gender: Female

License number: NP95002518

NPI: 1922237809

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4290 POLK AVE

SAN DIEGO, CA 92105-1524

Phone: (619) 563-0250

Fax:

After Hours Phone: (619)

563-0250

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **KHAN, MATTHEW P**

Provider ID: 206353

Provider Gender: Male

License number: NP17838

NPI: 1942456124

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### **KHAN, MATTHEW P**

Provider ID: 417987

Provider Gender: Male

License number: NP17838

NPI: 1942456124

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax:

After Hours Phone: (619)

515-2426

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

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

9AM-5PM

### **KI, TRISH H**

Provider ID: 206046

Provider Gender: Female

License number: NP23847

NPI: 1376840199

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: (858) 279-0925  
 Fax:  
 After Hours Phone: (858) 279-0925  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 8:30AM-5:30PM

### **KI, TRISH H**

Provider ID: 482070  
 Provider Gender: Female  
 License number: NP23847  
 NPI: 1376840199  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700  
 Fax:  
 After Hours Phone: (858) 810-8700  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, W  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### **KLOBERDANZ, KELSEY L**

Provider ID: 417937  
 Provider Gender: Female  
 License number: NP95005293  
 NPI: 1235672502  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### **LIEBER, CAROL L**

Provider ID: 517403  
 Provider Gender: Female  
 License number: NP20849  
 NPI: 1487889846  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 316 25TH ST  
 SAN DIEGO, CA 92102-3016  
 Phone: (619) 238-5551  
 Fax:

After Hours Phone: (619) 238-5551  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/120  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### **LIM, IMELDA B**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<i>Provider ID:</i> 417101	<i>Provider English Spoken:</i> Yes	FAMILY HEALTH CENTERS OF
<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>	SAN DIEGO
<i>License number:</i> NP95000203	<i>Cultural Competency:</i> No	1809 NATIONAL AVE
<i>NPI:</i> 1093130395	<i>Hospital Affiliation:</i>	SAN DIEGO, CA 92113-2113
<i>Provider English Spoken:</i> Yes	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 515-2300
<i>Provider Language(s) Spoken:</i>	FAMILY HEALTH CENTERS OF	<i>Fax:</i>
Tagalog	SAN DIEGO	<i>After Hours Phone:</i> (619)
<i>Cultural Competency:</i> No	4725 MARKET ST	515-2300
<i>Hospital Affiliation:</i>	SAN DIEGO, CA 92102-4715	<i>Website:</i> www.fhcsd.org
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 515-2560	<i>Email:</i>
OPERATION SAMAHAN	<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes
10737 CAMINO RUIZ STE 235	<i>After Hours Phone:</i> (619)	<i>Min/Max Age:</i> None
SAN DIEGO, CA 92126-2375	515-2560	<i>American Sign Language (ASL):</i>
<i>Phone:</i> (844) 200-2426	<i>Website:</i> www.fhcsd.org	No
<i>Fax:</i>	<i>Email:</i>	♿ <i>Accessibility:</i> ME
<i>After Hours Phone:</i> (844)	<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM
200-2426	<i>Min/Max Age:</i> None	
<i>Website:</i>	<i>American Sign Language (ASL):</i>	<b>MARTINEZ, CAROLYN M</b>
www.operationsamahan.org	No	<i>Provider ID:</i> 214492
<i>Email:</i>	♿ <i>Accessibility:</i> P, EB, IB, E, R, T,	<i>Provider Gender:</i> Female
<i>Medi-Cal Open Panel:</i> Yes	ME	<i>License number:</i> NP22031
<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8:30AM-5:30PM, SA	<i>NPI:</i> 1609101997
<i>American Sign Language (ASL):</i>	9AM-5PM	<i>Provider English Spoken:</i> Yes
No		<i>Provider Language(s) Spoken:</i>
♿ <i>Accessibility:</i> W	<b>LU, TAMMY C</b>	Spanish
<i>Hours:</i> M,TU,TH,F	<i>Provider ID:</i> 206360	<i>Cultural Competency:</i> No
8:30AM-5:30PM, W 10AM-7PM,	<i>Provider Gender:</i> Female	<i>Hospital Affiliation:</i>
SA 9AM-5PM	<i>License number:</i> NP95007253	<i>Board Certified Specialty:</i> No
	<i>NPI:</i> 1457879132	IHP OF SOUTHERN
<b>LOVE, VICKI L</b>	<i>Provider English Spoken:</i> Yes	CALIFORNIA
<i>Provider ID:</i> 206363	<i>Provider Language(s) Spoken:</i>	1016 OUTER RD
<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No	SAN DIEGO, CA 92154-1351
<i>License number:</i> NP17362	<i>Hospital Affiliation:</i>	
<i>NPI:</i> 1699759134	<i>Board Certified Specialty:</i> No	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 429-3733

Fax:

After Hours Phone: (619)  
429-3733

Website: www.ibclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, IB, E, R, T, W

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

TU-TH 8:30AM-8PM, SA

9AM-5PM

### **MARTIN, RIA C**

Provider ID: 206363

Provider Gender: Female

License number: NP95005321

NPI: 1437695079

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)

515-2560

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **MELTZER, VIRGINIA N**

Provider ID: 233532

Provider Gender: Female

License number: NP95015948

NPI: 1821684390

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Ucsd La Jolla

John Sally Thornton

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105-1690

Phone: (619) 280-2058

Fax:

After Hours Phone: (619)

280-2058

Website: www.sdfamilycare.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/22

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, W

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

8AM-2PM

### **MURRAY, CHRISTINE**

Provider ID: 206360

Provider Gender: Female

License number: NP95022452

NPI: 1861677023

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **NEVAREZ, IRENE**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>Provider ID: 185268  Provider Gender: Female  License number: NP95009891  NPI: 1003166646  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  Board Certified Specialty: No  LA MAESTRA FAMILY CLINIC  4060 FAIRMOUNT AVE  SAN DIEGO, CA 92105-1608  Phone: (619) 564-8765  Fax:  After Hours Phone: (619) 564-8765  Website: www.lamaestra.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, W  Hours: M-F 8AM-6PM, SA 8AM-2PM</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken: Tagalog  Cultural Competency: No  Hospital Affiliation: Rady Childrens Hospital San Diego  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  4305 UNIVERSITY AVE STE 150  SAN DIEGO, CA 92105-1690  Phone: (619) 280-2058  Fax:  After Hours Phone: (619) 280-2058  Website: www.sdfamilycare.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/22  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, W  Hours: M-F 8AM-5PM, SA 8AM-2PM</p>	<p>Hospital Affiliation: Rady Childrens Hospital San Diego  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  7011 LINDA VISTA RD  SAN DIEGO, CA 92111-6307  Phone: (858) 810-8700  Fax:  After Hours Phone: (858) 810-8700  Website: www.sdfamilycare.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, W  Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM</p>
<p><b>NOCEDA, ANA B</b>  Provider ID: 233532  Provider Gender: Female  License number: NP19505  NPI: 1386971760</p>	<p><b>NOCEDA, ANA B</b>  Provider ID: 482070  Provider Gender: Female  License number: NP19505  NPI: 1386971760  Provider English Spoken: Yes  Provider Language(s) Spoken: Tagalog  Cultural Competency: No</p>	<p><b>OCAMPO, ELAINE R</b>  Provider ID: 206046  Provider Gender: Female  License number: NP95003427  NPI: 1063856805  Provider English Spoken: Yes  Provider Language(s) Spoken: Mandarin, Yue Chinese  Cultural Competency: No  Hospital Affiliation: Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: (858) 279-0925  
 Fax:  
 After Hours Phone: (858)  
 279-0925  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T,  
 W  
 Hours: M-SA 9AM-5PM

### **OCAMPO, ELAINE R**

Provider ID: 482070  
 Provider Gender: Female  
 License number: NP95003427  
 NPI: 1063856805  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Mandarin, Yue Chinese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700  
 Fax:  
 After Hours Phone: (858)  
 810-8700  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, W  
 Hours: M-SA 9AM-5PM

### **ODA, THAGHAR M**

Provider ID: 206360  
 Provider Gender: Female  
 License number: NP95000205  
 NPI: 1063835692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Amharic, Arabic  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM

### **ODA, THAGHAR M**

Provider ID: 206360  
 Provider Gender: Female  
 License number: RN810863  
 NPI: 1063835692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Amharic, Arabic  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

### **ODA, THAGHAR M**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* RN810863  
*NPI:* 1063835692  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Amharic, Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **ODA, THAGHAR M**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* NP95000205  
*NPI:* 1063835692

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Amharic, Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **ORPILLA, IMELDA M**

*Provider ID:* 417101  
*Provider Gender:* Female  
*License number:* NP95003211  
*NPI:* 1790785988  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844) 200-2426  
*Website:* www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

### **ORPILLA, IMELDA M**

*Provider ID:* 418535  
*Provider Gender:* Female  
*License number:* NP95003211  
*NPI:* 1790785988  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 9995 CARMEL MOUNTAIN RD  
 STE B10 AND B11  
 SAN DIEGO, CA 92129-2889

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (844) 200-2426	Email:	No
Fax:	Medi-Cal Open Panel: Yes	♿ Accessibility: P, EB, IB, E, R, T, ME
After Hours Phone: (844) 200-2426	Min/Max Age: None	Hours: M-SA 9AM-5PM
Website:	American Sign Language (ASL): No	
www.operationsamahan.org	♿ Accessibility: P, EB, IB, E, R, T, ME	<b>PATEL, KELLY M</b>
Email:	Hours: M-TH 8:30AM-5:30PM, F 8AM-5PM, SA 9AM-5PM	Provider ID: 402851
Medi-Cal Open Panel: Yes		Provider Gender: Female
Min/Max Age: None		License number: NP95004735
American Sign Language (ASL): No	<b>OWEN, MICHAEL C</b>	NPI: 1033493747
♿ Accessibility:	Provider ID: 206363	Provider English Spoken: Yes
Hours: M-SA 9AM-5PM	Provider Gender: Female	Provider Language(s) Spoken:
	License number: NP95001492	Cultural Competency: No
<b>OWEN, MICHAEL C</b>	NPI: 1073869145	Hospital Affiliation:
Provider ID: 206362	Provider English Spoken: Yes	Board Certified Specialty: No
Provider Gender: Female	Provider Language(s) Spoken:	FAMILY HEALTH CENTERS OF SAN DIEGO
License number: NP95001492	Spanish	3705 MISSION BLVD
NPI: 1073869145	Cultural Competency: No	SAN DIEGO, CA 92109-7104
Provider English Spoken: Yes	Hospital Affiliation:	Phone: (619) 515-2444
Provider Language(s) Spoken:	Board Certified Specialty: No	Fax:
Spanish	FAMILY HEALTH CENTERS OF SAN DIEGO	After Hours Phone: (619) 515-2444
Cultural Competency: No	4725 MARKET ST	Website: www.fhcsd.org
Hospital Affiliation:	SAN DIEGO, CA 92102-4715	Email:
Board Certified Specialty: No	Phone: (619) 515-2560	Medi-Cal Open Panel: Yes
FAMILY HEALTH CENTERS OF SAN DIEGO	Fax:	Min/Max Age: None
3544 30TH ST	After Hours Phone: (619) 515-2560	American Sign Language (ASL): No
SAN DIEGO, CA 92104-4120	Website: www.fhcsd.org	♿ Accessibility:
Phone: (619) 515-2424	Email:	Hours: M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM
Fax:	Medi-Cal Open Panel: Yes	
After Hours Phone: (619) 515-2424	Min/Max Age: None	<b>PATIAG, DANIEL B</b>
Website: www.fhcsd.org	American Sign Language (ASL):	Provider ID: 206046

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Provider Gender:</i> Male  <i>License number:</i> NP95012511  <i>NPI:</i> 1073169769  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  6973 LINDA VISTA RD  SAN DIEGO, CA 92111-6342  <i>Phone:</i> (858) 279-0925  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 279-0925  <i>Website:</i> www.sdfamilycare.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>PATIAG, DANIEL B</b>  <i>Provider ID:</i> 482070  <i>Provider Gender:</i> Male  <i>License number:</i> NP95012511  <i>NPI:</i> 1073169769  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  7011 LINDA VISTA RD  SAN DIEGO, CA 92111-6307  <i>Phone:</i> (858) 810-8700  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 810-8700  <i>Website:</i> www.sdfamilycare.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R, W  <i>Hours:</i> M, W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM</p> <p><b>QUINTO, CINDY R</b>  <i>Provider ID:</i> 233532  <i>Provider Gender:</i> Female  <i>License number:</i> NP16433  <i>NPI:</i> 1902810377  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> French, Lao, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA</p>	<p>Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  4305 UNIVERSITY AVE STE 150  SAN DIEGO, CA 92105-1690  <i>Phone:</i> (619) 280-2058  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 280-2058  <i>Website:</i> www.sdfamilycare.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/22  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, W  <i>Hours:</i> M-F 8AM-5PM, SA 8AM-2PM</p> <p><b>QUINTO, CINDY R</b>  <i>Provider ID:</i> 482070  <i>Provider Gender:</i> Female  <i>License number:</i> NP16433  <i>NPI:</i> 1902810377  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> French, Lao, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA</p>
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## C. Directorio de proveedores de atención primaria

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax:  
After Hours Phone: (858)  
810-8700

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R, W

Hours: M-SA 9AM-5PM

### REID, EMILY

Provider ID: 185268

Provider Gender: Female

License number: NP95002766

NPI: 1083081467

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

Phone: (619) 255-9155

Fax:

After Hours Phone: (619)

255-9155

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, W

Hours: M-SA 9AM-5PM

### ROGERS, TANYA L

Provider ID: 206353

Provider Gender: Female

License number: NP95004443

NPI: 1558710038

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### ROGERS, TANYA L

Provider ID: 417987

Provider Gender: Female

License number: NP95004443

NPI: 1558710038

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax:

After Hours Phone: (619)

515-2426

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### SABIN, NANCY J

Provider ID: 206046

Provider Gender: Female

License number: NP4668

NPI: 1285732586

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

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## C. Directorio de proveedores de atención primaria

<i>Cultural Competency:</i> No	CALIFORNIA	<i>Phone:</i> (858) 279-0925
<i>Hospital Affiliation:</i>	7011 LINDA VISTA RD	<i>Fax:</i>
<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92111-6307	<i>After Hours Phone:</i> (858)
IHP OF SOUTHERN	<i>Phone:</i> (858) 810-8700	279-0925
CALIFORNIA	<i>Fax:</i>	<i>Website:</i> www.sdfamilycare.org
6973 LINDA VISTA RD	<i>After Hours Phone:</i> (858)	<i>Email:</i>
SAN DIEGO, CA 92111-6342	810-8700	<i>Medi-Cal Open Panel:</i> Yes
<i>Phone:</i> (858) 279-0925	<i>Website:</i> www.sdfamilycare.org	<i>Min/Max Age:</i> None
<i>Fax:</i>	<i>Email:</i>	<i>American Sign Language (ASL):</i>
<i>After Hours Phone:</i> (858)	<i>Medi-Cal Open Panel:</i> Yes	No
279-0925	<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i> P, EB, IB, E, R, T,
<i>Website:</i> www.sdfamilycare.org	<i>American Sign Language (ASL):</i>	W
<i>Email:</i>	No	<i>Hours:</i> M,W-F 8AM-5PM, TU
<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i> P, EB, IB, E, R, W	8AM-8PM, SA 9AM-1PM
<i>Min/Max Age:</i> None	<i>Hours:</i> M,W-F 8:30AM-5:30PM,	
<i>American Sign Language (ASL):</i>	TU 8:30AM-9PM, SA 9AM-4PM	
No		<b>SANTANGELO, JOANNE</b>
♿ <i>Accessibility:</i> P, EB, IB, E, R, T,	<b>SANTANGELO, JOANNE</b>	<i>Provider ID:</i> 482070
W	<i>Provider ID:</i> 206046	<i>Provider Gender:</i> Female
<i>Hours:</i> M,W-F 8AM-5PM, TU	<i>Provider Gender:</i> Female	<i>License number:</i> NP2390
8AM-8PM, SA 9AM-1PM	<i>License number:</i> NP2390	<i>NPI:</i> 1619370475
	<i>NPI:</i> 1619370475	<i>Provider English Spoken:</i> Yes
<b>SABIN, NANCY J</b>	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider ID:</i> 482070	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i>
<i>License number:</i> NP4668	<i>Hospital Affiliation:</i>	<i>Board Certified Specialty:</i> No
<i>NPI:</i> 1285732586	<i>Board Certified Specialty:</i> No	IHP OF SOUTHERN
<i>Provider English Spoken:</i> Yes	IHP OF SOUTHERN	CALIFORNIA
<i>Provider Language(s) Spoken:</i>	CALIFORNIA	7011 LINDA VISTA RD
Spanish	6973 LINDA VISTA RD	SAN DIEGO, CA 92111-6307
<i>Cultural Competency:</i> No	SAN DIEGO, CA 92111-6342	<i>Phone:</i> (858) 810-8700
<i>Hospital Affiliation:</i>		<i>Fax:</i>
<i>Board Certified Specialty:</i> No		<i>After Hours Phone:</i> (858)
IHP OF SOUTHERN		810-8700
		<i>Website:</i> www.sdfamilycare.org

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## C. Directorio de proveedores de atención primaria

<i>Email:</i>	♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W	<i>Provider ID:</i> 417937
<i>Medi-Cal Open Panel:</i> Yes		<i>Provider Gender:</i> Female
<i>Min/Max Age:</i> None	<i>Hours:</i> M,W-F 8AM-5PM, TU 8AM-8PM, SA 9AM-1PM	<i>License number:</i> NP7374
<i>American Sign Language (ASL):</i> No		<i>NPI:</i> 1730567678
♿ <i>Accessibility:</i> P, EB, IB, E, R, W	<b>SATTERWHITE, MAURINE C</b>	<i>Provider English Spoken:</i> Yes
<i>Hours:</i> M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM	<i>Provider ID:</i> 482070	<i>Provider Language(s) Spoken:</i> Cultural Competency: No
	<i>Provider Gender:</i> Female	<i>Hospital Affiliation:</i> Board Certified Specialty: No
	<i>License number:</i> NP7022	FAMILY HEALTH CENTERS OF SAN DIEGO
<b>SATTERWHITE, MAURINE C</b>	<i>NPI:</i> 1225012842	4094 4TH AVE
<i>Provider ID:</i> 206046	<i>Provider English Spoken:</i> Yes	SAN DIEGO, CA 92103-2143
<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i> Spanish	<i>Phone:</i> (619) 515-2545
<i>License number:</i> NP7022	<i>Cultural Competency:</i> No	<i>Fax:</i>
<i>NPI:</i> 1225012842	<i>Hospital Affiliation:</i> Board Certified Specialty: No	<i>After Hours Phone:</i> (619) 515-2545
<i>Provider English Spoken:</i> Yes	IHP OF SOUTHERN CALIFORNIA	<i>Website:</i> www.fhcsd.org
<i>Provider Language(s) Spoken:</i> Spanish	7011 LINDA VISTA RD	<i>Email:</i>
<i>Cultural Competency:</i> No	SAN DIEGO, CA 92111-6307	<i>Medi-Cal Open Panel:</i> Yes
<i>Hospital Affiliation:</i> Board Certified Specialty: No	<i>Phone:</i> (858) 810-8700	<i>Min/Max Age:</i> None
IHP OF SOUTHERN CALIFORNIA	<i>Fax:</i>	<i>American Sign Language (ASL):</i> No
6973 LINDA VISTA RD	<i>After Hours Phone:</i> (858) 810-8700	♿ <i>Accessibility:</i>
SAN DIEGO, CA 92111-6342	<i>Website:</i> www.sdfamilycare.org	<i>Hours:</i> M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM
<i>Phone:</i> (858) 279-0925	<i>Email:</i>	
<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes	<b>SEAMAN, MARY S</b>
<i>After Hours Phone:</i> (858) 279-0925	<i>Min/Max Age:</i> None	<i>Provider ID:</i> 206363
<i>Website:</i> www.sdfamilycare.org	<i>American Sign Language (ASL):</i> No	<i>Provider Gender:</i> Female
<i>Email:</i>	♿ <i>Accessibility:</i> P, EB, IB, E, R, W	<i>License number:</i> NP10146
<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-4PM	<i>NPI:</i> 1033116652
<i>Min/Max Age:</i> None		<i>Provider English Spoken:</i> Yes
<i>American Sign Language (ASL):</i> No	<b>SAVILLE, EDITH F</b>	<i>Provider Language(s) Spoken:</i>

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## C. Directorio de proveedores de atención primaria

Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T,  
 ME  
 Hours: M-SA 9AM-5PM

### **SEBRING, JAN A**

Provider ID: 206360  
 Provider Gender: Female  
 License number: NP10906  
 NPI: 1295750339  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM

### **SEBRING, JAN A**

Provider ID: 206360  
 Provider Gender: Female  
 License number: RN486421  
 NPI: 1295750339  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM

### **SILVESTRO, ELISA S**

Provider ID: 417937  
 Provider Gender: Female  
 License number: NP95005103  
 NPI: 1548302011  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:

After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM

### **SOTO, ROBIN J**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<i>Provider ID:</i> 206360	Spanish	SAN DIEGO
<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No	3544 30TH ST
<i>License number:</i> NP11778	<i>Hospital Affiliation:</i>	SAN DIEGO, CA 92104-4120
<i>NPI:</i> 1487688099	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 515-2424
<i>Provider English Spoken:</i> Yes	FAMILY HEALTH CENTERS OF	<i>Fax:</i>
<i>Provider Language(s) Spoken:</i> Spanish	SAN DIEGO	<i>After Hours Phone:</i> (619)
<i>Cultural Competency:</i> No	2391 ISLAND AVE	515-2424
<i>Hospital Affiliation:</i>	SAN DIEGO, CA 92102-2941	<i>Website:</i> www.fhcsd.org
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 515-2435	<i>Email:</i>
FAMILY HEALTH CENTERS OF	<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes
SAN DIEGO	<i>After Hours Phone:</i> (619)	<i>Min/Max Age:</i> None
1809 NATIONAL AVE	515-2435	<i>American Sign Language (ASL):</i>
SAN DIEGO, CA 92113-2113	<i>Website:</i>	No
<i>Phone:</i> (619) 515-2300	<i>Email:</i>	♿ <i>Accessibility:</i> P, EB, IB, E, R, T,
<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes	ME
<i>After Hours Phone:</i> (619)	<i>Min/Max Age:</i> None	<i>Hours:</i> M-SA 9AM-5PM
515-2300	<i>American Sign Language (ASL):</i>	<b>TAYLOR, KAYLA L</b>
<i>Website:</i> www.fhcsd.org	No	<i>Provider ID:</i> 417429
<i>Email:</i>	♿ <i>Accessibility:</i> P, EB, IB, E, R, T,	<i>Provider Gender:</i> Female
<i>Medi-Cal Open Panel:</i> Yes	ME	<i>License number:</i> NP95006792
<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8AM-5PM, SA	<i>NPI:</i> 1730604414
<i>American Sign Language (ASL):</i>	9AM-5PM	<i>Provider English Spoken:</i> Yes
No	<b>TAYLOR, KAYLA L</b>	<i>Provider Language(s) Spoken:</i>
♿ <i>Accessibility:</i> ME	<i>Provider ID:</i> 206362	<i>Cultural Competency:</i> No
<i>Hours:</i> M-SA 9AM-5PM	<i>Provider Gender:</i> Female	<i>Hospital Affiliation:</i>
<b>SOTO, ROBIN J</b>	<i>License number:</i> NP95006792	<i>Board Certified Specialty:</i> No
<i>Provider ID:</i> 356145	<i>NPI:</i> 1730604414	FAMILY HEALTH CENTERS OF
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	SAN DIEGO
<i>License number:</i> NP11778	<i>Provider Language(s) Spoken:</i>	1550 BROADWAY STE 2
<i>NPI:</i> 1487688099	<i>Cultural Competency:</i> No	SAN DIEGO, CA 92101-5713
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>	
<i>Provider Language(s) Spoken:</i>	<i>Board Certified Specialty:</i> No	
	FAMILY HEALTH CENTERS OF	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2525

Fax:

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **TODD, MIKAYLA S**

Provider ID: 517998

Provider Gender: Female

License number: NP95005999

NPI: 1316478092

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/120

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **TRAN, KELLY T**

Provider ID: 206360

Provider Gender: Female

License number: NP95003689

NPI: 1255799276

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **TUEROS, VICTORIA S**

Provider ID: 206360

Provider Gender: Female

License number: NP2286

NPI: 1598989261

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **VEGA, TERESA**

Provider ID: 206360

Provider Gender: Female

License number: NP95001705

NPI: 1912304569

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M-SA 9AM-5PM         </p> <p><b>VELASQUEZ, FERNANDO</b></p> <p> <i>Provider ID:</i> 206360  <i>Provider Gender:</i> Male  <i>License number:</i> NP95011254  <i>NPI:</i> 1386195535  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No         </p>	<p> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M-SA 9AM-5PM         </p> <p><b>VELASQUEZ, FERNANDO</b></p> <p> <i>Provider ID:</i> 356145  <i>Provider Gender:</i> Male  <i>License number:</i> NP95011254  <i>NPI:</i> 1386195535  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>            2391 ISLAND AVE            SAN DIEGO, CA 92102-2941         </p>	<p> <i>Phone:</i> (619) 515-2435  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2435  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-SA 9AM-5PM         </p> <p><b>VELASQUEZ, FERNANDO</b></p> <p> <i>Provider ID:</i> 419529  <i>Provider Gender:</i> Male  <i>License number:</i> NP95011254  <i>NPI:</i> 1386195535  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>            2325 COMMERCIAL ST STE 1400            SAN DIEGO, CA 92113-1195  <i>Phone:</i> (619) 515-2422  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2422         </p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **VILLALOBOS, REBECA X**

Provider ID: 206360

Provider Gender: Female

License number: NP95015780

NPI: 1184224396

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **WALSH, DEBORAH A**

Provider ID: 417782

Provider Gender: Female

License number: NP95003061

NPI: 1255574612

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2430

Fax:

After Hours Phone: (619)

515-2430

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **WALSH, DEBORAH A**

Provider ID: 419167

Provider Gender: Female

License number: NP95003061

NPI: 1255574612

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: IB, E, R

Hours: M-SA 9AM-5PM

### **WEICKERT, MARIA T**

Provider ID: 206353

Provider Gender: Female

License number: NP95010814

NPI: 1841758984

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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## C. Directorio de proveedores de atención primaria

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T, ME

Hours: M-SA 9AM-5PM

### **WEICKERT, MARIA T**

Provider ID: 417429

Provider Gender: Female

License number: NP95010814

NPI: 1841758984

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2525

Fax:

After Hours Phone: (619)

515-2525

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### **WILLIAMS, BREAHA A**

Provider ID: 185268

Provider Gender: Female

License number: NP95001840

NPI: 1063884864

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

Phone: (619) 255-9155

Fax:

After Hours Phone: (619)

255-9155

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, W

Hours: M-F 8AM-6PM, SA 8AM-2PM

### **WILLIAMS, TAKISHA K**

Provider ID: 206353

Provider Gender: Female

License number: NP95013978

NPI: 1881727386

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility: P, EB, IB, E, R, T, ME

Hours: M-SA 9AM-5PM

### **WILLIAMS, TAKISHA K**

Provider ID: 402851

Provider Gender: Female

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*License number:* NP95013978  
*NPI:* 1881727386  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619) 515-2444  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **WILLIAMS, TAKISHA K**

*Provider ID:* 416831  
*Provider Gender:* Female  
*License number:* NP95013978  
*NPI:* 1881727386  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **WOLF, CELIA C**

*Provider ID:* 417937  
*Provider Gender:* Female  
*License number:* NP95001899  
*NPI:* 1245635564  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

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### **CERTIFIED REGISTERED NURSE**

#### **MIDWIFE**

---

### **BOSTON, LAURA H**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* NM792  
*NPI:* 1174553259  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2300	Medi-Cal Open Panel: Yes	W
Fax:	Min/Max Age: None	Hours: M-SA 9AM-5PM
After Hours Phone: (619) 515-2300	American Sign Language (ASL): No	<b>GILBERTO, JOSEPH A</b>
Website: www.fhcsd.org	♿ Accessibility:	Provider ID: 417101
Email:	Hours: M-SA 9AM-5PM	Provider Gender: Male
Medi-Cal Open Panel: Yes		License number: DC15775
Min/Max Age: None	<b>CHIROPRACTOR</b>	NPI: 1821463159
American Sign Language (ASL): No	<b>ASSADIAN, MEHRAK S</b>	Provider English Spoken: Yes
♿ Accessibility: ME	Provider ID: 451167	Provider Language(s) Spoken: Spanish
Hours: M-SA 9AM-5PM	Provider Gender: Female	Cultural Competency: No
<b>GEPSHTEIN, YANA</b>	License number: DC27523	Hospital Affiliation:
Provider ID: 402851	NPI: 1295278281	Board Certified Specialty: No
Provider Gender: Female	Provider English Spoken: Yes	OPERATION SAMAHAN
License number: NM1662	Provider Language(s) Spoken: Hebrew	10737 CAMINO RUIZ STE 235
NPI: 1396956512	Cultural Competency: No	SAN DIEGO, CA 92126-2375
Provider English Spoken: Yes	Hospital Affiliation:	Phone: (844) 200-2426
Provider Language(s) Spoken: Hebrew	Board Certified Specialty: No	Fax:
Cultural Competency: No	IHP OF SOUTHERN CALIFORNIA	After Hours Phone: (844) 200-2426
Hospital Affiliation:	950 S EUCLID AVE	Website:
Board Certified Specialty: No	SAN DIEGO, CA 92114-6201	www.operationsamahan.org
FAMILY HEALTH CENTERS OF SAN DIEGO	Phone: (619) 662-4100	Email:
3705 MISSION BLVD	Fax:	Medi-Cal Open Panel: Yes
SAN DIEGO, CA 92109-7104	After Hours Phone: (619) 662-4100	Min/Max Age: None
Phone: (619) 515-2444	Website: www.ihpsocal.org	American Sign Language (ASL): No
Fax:	Email:	♿ Accessibility: W
After Hours Phone: (619) 515-2444	Medi-Cal Open Panel: Yes	Hours: M-F 8AM-4:30PM, SA 9AM-5PM
Website: www.fhcsd.org	Min/Max Age: None	<b>GILBERTO, JOSEPH A</b>
Email:	American Sign Language (ASL): No	Provider ID: 418535
	♿ Accessibility: P, EB, IB, E, R, T,	Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>License number: DC15775  NPI: 1821463159  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  OPERATION SAMAHAN  9995 CARMEL MOUNTAIN RD  STE B10 AND B11  SAN DIEGO, CA 92129-2889  Phone: (844) 200-2426  Fax:  After Hours Phone: (844) 200-2426  Website:  www.operationsamahan.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M,TU,TH,F  8:30AM-5:30PM, W 10AM-7PM,  SA 9AM-5PM</p>	<p>Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Palomar Medical Center  Board Certified Specialty: No  LA MAESTRA FAMILY CLINIC  4060 FAIRMOUNT AVE  SAN DIEGO, CA 92105-1608  Phone: (619) 798-3947  Fax:  After Hours Phone: (619) 798-3947  Website: www.lamaestra.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, W  Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>LA MAESTRA FAMILY CLINIC  4060 FAIRMOUNT AVE  SAN DIEGO, CA 92105-1608  Phone: (619) 255-9155  Fax:  After Hours Phone: (619) 255-9155  Website: www.lamaestra.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, W  Hours: M-SA 9AM-5PM</p>
<p><b>ILCHENA, ALESANDRA N</b>  Provider ID: 185268  Provider Gender: Female  License number: DC32800  NPI: 1871046664  Provider English Spoken: Yes</p>	<p><b>KAMSI, ALEX</b>  Provider ID: 185268  Provider Gender: Male  License number: DC28966  NPI: 1851405955  Provider English Spoken: Yes  Provider Language(s) Spoken: Farsi, Spanish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No</p>	<p><b>KAZEM, AHMAD N</b>  Provider ID: 227409  Provider Gender: Male  License number: DC33300  NPI: 1003296096  Provider English Spoken: Yes  Provider Language(s) Spoken: Farsi  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  3177 OCEAN VIEW BLVD  SAN DIEGO, CA 92113-1432</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 662-4100	Email:	No
Fax:	Medi-Cal Open Panel: Yes	♿ Accessibility:
After Hours Phone: (619) 662-4100	Min/Max Age: None	Hours: M-SA 9AM-5PM
Website: www.ihpsocal.org	American Sign Language (ASL):	<b>PAGE, BIANCA M</b>
Email:	No	Provider ID: 417937
Medi-Cal Open Panel: Yes	♿ Accessibility:	Provider Gender: Female
Min/Max Age: None	Hours: M,TU,TH,F	License number: DC33688
American Sign Language (ASL):	8:30AM-5:30PM, W 10AM-7PM,	NPI: 1649787607
No	SA 9AM-5PM	Provider English Spoken: Yes
♿ Accessibility: W	<b>OLSEN, MARTIN N</b>	Provider Language(s) Spoken:
Hours: M-SA 9AM-5PM	Provider ID: 402851	Cultural Competency: No
<b>LOVERN, JENNIFER K</b>	Provider Gender: Male	Hospital Affiliation:
Provider ID: 418535	License number: DC20729	Board Certified Specialty: No
Provider Gender: Female	NPI: 1730247990	FAMILY HEALTH CENTERS OF
License number: DC29074	Provider English Spoken: Yes	SAN DIEGO
NPI: 1235469396	Provider Language(s) Spoken:	4094 4TH AVE
Provider English Spoken: Yes	Spanish	SAN DIEGO, CA 92103-2143
Provider Language(s) Spoken:	Cultural Competency: No	Phone: (619) 515-2545
Italian	Hospital Affiliation:	Fax:
Cultural Competency: No	Board Certified Specialty: No	After Hours Phone: (619)
Hospital Affiliation:	FAMILY HEALTH CENTERS OF	515-2545
Board Certified Specialty: No	SAN DIEGO	Website: www.fhcsd.org
OPERATION SAMAHAN	3705 MISSION BLVD	Email:
9995 CARMEL MOUNTAIN RD	SAN DIEGO, CA 92109-7104	Medi-Cal Open Panel: Yes
STE B10 AND B11	Phone: (619) 515-2444	Min/Max Age: None
SAN DIEGO, CA 92129-2889	Fax:	American Sign Language (ASL):
Phone: (844) 200-2426	After Hours Phone: (619)	No
Fax:	515-2444	♿ Accessibility:
After Hours Phone: (844)	Website: www.fhcsd.org	Hours: M-TH 8AM-9PM, F
200-2426	Email:	8AM-5PM, SA 9AM-5PM
Website:	Medi-Cal Open Panel: Yes	<b>ROJAS, RICHARD J</b>
www.operationsamahan.org	Min/Max Age: None	Provider ID: 417937
	American Sign Language (ASL):	Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>License number: DC31024  NPI: 1538318811  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  Phone: (619) 515-2545  Fax:  After Hours Phone: (619)  515-2545  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 9AM-5PM, SA  9AM-5PM</p>	<p>Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  4725 MARKET ST  SAN DIEGO, CA 92102-4715  Phone: (619) 515-2560  Fax:  After Hours Phone: (619)  515-2560  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: P, EB, IB, E, R, T,  ME  Hours: M-SA 9AM-5PM</p>	<p>Phone: (619) 515-2545  Fax:  After Hours Phone: (619)  515-2545  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-TH 8AM-9PM, F  8AM-5PM, SA 9AM-5PM</p>
<p><b>SOSA, DAVID S</b>  Provider ID: 206363  Provider Gender: Male  License number: DC33150  NPI: 1013308675  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:</p>	<p><b>SOSA, DAVID S</b>  Provider ID: 417937  Provider Gender: Male  License number: DC33150  NPI: 1013308675  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  Phone: (619) 515-2545  Fax:  After Hours Phone: (619)  515-2545  Website: www.fhcsd.org</p>	<p><b>TAGHIZADEH, MAJID</b>  Provider ID: 417937  Provider Gender: Male  License number: DC30121  NPI: 1750590600  Provider English Spoken: Yes  Provider Language(s) Spoken:  Farsi, Turkish  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  Phone: (619) 515-2545  Fax:  After Hours Phone: (619)  515-2545  Website: www.fhcsd.org</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Email:</i>	<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i>	
<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM	
<i>♿ Accessibility:</i>		
<i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM		

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### DERMATOLOGY

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#### **BURROWS, WILLIAM M**

*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* G16236  
*NPI:* 1639199292  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital, Scripps Mercy  
 Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619)  
 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*

#### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

*Provider ID:* 418535  
*Provider Gender:*  
*License number:* 550002478  
*NPI:* 1699216622  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 OPERATION SAMAHAN  
 9995 CARMEL MOUNTAIN RD  
 STE B10 AND B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:* (858) 695-9074  
*After Hours Phone:* (844)  
 200-2426  
*Website:*  
 www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

---

### CLINIC OUTPATIENT

---

#### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

*Provider ID:* 418535  
*Provider Gender:*  
*License number:* 550003857  
*NPI:* 1699216622  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 OPERATION SAMAHAN  
 9995 CARMEL MOUNTAIN RD  
 STE B10 AND B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:* (858) 695-9074  
*After Hours Phone:* (844)  
 200-2426  
*Website:*  
 www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### **CARTER, NATASHA F**

Provider ID: 206363  
 Provider Gender: Female  
 License number: A140912  
 NPI: 1033539184  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619) 515-2560  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

### **AHMAD, AAKIF**

Provider ID: 206360  
 Provider Gender: Male  
 License number: 20A12732  
 NPI: 1720308331  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Green Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: ME  
 Hours: M-SA 9AM-5PM

### **CARRILLO, MARITZA E**

Provider ID: 206360  
 Provider Gender: Female

License number: A163183  
 NPI: 1649628587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: ME  
 Hours: M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 9AM-5PM

### **CHANG, AMY S**

Provider ID: 206360  
 Provider Gender: Female  
 License number: A93385  
 NPI: 1750568911  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

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## C. Directorio de proveedores de atención primaria

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Saddleback Memorial Med Ctr, Scripps Green Hospital  <i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>GANDHI, ANAND D</b>  <i>Provider ID:</i> 206360  <i>Provider Gender:</i> Male  <i>License number:</i> A178494  <i>NPI:</i> 1821651779  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i></p>	<p><i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i> (619) 515-2510  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>HARRIS, SAMANTHA R</b>  <i>Provider ID:</i> 206360  <i>Provider Gender:</i> Female  <i>License number:</i> A120043  <i>NPI:</i> 1720305436  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital  <i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO  1809 NATIONAL AVE</p>	<p>SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM</p> <p><b>HOSEIN, NADEEN</b>  <i>Provider ID:</i> 417937  <i>Provider Gender:</i> Female  <i>License number:</i> A113255  <i>NPI:</i> 1912051715  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  <i>Phone:</i> (619) 515-2545  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2545</p>
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## C. Directorio de proveedores de atención primaria

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA 9AM-5PM

### **LEVINE, MATTHEW J**

Provider ID: 206360

Provider Gender: Male

License number: A77126

NPI: 1801994231

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital, Scripps

Memorial Hospital, Ucsd

Medical Ctr

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **LORENZO, PATRICIA C**

Provider ID: 206360

Provider Gender: Female

License number: A129599

NPI: 1487913315

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital, Scripps

Memorial Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **MARX, CHRISTOPHER W**

Provider ID: 206360

Provider Gender: Male

License number: G58195

NPI: 1811958929

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital, Scripps

Memorial Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M,TU,TH 8:30AM-6PM,

W 9AM-5PM, F,SA 8:30AM-5PM

### **MCCALLUM, JAMES D**

Provider ID: 206360

Provider Gender: Male

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## C. Directorio de proveedores de atención primaria

<p>License number: A55708            NPI: 1609838994            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Memorial Hospital, Rady            Childrens Hospital San Diego,            Scripps Green Hospital            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF            SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113            Phone: (619) 515-2300            Fax:            After Hours Phone: (619)            515-2300            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ☯ Accessibility: ME            Hours: M,TU,TH 8:30AM-6PM,            W 9AM-5PM, F,SA 8:30AM-5PM</p>	<p>Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF            SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113            Phone: (619) 515-2300            Fax:            After Hours Phone: (619)            515-2300            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ☯ Accessibility: ME            Hours: M-SA 9AM-5PM</p>	<p>Mercy Hospital, Scripps Mercy            Hospital Chula Vista            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF            SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113            Phone: (619) 515-2300            Fax:            After Hours Phone: (619)            515-2300            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ☯ Accessibility: ME            Hours: M-F 9AM-5PM, SA            9AM-5PM</p>
<p><b>NAGELBERG, JODI B</b>            Provider ID: 206360            Provider Gender: Female            License number: A146838            NPI: 1720474141            Provider English Spoken: Yes</p>	<p><b>PHILIS-TSIMIKAS, ATHENA</b>            Provider ID: 206360            Provider Gender: Female            License number: A50477            NPI: 1922105964            Provider English Spoken: Yes            Provider Language(s) Spoken:            Greek            Cultural Competency: No            Hospital Affiliation: Scripps            Memorial Hospital Encinitas,            Scripps Green Hospital, Scripps            Memorial Hospital, Scripps</p>	<p><b>RODRIGUEZ MARTINEZ, RENIL            M</b>            Provider ID: 206360            Provider Gender: Female            License number: A142703            NPI: 1477817757            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No            Hospital Affiliation:            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF</p>

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## C. Directorio de proveedores de atención primaria

SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### FAMILY PRACTICE

#### ABDALLAH, ALI H

Provider ID: 206363  
Provider Gender: Male  
License number: 20A15471  
NPI: 1649699968  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560  
Fax:  
After Hours Phone: (619)  
515-2560  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME  
Hours: M-SA 9AM-5PM

#### AHADIAN, DONIA

Provider ID: 206353  
Provider Gender: Female  
License number: A178849  
NPI: 1689238560  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619)  
515-2400  
Website: www.fhcsd.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME  
Hours: M-SA 9AM-5PM

#### AHN, EDWARD J

Provider ID: 96552  
Provider Gender: Male  
License number: A38304  
NPI: 1093805103  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Korean  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital Chula Vista  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
7750 DAGGET ST STE 108  
SAN DIEGO, CA 92111-2235  
Phone: (858) 571-1004  
Fax: (858) 571-1006  
After Hours Phone: (858)  
571-1004  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>No          ♿ <i>Accessibility:</i> IB  <i>Hours:</i> M-F 8AM-5PM, SA          9AM-5PM</p>	<p><b>BACHARACH, REBECCA E</b>  <i>Provider ID:</i> 417937  <i>Provider Gender:</i> Female  <i>License number:</i> 20A15459</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No</p>
<p><b>ALVAREZ-ESTRADA, MIGUEL</b>  <i>Provider ID:</i> 227409  <i>Provider Gender:</i> Male  <i>License number:</i> A157505  <i>NPI:</i> 1588197826</p>	<p><i>NPI:</i> 1225442643  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i></p>	<p>FAMILY HEALTH CENTERS OF          SAN DIEGO          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i></p>
<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps          Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No</p>	<p>IHP OF SOUTHERN          SAN DIEGO          4094 4TH AVE          SAN DIEGO, CA 92103-2143  <i>Phone:</i> (619) 515-2545  <i>Fax:</i></p>	<p>After Hours Phone: (619)          515-2300  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i></p>
<p>IHP OF SOUTHERN          CALIFORNIA          3177 OCEAN VIEW BLVD          SAN DIEGO, CA 92113-1432  <i>Phone:</i> (619) 662-4100  <i>Fax:</i></p>	<p>After Hours Phone: (619)          515-2545  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i></p>	<p>No          ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M-SA 9AM-5PM</p>
<p><i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i></p>	<p>No          ♿ <i>Accessibility:</i>  <i>Hours:</i> M-TH 8AM-9PM, F          8AM-5PM, SA 9AM-5PM</p>	<p><b>BAGINGITO, AUSTIN G</b>  <i>Provider ID:</i> 417429  <i>Provider Gender:</i> Male  <i>License number:</i> A163977  <i>NPI:</i> 1942705637</p>
<p>No          ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA          9AM-5PM</p>	<p><b>BAGINGITO, AUSTIN G</b>  <i>Provider ID:</i> 206360  <i>Provider Gender:</i> Male  <i>License number:</i> A163977  <i>NPI:</i> 1942705637  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No</p>
<p>FAMILY HEALTH CENTERS OF          SAN DIEGO          1550 BROADWAY STE 2</p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2525

Fax:

After Hours Phone: (619)

515-2525

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

### **BAGINGITO, AUSTIN G**

Provider ID: 417937

Provider Gender: Male

License number: A163977

NPI: 1942705637

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F

8AM-5PM, SA 9AM-5PM

### **BAHRAMZI, MARIA**

Provider ID: 206362

Provider Gender: Female

License number: A173486

NPI: 1588141865

Provider English Spoken: Yes

Provider Language(s) Spoken:

Pushto

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### **BAHRAMZI, MARIA**

Provider ID: 417987

Provider Gender: Female

License number: A173486

NPI: 1588141865

Provider English Spoken: Yes

Provider Language(s) Spoken:

Pushto

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax:

After Hours Phone: (619)

515-2426

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### **BAUTISTA, LUIS G**

Provider ID: 517403

Provider Gender: Male

License number: A97270

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

NPI: 1295712206	Hospital Affiliation:	4725 MARKET ST
Provider English Spoken: Yes	Board Certified Specialty: No	SAN DIEGO, CA 92102-4715
Provider Language(s) Spoken: Spanish	IHP OF SOUTHERN CALIFORNIA	Phone: (619) 515-2560
Cultural Competency: No	1016 OUTER RD	Fax:
Hospital Affiliation: Fresno	SAN DIEGO, CA 92154-1351	After Hours Phone: (619) 515-2560
Community Hospital, St Agnes Medical Center	Phone: (619) 429-3733	Website: www.fhcsd.org
Board Certified Specialty: No	Fax:	Email:
IHP OF SOUTHERN CALIFORNIA	After Hours Phone: (619) 429-3733	Medi-Cal Open Panel: Yes
316 25TH ST	Website: www.ibclinic.org	Min/Max Age: None
SAN DIEGO, CA 92102-3016	Email:	American Sign Language (ASL): No
Phone: (619) 238-5551	Medi-Cal Open Panel: Yes	♿ Accessibility: P, EB, IB, E, R, T, ME
Fax:	Min/Max Age: None	Hours: M-SA 9AM-5PM
After Hours Phone: (619) 238-5551	American Sign Language (ASL): No	
Website:	♿ Accessibility: P, IB, E, R, T, W	<b>BORTNER, ADAM C</b>
Email:	Hours: M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM	Provider ID: 417937
Medi-Cal Open Panel: Yes		Provider Gender: Male
Min/Max Age: 0/120	<b>BORTNER, ADAM C</b>	License number: A164879
American Sign Language (ASL): No	Provider ID: 206363	NPI: 1811491749
♿ Accessibility:	Provider Gender: Male	Provider English Spoken: Yes
Hours: M-SA 9AM-5PM	License number: A164879	Provider Language(s) Spoken: Spanish
	NPI: 1811491749	Cultural Competency: No
<b>BODIFORD, SAMANTHA K</b>	Provider English Spoken: Yes	Hospital Affiliation:
Provider ID: 214492	Provider Language(s) Spoken: Spanish	Board Certified Specialty: No
Provider Gender: Female	Cultural Competency: No	FAMILY HEALTH CENTERS OF SAN DIEGO
License number: A165398	Hospital Affiliation:	4094 4TH AVE
NPI: 1730684200	SAN DIEGO, CA 92103-2143	
Provider English Spoken: Yes	Board Certified Specialty: No	
Provider Language(s) Spoken: Cultural Competency: No	FAMILY HEALTH CENTERS OF SAN DIEGO	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **BRADY, PATRICIA H**

Provider ID: 403583

Provider Gender: Female

License number: C53121

NPI: 1952390437

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Board Certified Specialty: No

IHP OF SOUTHERN  
CALIFORNIA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax:

After Hours Phone: (619)  
233-8500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-W,F 8:30AM-5PM, TH  
8:30AM-9PM, SA 9AM-5PM

### **BRODSKY, MARK E**

Provider ID: 402851

Provider Gender: Male

License number: C53623

NPI: 1346337904

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)

515-2444

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

### **BROWNELL, KRISTIN J**

Provider ID: 206353

Provider Gender: Female

License number: A80154

NPI: 1134232259

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax: (619) 795-2756

After Hours Phone: (619)  
515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **BROWN, BRANDON S**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<i>Provider ID:</i> 206360	<i>Provider English Spoken:</i> Yes	<i>Board Certified Specialty:</i> No
<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i> Spanish	IHP OF SOUTHERN CALIFORNIA
<i>License number:</i> A148499	<i>Cultural Competency:</i> No	3177 OCEAN VIEW BLVD
<i>NPI:</i> 1013399559	<i>Hospital Affiliation:</i>	SAN DIEGO, CA 92113-1432
<i>Provider English Spoken:</i> Yes	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 662-4100
<i>Provider Language(s) Spoken:</i> Spanish	FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Fax:</i>
<i>Cultural Competency:</i> No	1809 NATIONAL AVE	<i>After Hours Phone:</i> (619) 662-4100
<i>Hospital Affiliation:</i>	SAN DIEGO, CA 92113-2113	<i>Website:</i> www.ihpsocal.org
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 515-2300	<i>Email:</i>
FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes
1809 NATIONAL AVE	<i>After Hours Phone:</i> (619) 515-2300	<i>Min/Max Age:</i> None
SAN DIEGO, CA 92113-2113	<i>Website:</i> www.fhcsd.org	<i>American Sign Language (ASL):</i> No
<i>Phone:</i> (619) 515-2300	<i>Email:</i>	♿ <i>Accessibility:</i> W
<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM
<i>After Hours Phone:</i> (619) 515-2300	<i>Min/Max Age:</i> None	
<i>Website:</i> www.fhcsd.org	<i>American Sign Language (ASL):</i> No	<b>CARSON, COREY M</b>
<i>Email:</i>	♿ <i>Accessibility:</i> ME	<i>Provider ID:</i> 206353
<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM	<i>Provider Gender:</i> Female
<i>Min/Max Age:</i> None		<i>License number:</i> A136616
<i>American Sign Language (ASL):</i> No	<b>CARRIEDO CENICEROS, MARIA T</b>	<i>NPI:</i> 1245599778
♿ <i>Accessibility:</i> ME	<i>Provider ID:</i> 227409	<i>Provider English Spoken:</i> Yes
<i>Hours:</i> M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM	<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>
	<i>License number:</i> A78373	<i>Cultural Competency:</i> No
	<i>NPI:</i> 1295746618	<i>Hospital Affiliation:</i> Ucsd Medical Ctr
<b>CAMPOS, PRISCILLA J</b>	<i>Provider English Spoken:</i> Yes	<i>Board Certified Specialty:</i> No
<i>Provider ID:</i> 206360	<i>Provider Language(s) Spoken:</i> Spanish	FAMILY HEALTH CENTERS OF SAN DIEGO
<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No	5454 EL CAJON BLVD
<i>License number:</i> A152651	<i>Hospital Affiliation:</i>	SAN DIEGO, CA 92115-3621
<i>NPI:</i> 1508217399		

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)  
515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **CARSON, COREY M**

Provider ID: 206360

Provider Gender: Female

License number: A136616

NPI: 1245599778

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **CARSON, COREY M**

Provider ID: 417937

Provider Gender: Female

License number: A136616

NPI: 1245599778

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **CHOU, BILL**

Provider ID: 206362

Provider Gender: Male

License number: 20A14794

NPI: 1730448101

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **CHOU, BILL**

Provider ID: 417937

Provider Gender: Male

License number: 20A14794

NPI: 1730448101

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Provider English Spoken:</i> Yes	SAN DIEGO	<i>Phone:</i> (619) 515-2424
<i>Provider Language(s) Spoken:</i>	1809 NATIONAL AVE	<i>Fax:</i>
<i>Cultural Competency:</i> No	SAN DIEGO, CA 92113-2113	<i>After Hours Phone:</i> (619)
<i>Hospital Affiliation:</i>	<i>Phone:</i> (619) 515-2300	515-2424
<i>Board Certified Specialty:</i> No	<i>Fax:</i>	<i>Website:</i> www.fhcsd.org
FAMILY HEALTH CENTERS OF	<i>After Hours Phone:</i> (619)	<i>Email:</i>
SAN DIEGO	515-2300	<i>Medi-Cal Open Panel:</i> Yes
4094 4TH AVE	<i>Website:</i> www.fhcsd.org	<i>Min/Max Age:</i> None
SAN DIEGO, CA 92103-2143	<i>Email:</i>	<i>American Sign Language (ASL):</i>
<i>Phone:</i> (619) 515-2545	<i>Medi-Cal Open Panel:</i> Yes	No
<i>Fax:</i>	<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i> P, EB, IB, E, R, T,
<i>After Hours Phone:</i> (619)	<i>American Sign Language (ASL):</i>	ME
515-2545	No	<i>Hours:</i> M-SU 8:30AM-5:30PM
<i>Website:</i> www.fhcsd.org	♿ <i>Accessibility:</i> ME	
<i>Email:</i>	<i>Hours:</i> M-SA 9AM-5PM	<b>COLLINS, WILLIAM M</b>
<i>Medi-Cal Open Panel:</i> Yes		<i>Provider ID:</i> 417937
<i>Min/Max Age:</i> None	<b>COLLINS, WILLIAM M</b>	<i>Provider Gender:</i> Male
<i>American Sign Language (ASL):</i>	<i>Provider ID:</i> 206362	<i>License number:</i> 20A15413
No	<i>Provider Gender:</i> Male	<i>NPI:</i> 1417361973
♿ <i>Accessibility:</i>	<i>License number:</i> 20A15413	<i>Provider English Spoken:</i> Yes
<i>Hours:</i> M-SA 9AM-5PM	<i>NPI:</i> 1417361973	<i>Provider Language(s) Spoken:</i>
	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<b>CHUN, HYUN B</b>	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd
<i>Provider ID:</i> 206360	<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John
<i>Provider Gender:</i> Male	<i>Hospital Affiliation:</i> Ucsd	Sally Thornton
<i>License number:</i> A163978	Medical Ctr, Ucsd La Jolla John	<i>Board Certified Specialty:</i> No
<i>NPI:</i> 1083118988	Sally Thornton	FAMILY HEALTH CENTERS OF
<i>Provider English Spoken:</i> Yes	<i>Board Certified Specialty:</i> No	SAN DIEGO
<i>Provider Language(s) Spoken:</i>	FAMILY HEALTH CENTERS OF	4094 4TH AVE
Korean	SAN DIEGO	SAN DIEGO, CA 92103-2143
<i>Cultural Competency:</i> No	3544 30TH ST	<i>Phone:</i> (619) 515-2545
<i>Hospital Affiliation:</i>	SAN DIEGO, CA 92104-4120	<i>Fax:</i>
<i>Board Certified Specialty:</i> No		<i>After Hours Phone:</i> (619)
FAMILY HEALTH CENTERS OF		515-2545

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	♿ Accessibility: P, EB, IB, E, R, T, ME	Provider Gender: Female
Email:		License number: A76301
Medi-Cal Open Panel: Yes	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	NPI: 1447308424
Min/Max Age: None		Provider English Spoken: Yes
American Sign Language (ASL): No	<b>CORMAN, DANIEL M</b>	Provider Language(s) Spoken: Spanish
♿ Accessibility:	Provider ID: 402851	Cultural Competency: No
Hours: M-SU 8AM-9PM	Provider Gender: Male	Hospital Affiliation: Scripps Mercy Hospital
<b>CORMAN, DANIEL M</b>	License number: 20A13060	Board Certified Specialty: No
Provider ID: 206353	NPI: 1629339593	FAMILY HEALTH CENTERS OF SAN DIEGO
Provider Gender: Male	Provider English Spoken: Yes	5454 EL CAJON BLVD
License number: 20A13060	Provider Language(s) Spoken: Spanish	SAN DIEGO, CA 92115-3621
NPI: 1629339593	Cultural Competency: No	Phone: (619) 515-2400
Provider English Spoken: Yes	Hospital Affiliation:	Fax:
Provider Language(s) Spoken: Spanish	Board Certified Specialty: No	After Hours Phone: (619) 515-2400
Cultural Competency: No	FAMILY HEALTH CENTERS OF SAN DIEGO	Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>
Hospital Affiliation:	3705 MISSION BLVD	Email:
Board Certified Specialty: No	SAN DIEGO, CA 92109-7104	Medi-Cal Open Panel: Yes
FAMILY HEALTH CENTERS OF SAN DIEGO	Phone: (619) 515-2444	Min/Max Age: None
5454 EL CAJON BLVD	Fax:	American Sign Language (ASL): No
SAN DIEGO, CA 92115-3621	After Hours Phone: (619) 515-2444	♿ Accessibility: P, EB, IB, E, R, T, ME
Phone: (619) 515-2400	Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	Hours: M-F 8AM-5PM, SA 9AM-5PM
Fax:	Email:	<b>DANGREMOND, ADRIANNA J</b>
After Hours Phone: (619) 515-2400	Medi-Cal Open Panel: Yes	Provider ID: 206360
Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	Min/Max Age: None	Provider Gender: Female
Email:	American Sign Language (ASL): No	License number: G138260
Medi-Cal Open Panel: Yes	♿ Accessibility:	NPI: 1508802828
Min/Max Age: None	Hours: M-SA 9AM-5PM	
American Sign Language (ASL): No	<b>COULSON, LAURA E</b>	
	Provider ID: 206353	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Provider English Spoken:</i> Yes	CALIFORNIA	<i>Phone:</i> (619) 662-4100
<i>Provider Language(s) Spoken:</i> Spanish	3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1432	<i>Fax:</i>
<i>Cultural Competency:</i> No	<i>Phone:</i> (619) 662-4100	<i>After Hours Phone:</i> (619) 662-4100
<i>Hospital Affiliation:</i>	<i>Fax:</i>	<i>Website:</i> www.ihpsocal.org
<i>Board Certified Specialty:</i> No	<i>After Hours Phone:</i> (619) 662-4100	<i>Email:</i>
FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Website:</i> www.ihpsocal.org	<i>Medi-Cal Open Panel:</i> Yes
1809 NATIONAL AVE	<i>Email:</i>	<i>Min/Max Age:</i> None
SAN DIEGO, CA 92113-2113	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No
<i>Phone:</i> (619) 515-2300	<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i> P, EB, IB, E, R, T, W
<i>Fax:</i>	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 8AM-5PM, SA 8AM-4PM
<i>After Hours Phone:</i> (619) 515-2300	<i>♿ Accessibility:</i> W	
<i>Website:</i> www.fhcsd.org	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	
<i>Email:</i>		<b>DOSCAS, MICHELLE E</b>
<i>Medi-Cal Open Panel:</i> Yes		<i>Provider ID:</i> 206360
<i>Min/Max Age:</i> None	<b>DAVIS, DEIRDRE S</b>	<i>Provider Gender:</i> Female
<i>American Sign Language (ASL):</i> No	<i>Provider ID:</i> 451167	<i>License number:</i> A163633
<i>♿ Accessibility:</i> ME	<i>Provider Gender:</i> Female	<i>NPI:</i> 1306343421
<i>Hours:</i> M-SA 9AM-5PM	<i>License number:</i> A165432	<i>Provider English Spoken:</i> Yes
	<i>NPI:</i> 1265921365	<i>Provider Language(s) Spoken:</i>
<b>DAPPEN, AMANDA K</b>	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>Provider ID:</i> 227409	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Sharp
<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No	Memorial Hospital, Ucsd La
<i>License number:</i> A153414	<i>Hospital Affiliation:</i>	Jolla John Sally Thornton, Ucsd
<i>NPI:</i> 1689037111	<i>Board Certified Specialty:</i> No	Medical Ctr
<i>Provider English Spoken:</i> Yes	IHP OF SOUTHERN	<i>Board Certified Specialty:</i> No
<i>Provider Language(s) Spoken:</i>	CALIFORNIA	FAMILY HEALTH CENTERS OF
<i>Cultural Competency:</i> No	950 S EUCLID AVE	SAN DIEGO
<i>Hospital Affiliation:</i>	SAN DIEGO, CA 92114-6201	1809 NATIONAL AVE
<i>Board Certified Specialty:</i> No		SAN DIEGO, CA 92113-2113
IHP OF SOUTHERN		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2300	Website:	♿ Accessibility: P, EB, IB, E, R, T, W
Fax:	Email:	
After Hours Phone: (619) 515-2300	Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
Website: www.fhcsd.org	Min/Max Age: None	
Email:	American Sign Language (ASL): No	<b>FLORES, JOE B</b>
Medi-Cal Open Panel: Yes	♿ Accessibility: P, EB, IB, E, R, T	Provider ID: 417937
Min/Max Age: None	Hours: M-F 9AM-5PM, SA 9AM-5PM	Provider Gender: Male
American Sign Language (ASL): No		License number: A171135
♿ Accessibility: ME		NPI: 1033647409
Hours: M-SA 9AM-5PM		Provider English Spoken: Yes
	<b>FAMBRO, CYNTHIA L</b>	Provider Language(s) Spoken:
	Provider ID: 451167	Cultural Competency: No
	Provider Gender: Female	Hospital Affiliation:
	License number: A153223	Board Certified Specialty: No
	NPI: 1710331707	FAMILY HEALTH CENTERS OF
	Provider English Spoken: Yes	SAN DIEGO
	Provider Language(s) Spoken:	4094 4TH AVE
	Cultural Competency: No	SAN DIEGO, CA 92103-2143
	Hospital Affiliation:	Phone: (619) 515-2545
	Board Certified Specialty: No	Fax:
	IHP OF SOUTHERN CALIFORNIA	After Hours Phone: (619) 515-2545
	950 S EUCLID AVE	Website: www.fhcsd.org
	SAN DIEGO, CA 92114-6201	Email:
	Phone: (619) 662-4100	Medi-Cal Open Panel: Yes
	Fax:	Min/Max Age: None
	After Hours Phone: (619) 662-4100	American Sign Language (ASL): No
	Website: www.ihpsocal.org	♿ Accessibility:
	Email:	Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM
	Medi-Cal Open Panel: Yes	
	Min/Max Age: None	<b>GLEASON ROHRER, GWEN E</b>
	American Sign Language (ASL): No	Provider ID: 233532
		Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

License number: A112176	Cultural Competency: No	5454 EL CAJON BLVD
NPI: 1710140462	Hospital Affiliation: Ucsd	SAN DIEGO, CA 92115-3621
Provider English Spoken: Yes	Medical Ctr	Phone: (619) 515-2400
Provider Language(s) Spoken: Spanish	Board Certified Specialty: No	Fax:
Cultural Competency: No	IHP OF SOUTHERN CALIFORNIA	After Hours Phone: (619) 515-2400
Hospital Affiliation: Ucsd	4290 POLK AVE	Website: www.fhcsd.org
Medical Ctr	SAN DIEGO, CA 92105-1524	Email:
Board Certified Specialty: No	Phone: (619) 563-0250	Medi-Cal Open Panel: Yes
IHP OF SOUTHERN CALIFORNIA	Fax:	Min/Max Age: None
4305 UNIVERSITY AVE STE 150	After Hours Phone: (619) 563-0250	American Sign Language (ASL): No
SAN DIEGO, CA 92105-1690	Website: www.sdfamilycare.org	♿ Accessibility: P, EB, IB, E, R, T, ME
Phone: (619) 280-2058	Email:	Hours: M-F 8AM-5PM, SA 9AM-5PM
Fax:	Medi-Cal Open Panel: Yes	
After Hours Phone: (619) 280-2058	Min/Max Age: None	
Website: www.sdfamilycare.org	American Sign Language (ASL): No	<b>GRIFFITHS, KENNETH J</b>
Email:	♿ Accessibility: W	Provider ID: 417937
Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM	Provider Gender: Male
Min/Max Age: 0/22		License number: C52451
American Sign Language (ASL): No	<b>GREEN, BRENDA</b>	NPI: 1760563068
♿ Accessibility: P, EB, IB, E, W	Provider ID: 206353	Provider English Spoken: Yes
Hours: M-SA 9AM-5PM	Provider Gender: Female	Provider Language(s) Spoken:
	License number: A134406	Cultural Competency: No
	NPI: 1508125410	Hospital Affiliation: Ucsd
<b>GLEASON ROHRER, GWEN E</b>	Provider English Spoken: Yes	Medical Ctr
Provider ID: 233597	Provider Language(s) Spoken: Spanish	Board Certified Specialty: No
Provider Gender: Female	Cultural Competency: No	FAMILY HEALTH CENTERS OF SAN DIEGO
License number: A112176	Hospital Affiliation:	4094 4TH AVE
NPI: 1710140462	Board Certified Specialty: No	SAN DIEGO, CA 92103-2143
Provider English Spoken: Yes	FAMILY HEALTH CENTERS OF SAN DIEGO	
Provider Language(s) Spoken: Spanish		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Phone: (619) 515-2545          Fax:          After Hours Phone: (619) 515-2545          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: P, EB, IB, E, R, T, ME          Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM</p>	<p>Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: P, EB, IB, E, R, T, ME          Hours: M-SA 9AM-5PM</p>	<p>Accessibility: P, EB, IB, E, R, T          Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>
<p><b>GUTIERREZ, TANIA M</b>          Provider ID: 206353          Provider Gender: Female          License number: 20A19345          NPI: 1285196311          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: FAMILY HEALTH CENTERS OF SAN DIEGO          Board Certified Specialty: No          5454 EL CAJON BLVD          SAN DIEGO, CA 92115-3621          Phone: (619) 515-2400          Fax:          After Hours Phone: (619) 515-2400          Website: www.fhcsd.org</p>	<p><b>GUTIERREZ, TANIA M</b>          Provider ID: 417987          Provider Gender: Female          License number: 20A19345          NPI: 1285196311          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: FAMILY HEALTH CENTERS OF SAN DIEGO          Board Certified Specialty: No          4874 POLK AVE          SAN DIEGO, CA 92105-2026          Phone: (619) 515-2426          Fax:          After Hours Phone: (619) 515-2426          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No</p>	<p><b>HAMILTON, LISA MARIE S</b>          Provider ID: 206363          Provider Gender: Female          License number: 20A14772          NPI: 1235576059          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Board Certified Specialty: No          FAMILY HEALTH CENTERS OF SAN DIEGO          4725 MARKET ST          SAN DIEGO, CA 92102-4715          Phone: (619) 515-2560          Fax:          After Hours Phone: (619) 515-2560          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: P, EB, IB, E, R, T, ME          Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>
		<p><b>HAMILTON, LISA MARIE S</b>          Provider ID: 418142</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Provider Gender:* Female  
*License number:* 20A14772  
*NPI:* 1235576059  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
*Phone:* (619) 515-2454  
*Fax:*  
*After Hours Phone:* (619)  
 515-2454  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 Accessability:  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **HASSANEIN, TAREK I**

*Provider ID:* 414056  
*Provider Gender:* Male  
*License number:* A54452  
*NPI:* 1801854450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, French, German,

Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Sharp Chula Vista Med Ctr,  
 Saddleback Memorial Med Ctr,  
 Scripps Mercy Hospital Chula  
 Vista, Riverside Community  
 Hosp, Childrens Hospital At  
 Mission, Grossmont Hospital,  
 Alvarado Hospital Llc, Hoag  
 Hospital Irvine, Sharp  
 Grossmont Hospital  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 995 GATEWAY CENTER WAY  
 STE 105  
 SAN DIEGO, CA 92102-4544  
*Phone:* (619) 264-1934  
*Fax:* (619) 264-1937  
*After Hours Phone:* (619)  
 264-1934  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 Accessability:  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
**HEINRICI, ALEKA D**

*Provider ID:* 451167  
*Provider Gender:* Female  
*License number:* A125329  
*NPI:* 1780979120  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* John Muir  
 Medical Center Walnut Creek  
 Campus  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 Accessability: P, EB, IB, E, R, T,  
 W  
*Hours:* M-SA 9AM-5PM

### **KAUFHOLD, ANNE D**

*Provider ID:* 227409  
*Provider Gender:* Female  
*License number:* A88893

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>NPI: 1164508073            Provider English Spoken: Yes            Provider Language(s) Spoken: Arabic, Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital Chula Vista            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            3177 OCEAN VIEW BLVD            SAN DIEGO, CA 92113-1432            Phone: (619) 662-4100            Fax: (619) 858-1003            After Hours Phone: (619) 662-4100            Website: www.ihpsocal.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessability: W            Hours: M-SA 9AM-5PM</p>	<p>Cultural Competency: No            Hospital Affiliation:            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621            Phone: (619) 515-2400            Fax:            After Hours Phone: (619) 515-2400            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessability: P, EB, IB, E, R, T, ME            Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026            Phone: (619) 515-2426            Fax:            After Hours Phone: (619) 515-2426            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessability: P, EB, IB, E, R, T            Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>
<p><b>KAUFMAN, JENNIFER CHILYN</b>  <b>L</b>            Provider ID: 206353            Provider Gender: Female            License number: G149974            NPI: 1407818768            Provider English Spoken: Yes            Provider Language(s) Spoken: Mandarin</p>	<p><b>KAUFMAN, JENNIFER CHILYN</b>  <b>L</b>            Provider ID: 417987            Provider Gender: Female            License number: G149974            NPI: 1407818768            Provider English Spoken: Yes            Provider Language(s) Spoken: Mandarin            Cultural Competency: No            Hospital Affiliation:            Board Certified Specialty: No</p>	<p><b>KEFLEZIGHI, BAHGHI R</b>            Provider ID: 206363            Provider Gender: Female            License number: A100391            NPI: 1124210844            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2560  
Fax: (619) 263-2499  
After Hours Phone: (619)  
515-2560  
Website: www.fhcsd.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME  
Hours: M-SA 9AM-5PM

### **KIDDER, BRENDAN J**

Provider ID: 227409  
Provider Gender: Male  
License number: A112379  
NPI: 1275793929  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **KUNDU, SURITI**

Provider ID: 206353  
Provider Gender: Female  
License number: G80882  
NPI: 1326132754  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619)  
515-2400  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes

Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME  
Hours: M-SA 9AM-5PM

### **LEE, SANDRINE J**

Provider ID: 206362  
Provider Gender: Female  
License number: 20A15068  
NPI: 1073909651  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619)  
515-2424  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### **LE, TRAM B , MD**

Provider ID: 44947

Provider Gender: Female

License number: A105829

NPI: 1346442985

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Vietnamese

Cultural Competency: No

Hospital Affiliation: Alvarado

Hosp Med Ctr, Scripps Mercy

Hospital, Scripps Mercy

Hospital Chula Vista, Sharp

Memorial Hospital

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

5507 EL CAJON BLVD STE L

SAN DIEGO, CA 92115-3624

Phone: (619) 286-2789

Fax: (619) 265-2070

After Hours Phone: (619)

286-2789

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-W,F 9AM-5PM, TH,SA

9AM-1PM

### **LINDEMAN, KURTIS P**

Provider ID: 403583

Provider Gender: Male

License number: A104052

NPI: 1124155791

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax:

After Hours Phone: (619)

233-8500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

### **LISH, JONATHAN M**

Provider ID: 206360

Provider Gender: Male

License number: A177373

NPI: 1811459456

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **LIU, JIE**

Provider ID: 206362

Provider Gender: Female

License number: A147758

NPI: 1780066472

Provider English Spoken: Yes

Provider Language(s) Spoken:

Chinese, Mandarin, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax:  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 ME  
 Hours: M-SA 9AM-5PM

### **LOUGH, MICHELLE S**

Provider ID: 206363  
 Provider Gender: Female  
 License number: A165872  
 NPI: 1053816496  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 ME  
 Hours: M-SA 9AM-5PM

### **LU, JULIE P**

Provider ID: 418142  
 Provider Gender: Female  
 License number: 20A14804  
 NPI: 1619210614  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
 Phone: (619) 515-2454  
 Fax:  
 After Hours Phone: (619)  
 515-2454  
 Website: www.fhcsd.org

Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **MANDOYAN, AUSTIN**

Provider ID: 206360  
 Provider Gender: Female  
 License number: A161682  
 NPI: 1841726148  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>No          ♿ Accessibility: ME          Hours: M 8AM-7PM, TU-TH          8AM-6PM, F 8AM-5:30PM, SA          8AM-5PM</p>	<p>Hours: M-SA 9AM-5PM</p>	<p>NPI: 1023437704          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No</p>
<p><b>MARSTON, JACQUELINE N</b>          Provider ID: 206046          Provider Gender: Female          License number: 20A12402          NPI: 1417205055          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Sharp          Memorial Hospital          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          6973 LINDA VISTA RD          SAN DIEGO, CA 92111-6342          Phone: (858) 810-8700          Fax:          After Hours Phone: (858)          810-8700          Website: www.sdfamilycare.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: P, EB, IB, E, R, T,          W</p>	<p><b>MARSTON, JACQUELINE N</b>          Provider ID: 482070          Provider Gender: Female          License number: 20A12402          NPI: 1417205055          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Sharp          Memorial Hospital          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          7011 LINDA VISTA RD          SAN DIEGO, CA 92111-6307          Phone: (858) 810-8700          Fax:          After Hours Phone: (858)          810-8700          Website: www.sdfamilycare.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: P, EB, IB, E, R, W          Hours: M-SA 9AM-5PM</p> <p><b>MATICH, BRANKO</b>          Provider ID: 206046          Provider Gender: Male          License number: C174985</p>	<p>IHP OF SOUTHERN          CALIFORNIA          6973 LINDA VISTA RD          SAN DIEGO, CA 92111-6342          Phone: (858) 279-0925          Fax:          After Hours Phone: (858)          279-0925          Website: www.sdfamilycare.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: P, EB, IB, E, R, T,          W          Hours: M-F 8:30AM-5:30PM, SA          9AM-5PM</p> <p><b>MATICH, BRANKO</b>          Provider ID: 482070          Provider Gender: Male          License number: C174985          NPI: 1023437704          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:</p>

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## C. Directorio de proveedores de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax:

After Hours Phone: (858)  
810-8700  
Website: www.sdfamilycare.org  
Email:

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, W  
Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

### **MELGAR, MONICA L**

Provider ID: 402851  
Provider Gender: Female  
License number: A154399  
NPI: 1629432174  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD

SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2444  
Fax:  
After Hours Phone: (619)  
515-2444  
Website: www.fhcsd.org  
Email:

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

### **MORALES, ALEJANDRA**

Provider ID: 227409  
Provider Gender: Female  
License number: A162332  
NPI: 1063945657  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
Email:

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **MUNDY, CLARE M**

Provider ID: 206362  
Provider Gender: Female  
License number: A180044  
NPI: 1033671813  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619)  
515-2424  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME

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## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### **MUNDY, CLARE M**

Provider ID: 417937

Provider Gender: Female

License number: A180044

NPI: 1033671813

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F

8AM-5PM, SA 9AM-5PM

### **NGUYEN CLEARY, THAI C**

Provider ID: 417937

Provider Gender: Male

License number: A86079

NPI: 1467442624

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Vietnamese

Cultural Competency: No

Hospital Affiliation: Hollywood  
Presbyterian Med Ctr

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **NIAZI, HARRIS O**

Provider ID: 206360

Provider Gender: Male

License number: A146111

NPI: 1174905871

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Farsi

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **NIKZAD, JASON**

Provider ID: 206360

Provider Gender: Male

License number: 20A12653

NPI: 1508121674

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

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## C. Directorio de proveedores de atención primaria

<p>SAN DIEGO, CA 92113-2113            Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessibility: ME            Hours: M-SA 9AM-5PM</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Hours: M-SA 8:30AM-5PM  <b>NUQUI, JOSIE C , MD</b>            Provider ID: 448997            Provider Gender: Female            License number: A71544            NPI: 1184773673            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Tagalog            Cultural Competency: No            Hospital Affiliation:            Board Certified Specialty: No</p>
<p><b>NORRIS, JEFFREY M</b>            Provider ID: 403583            Provider Gender: Male            License number: A136275            NPI: 1073870374            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation:            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            1501 IMPERIAL AVE            SAN DIEGO, CA 92101-7638            Phone: (619) 233-8500            Fax:            After Hours Phone: (619) 233-8500            Website:            Email:</p>	<p><b>NUQUI, JOSIE C</b>            Provider ID: 432308            Provider Gender: Female            License number: A71544            NPI: 1184773673            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Tagalog            Cultural Competency: No            Hospital Affiliation:            Board Certified Specialty: No            OPERATION SAMAHAN            9855 ERMA RD STE 105            SAN DIEGO, CA 92131-1007            Phone: (844) 200-2426            Fax:            After Hours Phone: (844) 200-2426            Website:            www.operationsamahan.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:</p>	<p>COMMUNITY CARE IPA LLC            9855 ERMA RD STE 105            SAN DIEGO, CA 92131-1007            Phone: (844) 200-2426            Fax: (858) 536-8034            After Hours Phone: (844) 200-2426            Website:            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:            Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM</p>
		<p><b>ORTIZ, KENNETH K</b>            Provider ID: 517403            Provider Gender: Male            License number: A156607</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>NPI: 1356761571  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Memorial Hospital  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  316 25TH ST  SAN DIEGO, CA 92102-3016  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/120  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>PALOMINO, VERONICA N</b>  <i>Provider ID:</i> 206353  <i>Provider Gender:</i> Female  <i>License number:</i> A121451  NPI: 1255569083  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish</p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2400  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2400  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>PALOMINO, VERONICA N</b>  <i>Provider ID:</i> 206360  <i>Provider Gender:</i> Female  <i>License number:</i> A121451  NPI: 1255569083  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p>1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>PALOMINO, VERONICA N</b>  <i>Provider ID:</i> 419529  <i>Provider Gender:</i> Female  <i>License number:</i> A121451  NPI: 1255569083  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO  2325 COMMERCIAL ST STE 1400  SAN DIEGO, CA 92113-1195</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2422	Min/Max Age: None	Hours: M-SA 9AM-5PM
Fax:	American Sign Language (ASL):	<b>PROPST, TOBE M</b>
After Hours Phone: (619)	No	Provider ID: 403583
515-2422	♿ Accessibility:	Provider Gender: Male
Website: www.fhcsd.org	Hours: M-F 8:30AM-5:30PM, SA	License number: A82123
Email:	9AM-5PM	NPI: 1194814277
Medi-Cal Open Panel: Yes	<b>PEREZ, PERLITA A</b>	Provider English Spoken: Yes
Min/Max Age: None	Provider ID: 206363	Provider Language(s) Spoken:
American Sign Language (ASL):	Provider Gender: Female	Spanish
No	License number: A119689	Cultural Competency: No
♿ Accessibility:	NPI: 1174810972	Hospital Affiliation:
Hours: M-SA 9AM-5PM	Provider English Spoken: Yes	Board Certified Specialty: No
<b>PAYAMI, MADDIHA</b>	Provider Language(s) Spoken:	IHP OF SOUTHERN
Provider ID: 417429	Spanish	CALIFORNIA
Provider Gender: Female	Cultural Competency: No	1501 IMPERIAL AVE
License number: 20A14012	Hospital Affiliation:	SAN DIEGO, CA 92101-7638
NPI: 1336484104	Board Certified Specialty: No	Phone: (619) 233-8500
Provider English Spoken: Yes	FAMILY HEALTH CENTERS OF	Fax:
Provider Language(s) Spoken:	SAN DIEGO	After Hours Phone: (619)
Cultural Competency: No	4725 MARKET ST	233-8500
Hospital Affiliation:	SAN DIEGO, CA 92102-4715	Website:
Board Certified Specialty: No	Phone: (619) 515-2560	Email:
FAMILY HEALTH CENTERS OF	Fax:	Medi-Cal Open Panel: Yes
SAN DIEGO	After Hours Phone: (619)	Min/Max Age: 0/999
1550 BROADWAY STE 2	515-2560	American Sign Language (ASL):
SAN DIEGO, CA 92101-5713	Website: www.fhcsd.org	No
Phone: (619) 515-2525	Email:	♿ Accessibility:
Fax:	Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
After Hours Phone: (619)	Min/Max Age: None	<b>RAHMAN, AKBAR A</b>
515-2525	American Sign Language (ASL):	Provider ID: 403583
Website: www.fhcsd.org	No	Provider Gender: Male
Email:	♿ Accessibility: P, EB, IB, E, R, T,	License number: A110134
Medi-Cal Open Panel: Yes	ME	NPI: 1720314933

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La          Jolla John Sally Thornton, Ucsd          Medical Ctr          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          1501 IMPERIAL AVE          SAN DIEGO, CA 92101-7638          Phone: (619) 233-8500          Fax:          After Hours Phone: (619)          233-8500          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM</p>	<p>Hospital Affiliation:          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF          SAN DIEGO          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113          Phone: (619) 515-2300          Fax:          After Hours Phone: (619)          515-2300          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: ME          Hours: M 8AM-7PM, TU-TH          8AM-6PM, F 8AM-5:30PM, SA          8AM-5PM</p>	<p>Vista          Board Certified Specialty: No          IMPERIAL HEALTH HOLDINGS          MEDICAL GROUP-SD          955 GATEWAY CENTER WAY          STE 105          SAN DIEGO, CA 92102-4542          Phone: (619) 264-1934          Fax: (619) 264-1937          After Hours Phone: (619)          264-1934          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 9AM-5PM, SA          9AM-5PM</p>
<p><b>RAMIREZ, CRISTHIAN E</b>          Provider ID: 206360          Provider Gender: Female          License number: 20A17478          NPI: 1407200942          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No</p>	<p><b>RAWI, BASHIR A</b>          Provider ID: 407212          Provider Gender: Male          License number: A48140          NPI: 1003964834          Provider English Spoken: Yes          Provider Language(s) Spoken:          Farsi          Cultural Competency: No          Hospital Affiliation: Sharp Chula          Vista Med Ctr, Sharp Coronado          Hosp And Healthcare Ctr,          Scripps Mercy Hospital Chula</p>	<p><b>RAWI, BASHIR A , MD</b>          Provider ID: 407212          Provider Gender: Male          License number: A48140          NPI: 1003964834          Provider English Spoken: Yes          Provider Language(s) Spoken:          Farsi          Cultural Competency: No          Hospital Affiliation: Sharp Chula          Vista Med Ctr, Sharp Coronado          Hosp And Healthcare Ctr,          Scripps Mercy Hospital Chula</p>

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## C. Directorio de proveedores de atención primaria

Vista Board Certified Specialty: No COMMUNITY CARE IPA LLC 955 GATEWAY CENTER WAY STE 105 SAN DIEGO, CA 92102-4542 Phone: (619) 264-1934 Fax: (619) 264-1937 After Hours Phone: (619) 264-1934 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM	SAN DIEGO, CA 92105-1020 Phone: (619) 284-5622 Fax: (619) 566-4655 After Hours Phone: (619) 507-3050 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, W Hours: M-TH 8:30AM-5:30PM, F 8:30AM-12:30PM, SA 9AM-5PM	Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, W Hours: M-SA 9AM-5PM
<b>RECALDE, FRANCISCO J , MD</b> Provider ID: 13850 Provider Gender: Male License number: C41872 NPI: 1538309067 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Board Certified Specialty: No COMMUNITY CARE IPA LLC 3811 EL CAJON BLVD	<b>RITTER, STEVEN F</b> Provider ID: 451167 Provider Gender: Male License number: 20A7435 NPI: 1356556021 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 950 S EUCLID AVE SAN DIEGO, CA 92114-6201 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100	<b>RODRIGUEZ, LOUIE H</b> Provider ID: 206360 Provider Gender: Male License number: A176144 NPI: 1558823625 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

No ☯ Accessibility: ME Hours: M-SA 9AM-5PM	License number: A120576 NPI: 1780909903 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1432 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ☯ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM	Farsi, Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista Board Certified Specialty: No COMMUNITY CARE IPA LLC 5030 CAMINO DE LA SIESTA STE 106 SAN DIEGO, CA 92108-3117 Phone: (619) 692-4401 Fax: (619) 692-8147 After Hours Phone: (619) 692-4401 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ☯ Accessibility: P, EB, IB, E, R, T, W Hours: M-F 9AM-5PM, SA 9AM-1PM
<b>RODRIGUEZ, LOUIE H</b> Provider ID: 417937 Provider Gender: Male License number: A176144 NPI: 1558823625 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2545 Fax: After Hours Phone: (619) 515-2545 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ☯ Accessibility: Hours: M-SA 9AM-5PM	<b>SAROKI, KAREN A</b> Provider ID: 97801 Provider Gender: Female License number: A105032 NPI: 1215157284 Provider English Spoken: Yes Provider Language(s) Spoken:	<b>SCHUMAKER, EDWARD W</b> Provider ID: 185268 Provider Gender: Male License number: 20A6433 NPI: 1184616872 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation:
<b>RODRIGUEZ, SEAN J</b> Provider ID: 227409 Provider Gender: Male		

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## C. Directorio de proveedores de atención primaria

Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: (619) 255-9155  
 Fax: (619) 284-4731  
 After Hours Phone: (619) 255-9155  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, W  
 Hours: M-F 8AM-6PM, SA 8AM-2PM

### **SCOTT, LAGINA R**

Provider ID: 206360  
 Provider Gender: Female  
 License number: A160489  
 NPI: 1558897009  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: ME  
 Hours: M-SA 9AM-5PM

### **SCOTT, RYLEE**

Provider ID: 402851  
 Provider Gender: Male  
 License number: A162946  
 NPI: 1457887911  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes

Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### **SHEIKH, ZARA S**

Provider ID: 233532  
 Provider Gender: Female  
 License number: A163512  
 NPI: 1952808727  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Urdu  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690  
 Phone: (619) 280-2058  
 Fax:  
 After Hours Phone: (619) 280-2058  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/22  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, W  
 Hours: M-F 8AM-5PM, SA 8AM-2PM

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## C. Directorio de proveedores de atención primaria

### **SHEIKH, ZARA S**

*Provider ID:* 233597  
*Provider Gender:* Female  
*License number:* A163512  
*NPI:* 1952808727  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* IHP OF SOUTHERN CALIFORNIA  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
*Phone:* (619) 563-0250  
*Fax:*  
*After Hours Phone:* (619) 563-0250  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

### **SHIHATA, ALFRED A**

*Provider ID:* 37502  
*Provider Gender:* Male  
*License number:* A37090  
*NPI:* 1841225810

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 3802 NATIONAL AVE  
 SAN DIEGO, CA 92113-3223  
*Phone:* (619) 264-2591  
*Fax:* (619) 264-4116  
*After Hours Phone:* (619) 264-2591  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **SHIRAKI, JEAN M**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* 20A17577  
*NPI:* 1144684382  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese

*Cultural Competency:* No  
*Hospital Affiliation:* BOARD CERTIFIED SPECIALTY: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **SHIRAKI, JEAN M**

*Provider ID:* 417987  
*Provider Gender:* Female  
*License number:* 20A17577  
*NPI:* 1144684382  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:* BOARD CERTIFIED SPECIALTY: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO

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## C. Directorio de proveedores de atención primaria

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax:

After Hours Phone: (619)

515-2426

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### SHUMILAK, KAILI J

Provider ID: 418142

Provider Gender: Female

License number: 20A12796

NPI: 1831489855

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5160 FEDERAL BLVD

SAN DIEGO, CA 92105-5429

Phone: (619) 515-2454

Fax:

After Hours Phone: (619)

515-2454

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### SMOOT, CHARLES B

Provider ID: 206360

Provider Gender: Male

License number: A97036

NPI: 1245490358

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-F 9AM-5PM, SA

9AM-5PM

### SMOOT, CHARLES B

Provider ID: 356145

Provider Gender: Male

License number: A97036

NPI: 1245490358

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2391 ISLAND AVE

SAN DIEGO, CA 92102-2941

Phone: (619) 515-2435

Fax:

After Hours Phone: (619)

515-2435

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### SNYDER, CHRISTOPHER L

Provider ID: 517998

Provider Gender: Male

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## C. Directorio de proveedores de atención primaria

<p>License number: 20A7502  NPI: 1922041235  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Pih Hospital - Downey, John F Kennedy Memorial Hosp, Cedars Sinai Medical Center, Scripps Memorial Hospital Encinitas, Eisenhower Medical Ctr, Grossmont Hospital  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  4690 EL CAJON BLVD  SAN DIEGO, CA 92115-4403  Phone: (619) 662-4100  Fax:  After Hours Phone: (619) 662-4100  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/120  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-SA 9AM-5PM</p>	<p>License number: A112781  NPI: 1124288873  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  1016 OUTER RD  SAN DIEGO, CA 92154-1351  Phone: (619) 429-3733  Fax:  After Hours Phone: (619) 429-3733  Website: www.ibclinic.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, IB, E, R, T, W  Hours: M-SA 9AM-5PM</p>	<p>Spanish  Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  1501 IMPERIAL AVE  SAN DIEGO, CA 92101-7638  Phone: (619) 233-8500  Fax:  After Hours Phone: (619) 233-8500  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM</p>
<p><b>SUMMERS-DAY, COURTNEY A</b>  Provider ID: 214492  Provider Gender: Female</p>	<p><b>SWARTZ, JOHN R</b>  Provider ID: 403583  Provider Gender: Male  License number: G72486  NPI: 1396754131  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p><b>THOMAS, ZACHARY S</b>  Provider ID: 206353  Provider Gender: Male  License number: A145023  NPI: 1326453119  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No</p>

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## C. Directorio de proveedores de atención primaria

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>THOMAS, ZACHARY S</b> Provider ID: 417987 Provider Gender: Male License number: A145023 NPI: 1326453119 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026</p>	<p>Phone: (619) 515-2426 Fax: After Hours Phone: (619) 515-2426 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M-SA 9AM-5PM</p> <p><b>TOWNSEND, LAURIE A</b> Provider ID: 206363 Provider Gender: Female License number: C174538 NPI: 1053754333 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2560 Fax: After Hours Phone: (619) 515-2560 Website: www.fhcsd.org Email:</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM</p> <p><b>TOWNSEND, LAURIE A</b> Provider ID: 418142 Provider Gender: Female License number: C174538 NPI: 1053754333 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO 5160 FEDERAL BLVD SAN DIEGO, CA 92105-5429 Phone: (619) 515-2454 Fax: After Hours Phone: (619) 515-2454 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility:</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>TRAN, TONNIA T</b></p> <p>Provider ID: 233597</p> <p>Provider Gender: Female</p> <p>License number: 20A7662</p> <p>NPI: 1982746657</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Vietnamese</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA</p> <p>4290 POLK AVE</p> <p>SAN DIEGO, CA 92105-1524</p> <p>Phone: (619) 563-0250</p> <p>Fax:</p> <p>After Hours Phone: (619) 563-0250</p> <p>Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p><b>TRAN, TU PHUONG T</b></p> <p>Provider ID: 206353</p> <p>Provider Gender: Female</p> <p>License number: A152730</p>	<p>NPI: 1093179921</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Sign Language, Spanish, Vietnamese</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>5454 EL CAJON BLVD</p> <p>SAN DIEGO, CA 92115-3621</p> <p>Phone: (619) 515-2400</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2400</p> <p>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R, T, ME</p> <p>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>TRAN, UYEN THAO P</b></p> <p>Provider ID: 206353</p> <p>Provider Gender: Female</p> <p>License number: A76709</p> <p>NPI: 1891720355</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p>	<p>Spanish, Vietnamese</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista</p> <p>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>5454 EL CAJON BLVD</p> <p>SAN DIEGO, CA 92115-3621</p> <p>Phone: (619) 515-2400</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2400</p> <p>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R, T, ME</p> <p>Hours: M-SA 9AM-5PM</p> <p><b>TRAN, UYEN THAO P</b></p> <p>Provider ID: 206360</p> <p>Provider Gender: Female</p> <p>License number: A76709</p> <p>NPI: 1891720355</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish, Vietnamese</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Scripps</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Mercy Hospital, Scripps Mercy Hospital Chula Vista <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 <i>Phone:</i> (619) 515-2300 <i>Fax:</i> (619) 795-2756 <i>After Hours Phone:</i> (619) 515-2300 <i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> ME <i>Hours:</i> M-SA 9AM-5PM	SAN DIEGO, CA 92115-3621 <i>Phone:</i> (619) 515-2545 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2545 <i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> P, EB, IB, E, R, T, ME <i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM
<b>TRUONG, NHA K</b> <i>Provider ID:</i> 206353 <i>Provider Gender:</i> Female <i>License number:</i> 20A17836 <i>NPI:</i> 1760975833 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Vietnamese <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD	<b>TRUONG, NHA K</b> <i>Provider ID:</i> 417937 <i>Provider Gender:</i> Female <i>License number:</i> 20A17836 <i>NPI:</i> 1760975833 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Vietnamese <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 <i>Phone:</i> (619) 515-2400 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2400	<b>VALENZUELA, TRICIA E</b> <i>Provider ID:</i> 206363 <i>Provider Gender:</i> Female <i>License number:</i> A161373 <i>NPI:</i> 1346776358 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 <i>Phone:</i> (619) 515-2560 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2560 <i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **VASHISHTHA, DEVESH M**

*Provider ID:* 206353  
*Provider Gender:* Male  
*License number:* A174983  
*NPI:* 1194220434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **VILLA, MARIA T , MD**

*Provider ID:* 107710

*Provider Gender:* Female  
*License number:* A86224  
*NPI:* 1861541385  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 SATURN BLVD STE J  
 SAN DIEGO, CA 92154-4734  
*Phone:* (619) 575-4442  
*Fax:* (619) 575-1297  
*After Hours Phone:* (619) 575-4442

*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

### **WANG, REGINA M**

*Provider ID:* 403583  
*Provider Gender:* Female  
*License number:* A109828  
*NPI:* 1154554871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Long Beach Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:*  
*After Hours Phone:* (619) 233-8500  
*Website:*

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

♿ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

### **WHITE, KATHERINE N**

*Provider ID:* 227409  
*Provider Gender:* Female  
*License number:* A120447  
*NPI:* 1801112925  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

IHP OF SOUTHERN CALIFORNIA  
3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432  
Phone: (619) 662-4100

Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No

♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **WU, JENNIFER J**

Provider ID: 403583  
Provider Gender: Female  
License number: A54702  
NPI: 1215953013  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John Sally Thornton  
Board Certified Specialty: No

IHP OF SOUTHERN CALIFORNIA  
1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500  
Fax:  
After Hours Phone: (619) 233-8500

Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No

♿ Accessibility:  
Hours: M-F 8:30AM-5PM, SA 9AM-5PM

### **ZAHLER, MARVIN W**

Provider ID: 417937  
Provider Gender: Male  
License number: 20A11612  
NPI: 1134380710  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545

Fax:  
After Hours Phone: (619) 515-2545  
Website: www.fhcsd.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **ZINK, IRENE M**

Provider ID: 227409  
Provider Gender: Female  
License number: C54198  
NPI: 1215959549  
Provider English Spoken: Yes  
Provider Language(s) Spoken: German

Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No

IHP OF SOUTHERN CALIFORNIA  
3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432  
Phone: (619) 662-4100

Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### FQHC

#### **CITY HEIGHTS FAMILY HEALTH CENTERS INC,**

Provider ID: 206353

Provider Gender:

License number:

NPI: 1023054004

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax: (619) 546-9800

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

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

Provider ID: 206363

Provider Gender:

License number:

NPI: 1982747671

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax: (619) 263-2499

After Hours Phone: (619)

515-2560

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

#### **DOWNTOWN FAMILY CTR AT CONNECTIONS,**

Provider ID: 417782

Provider Gender:

License number: 550002251

NPI: 1588901045

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2430

Fax: (619) 578-2410

After Hours Phone: (619)

515-2430

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

#### **FAMILY HEALTH CTR OF SD- ELM ST,**

Provider ID: 419167

Provider Gender:

License number: 550002061

NPI: 1316419070

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

FAMILY HEALTH CENTERS OF

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: (619) 231-0431 After Hours Phone: (619) 515-2520 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: IB, E, R Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>FAMILY HEALTH CTR SAN DIEGO-OAK PARK,</b> Provider ID: 418142 Provider Gender: License number: 550003556 NPI: 1336525906 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: FAMILY HEALTH CENTERS OF SAN DIEGO 5160 FEDERAL BLVD SAN DIEGO, CA 92105-5429</p>	<p>Phone: (619) 515-2454 Fax: (619) 794-2696 After Hours Phone: (619) 515-2454 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,</b> Provider ID: 419529 Provider Gender: License number: 550003113 NPI: 1235521782 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: FAMILY HEALTH CENTERS OF SAN DIEGO 2325 COMMERCIAL ST STE 1400 SAN DIEGO, CA 92113-1195 Phone: (619) 515-2422 Fax: (619) 269-0053 After Hours Phone: (619) 515-2422</p>	<p>Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>FAMILY HLTH CTR SAN DIEGO-CITY COLLEGE,</b> Provider ID: 417429 Provider Gender: License number: 550002865 NPI: 1952729303 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2525 Fax: (619) 501-5814 After Hours Phone: (619) 515-2525 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL):</p>
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## C. Directorio de proveedores de atención primaria

<p>No          ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5:30PM, SA          9AM-5PM</p>	<p><b>HILLCREST,</b>  <i>Provider ID:</i> 417937  <i>Provider Gender:</i>  <i>License number:</i> 550003099  <i>NPI:</i> 1629456900  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i>          FAMILY HEALTH CENTERS OF          SAN DIEGO          4094 4TH AVE          SAN DIEGO, CA 92103-2143  <i>Phone:</i> (619) 515-2545  <i>Fax:</i> (619) 501-9645  <i>After Hours Phone:</i> (619)          515-2545  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i>  <i>Hours:</i> M-TH 8AM-9PM, F          8AM-5PM, SA 9AM-5PM</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i>          IHP OF SOUTHERN          CALIFORNIA          950 S EUCLID AVE          SAN DIEGO, CA 92114-6201  <i>Phone:</i> (619) 662-4100  <i>Fax:</i> (619) 662-4158  <i>After Hours Phone:</i> (619)          662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i> P, EB, IB, E, R, T,          W  <i>Hours:</i> M-F 8AM-5PM, SA          8AM-4PM</p>
<p><b>FAMILY HLTH CTR SAN          DIEGO-BEACH AREA,</b>  <i>Provider ID:</i> 402851  <i>Provider Gender:</i>  <i>License number:</i> 080000115  <i>NPI:</i> 1386689701  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i>          FAMILY HEALTH CENTERS OF          SAN DIEGO          3705 MISSION BLVD          SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2444  <i>Fax:</i> (858) 488-1394  <i>After Hours Phone:</i> (619)          515-2444  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i>  <i>Hours:</i> M-W,F 8:30AM-5:30PM,          TH 9AM-6PM, SA 9AM-5PM</p> <p><b>FAMILY HLTH CTR SD</b></p>	<p><b>KING CHAVEZ HEALTH          CENTER,</b>  <i>Provider ID:</i> 451167  <i>Provider Gender:</i>  <i>License number:</i>  <i>NPI:</i> 1538262092</p>	<p><b>LINDA VISTA HEALTH CARE          CTR,</b>  <i>Provider ID:</i> 206046  <i>Provider Gender:</i>  <i>License number:</i>  <i>NPI:</i> 1609905215  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i></p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Board Certified Specialty:</i> IHP OF SOUTHERN CALIFORNIA 6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342 <i>Phone:</i> (858) 279-0925 <i>Fax:</i> (858) 633-4680 <i>After Hours Phone:</i> (858) 279-0925 <i>Website:</i> www.sdfamilycare.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♻️ <i>Accessibility:</i> P, EB, IB, E, R, T, W <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>LINDA VISTA HEALTH CARE CTR,</b> <i>Provider ID:</i> 206046 <i>Provider Gender:</i> <i>License number:</i> <i>NPI:</i> 1780665877 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> IHP OF SOUTHERN CALIFORNIA 6973 LINDA VISTA RD</p>	<p>SAN DIEGO, CA 92111-6342 <i>Phone:</i> (858) 279-0925 <i>Fax:</i> (858) 633-4680 <i>After Hours Phone:</i> (858) 279-0925 <i>Website:</i> www.sdfamilycare.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♻️ <i>Accessibility:</i> P, EB, IB, E, R, T, W <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>NESTOR COMMUNITY HEALTH CENTER,</b> <i>Provider ID:</i> 214492 <i>Provider Gender:</i> <i>License number:</i> 550001474 <i>NPI:</i> 1215246996 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> IHP OF SOUTHERN CALIFORNIA 1016 OUTER RD SAN DIEGO, CA 92154-1351</p>	<p><i>Phone:</i> (619) 429-3733 <i>Fax:</i> (619) 628-5550 <i>After Hours Phone:</i> (619) 429-3733 <i>Website:</i> www.ibclinic.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♻️ <i>Accessibility:</i> P, IB, E, R, T, W <i>Hours:</i> M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM</p> <p><b>NORTH PARK FAMILY HEALTH CENTERS,</b> <i>Provider ID:</i> 206362 <i>Provider Gender:</i> <i>License number:</i> <i>NPI:</i> 1700821303 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 <i>Phone:</i> (619) 515-2424 <i>Fax:</i> (619) 501-0627 <i>After Hours Phone:</i> (619) 515-2424</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	No	
Email:	♿ Accessibility: P, EB, IB, E, R, T, ME	<b>OPERATION SAMAHAN - MIRA MESA,</b>
Medi-Cal Open Panel: Yes	ME	Provider ID: 432308
Min/Max Age: None	Hours: M-TH 8AM-5PM, F,SA	Provider Gender:
American Sign Language (ASL): No	9AM-5PM	License number: 080000146
♿ Accessibility: P, EB, IB, E, R, T, ME	<b>OPERATION SAMAHAN - MIRA MESA,</b>	NPI: 1861933897
Hours: M-SA 9AM-5PM	Provider ID: 417101	Provider English Spoken: Yes
	Provider Gender:	Provider Language(s) Spoken:
<b>NORTH PARK FAMILY HEALTH CENTERS,</b>	License number: 080000146	Cultural Competency: No
Provider ID: 416831	NPI: 1871680397	Hospital Affiliation:
Provider Gender:	Provider English Spoken: Yes	Board Certified Specialty:
License number: 090000469	Provider Language(s) Spoken:	OPERATION SAMAHAN
NPI: 1700821303	Cultural Competency: No	9855 ERMA RD STE 105
Provider English Spoken: Yes	Hospital Affiliation:	SAN DIEGO, CA 92131-1007
Provider Language(s) Spoken:	Board Certified Specialty:	Phone: (844) 200-2426
Cultural Competency: No	OPERATION SAMAHAN	Fax: (858) 536-8034
Hospital Affiliation:	10737 CAMINO RUIZ STE 235	After Hours Phone: (844)
Board Certified Specialty:	SAN DIEGO, CA 92126-2375	200-2426
FAMILY HEALTH CENTERS OF	Phone: (844) 200-2426	Website:
SAN DIEGO	Fax: (858) 578-4417	<a href="http://www.operationsamahan.org">www.operationsamahan.org</a>
3514 30TH ST	After Hours Phone: (844)	Email:
SAN DIEGO, CA 92104-4120	200-2426	Medi-Cal Open Panel: Yes
Phone: (619) 515-2424	Website:	Min/Max Age: 0/999
Fax: (619) 683-7586	<a href="http://www.operationsamahan.org">www.operationsamahan.org</a>	American Sign Language (ASL):
After Hours Phone: (619)	Email:	No
515-2424	Medi-Cal Open Panel: Yes	♿ Accessibility:
Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	Min/Max Age: None	Hours: M-SA 9AM-5PM
Email:	American Sign Language (ASL):	<b>OPERATION SAMAHAN</b>
Medi-Cal Open Panel: Yes	No	<b>RANCHO PENASQUITOS,</b>
Min/Max Age: 0/18	♿ Accessibility: W	Provider ID: 418535
American Sign Language (ASL):	Hours: M-F 8AM-4:30PM, SA	Provider Gender:
9AM-5PM	9AM-5PM	License number: 550003857
		NPI: 1699216622

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>	CALIFORNIA
<i>Provider Language(s) Spoken:</i>	<i>Board Certified Specialty:</i>	2630 1ST AVE
<i>Cultural Competency:</i> No	OPERATION SAMAHAN	SAN DIEGO, CA 92103-6599
<i>Hospital Affiliation:</i>	9995 CARMEL MOUNTAIN RD	<i>Phone:</i> (619) 234-2158
<i>Board Certified Specialty:</i>	STE B10 AND B11	<i>Fax:</i> (619) 234-0206
OPERATION SAMAHAN	SAN DIEGO, CA 92129-2889	<i>After Hours Phone:</i> (619)
9995 CARMEL MOUNTAIN RD	<i>Phone:</i> (844) 200-2426	234-2158
STE B10 AND B11	<i>Fax:</i> (858) 695-9074	<i>Website:</i> www.sdaihc.org
SAN DIEGO, CA 92129-2889	<i>After Hours Phone:</i> (844)	<i>Email:</i>
<i>Phone:</i> (844) 200-2426	200-2426	<i>Medi-Cal Open Panel:</i> Yes
<i>Fax:</i> (858) 695-9074	<i>Website:</i>	<i>Min/Max Age:</i> None
<i>After Hours Phone:</i> (844)	www.operationsamahan.org	<i>American Sign Language (ASL):</i>
200-2426	<i>Email:</i>	No
<i>Website:</i>	<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i> W
www.operationsamahan.org	<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Email:</i>	<i>American Sign Language (ASL):</i>	9AM-5PM
<i>Medi-Cal Open Panel:</i> Yes	No	
<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i>	<b>SAN YSIDRO HEALTH 25TH ST</b>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M,TU,TH,F	<b>FAMILY MEDICINE,</b>
No	8:30AM-5:30PM, W 10AM-7PM,	<i>Provider ID:</i> 517403
♿ <i>Accessibility:</i>	SA 9AM-5PM	<i>Provider Gender:</i>
<i>Hours:</i> M,TU,TH,F	<b>SAN DIEGO AMERICAN INDIAN</b>	<i>License number:</i>
8:30AM-5:30PM, W 10AM-7PM,	<b>HEALTH CENTER,</b>	<i>NPI:</i> 1598308926
SA 9AM-5PM	<i>Provider ID:</i> 207382	<i>Provider English Spoken:</i> Yes
<b>OPERATION SAMAHAN</b>	<i>Provider Gender:</i>	<i>Provider Language(s) Spoken:</i>
<b>RANCHO PENASQUITOS,</b>	<i>License number:</i> 090000168	<i>Cultural Competency:</i> No
<i>Provider ID:</i> 418535	<i>NPI:</i> 1003902917	<i>Hospital Affiliation:</i>
<i>Provider Gender:</i>	<i>Provider English Spoken:</i> Yes	<i>Board Certified Specialty:</i>
<i>License number:</i> 550002478	<i>Provider Language(s) Spoken:</i>	IHP OF SOUTHERN
<i>NPI:</i> 1699216622	<i>Cultural Competency:</i> No	CALIFORNIA
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>	316 25TH ST
<i>Provider Language(s) Spoken:</i>	<i>Board Certified Specialty:</i>	SAN DIEGO, CA 92102-3016
<i>Cultural Competency:</i> No	IHP OF SOUTHERN	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>Phone: (619) 238-5551          Fax: (619) 238-3807          After Hours Phone: (619) 238-5551          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/120          American Sign Language (ASL): No          ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Email: No          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>No          ♿ Accessibility:          Hours: M-SA 9AM-5PM</p>
<p><b>SAN YSIDRO HEALTH CHC - OCEAN VIEW,</b>          Provider ID: 227409          Provider Gender:          License number:          NPI: 1326225632          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: IHP OF SOUTHERN CALIFORNIA          3177 OCEAN VIEW BLVD          SAN DIEGO, CA 92113-1432          Phone: (619) 662-4100          Fax: (619) 595-0258          After Hours Phone: (619) 662-4100          Website: www.ihpsocal.org</p>	<p><b>SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,</b>          Provider ID: 517998          Provider Gender:          License number: 550003882          NPI: 1205477841          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: IHP OF SOUTHERN CALIFORNIA          4690 EL CAJON BLVD          SAN DIEGO, CA 92115-4403          Phone: (619) 662-4100          Fax:          After Hours Phone: (619) 662-4100          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/120          American Sign Language (ASL):</p>	<p><b>SHERMAN HEIGHTS FAMILY HLTH CTRS INC,</b>          Provider ID: 356145          Provider Gender:          License number:          NPI: 1174549232          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: FAMILY HEALTH CENTERS OF SAN DIEGO          2391 ISLAND AVE          SAN DIEGO, CA 92102-2941          Phone: (619) 515-2435          Fax: (619) 515-2435          After Hours Phone: (619) 515-2435          Website:          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E, R, T, ME          Hours: M-SA 9AM-5PM</p>
		<hr/> <p><b>GASTROENTEROLOGY</b></p> <hr/>

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## C. Directorio de proveedores de atención primaria

### **CHANDRADAS, SAJIV H**

Provider ID: 417937  
 Provider Gender: Male  
 License number: A122474  
 NPI: 1720350465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Green Hospital, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **CUMMINS, ANDREW B**

Provider ID: 417937  
 Provider Gender: Male

License number: A102764  
 NPI: 1699917096  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### **FRENETTE, CATHERINE T**

Provider ID: 417937  
 Provider Gender: Female  
 License number: A80461  
 NPI: 1417935081  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, California Pacific Med Ctr  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **GADDIPATI, KISHORE V**

Provider ID: 417937  
 Provider Gender: Male  
 License number: A111638  
 NPI: 1720114093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Spanish, Telugu, Urdu

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## C. Directorio de proveedores de atención primaria

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **STIPHO, SALLY**

*Provider ID:* 417937  
*Provider Gender:* Female  
*License number:* A104647  
*NPI:* 1467642215  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Kindred Hospital San Diego, Scripps

Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

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### **GENERAL PRACTICE**

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### **BORRERO, MARCOS**

*Provider ID:* 100677  
*Provider Gender:* Male  
*License number:* A38907  
*NPI:* 1952312621  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista

*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 3490 PALM AVE  
 SAN DIEGO, CA 92154-1664  
*Phone:* (619) 423-5616  
*Fax:* (619) 423-5684  
*After Hours Phone:* (619) 423-5616  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **DOAN STEPHENS, CRYSTAL T**

*Provider ID:* 233532  
*Provider Gender:* Female  
*License number:* A152267  
*NPI:* 1730570144  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690

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## C. Directorio de proveedores de atención primaria

Phone: (619) 280-2058	Email:	No
Fax:	Medi-Cal Open Panel: Yes	♿ Accessibility: P, EB, IB, E, R, T, W
After Hours Phone: (619) 280-2058	Min/Max Age: None	Hours: M-TH 8:30AM-5:30PM, F 8:30AM-12:30PM, SA 9AM-5PM
Website: www.sdfamilycare.org	American Sign Language (ASL): No	
Email:	♿ Accessibility: P, EB, IB, E, R, T	
Medi-Cal Open Panel: Yes	Hours: M-F 9AM-5PM, SA 9AM-5PM	
Min/Max Age: 0/22		
American Sign Language (ASL): No		
♿ Accessibility: P, EB, IB, E, W	<b>RECALDE, FRANCISCO J</b>	<b>VO, DUC D</b>
Hours: M-SA 9AM-5PM	Provider ID: 13850	Provider ID: 81143
	Provider Gender: Male	Provider Gender: Male
	License number: C41872	License number: A43289
	NPI: 1538309067	NPI: 1427096627
	Provider English Spoken: Yes	Provider English Spoken: Yes
	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish, Vietnamese
<b>DWABE, KEFAH T, MD</b>	Cultural Competency: No	Cultural Competency: No
Provider ID: 108795	Hospital Affiliation: Scripps Mercy Hospital	Hospital Affiliation: Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista
Provider Gender: Male	Board Certified Specialty: No	Board Certified Specialty: No
License number: A94193	IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD	IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
NPI: 1477656049	3811 EL CAJON BLVD	2418 ULRIC ST
Provider English Spoken: Yes	SAN DIEGO, CA 92105-1020	SAN DIEGO, CA 92111-6040
Provider Language(s) Spoken: Arabic, Burmese, Cambodian, Thai	Phone: (619) 284-5622	Phone: (858) 560-1226
Cultural Competency: No	Fax: (619) 566-4655	Fax: (858) 560-1205
Hospital Affiliation: Alvarado Hosp Med Ctr	After Hours Phone: (619) 507-3050	After Hours Phone: (858) 560-1226
Board Certified Specialty: No	Website:	Website:
COMMUNITY CARE IPA LLC	Email:	Email:
4863 EL CAJON BLVD STE A	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
SAN DIEGO, CA 92115-4636	Min/Max Age: None	Min/Max Age: 0/999
Phone: (619) 286-9000	American Sign Language (ASL): No	American Sign Language (ASL): No
Fax: (619) 286-9004		
After Hours Phone: (619) 286-9000		
Website:		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

♿ *Accessibility:* W

*Hours:* M-W,F 9AM-5PM, TH,SA  
9AM-5PM

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### HEPATOLOGY

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#### **GISH, ROBERT G**

*Provider ID:* 185268

*Provider Gender:* Male

*License number:* G45632

*NPI:* 1548281322

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Dutch, French, Spanish,

Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Providence

Santa Rosa Memorial Hospital,

Ucsd Medical Ctr, Stanford

Health Care, California Pacific

Med Ctr, Selma Community

Hospital, Adventist Medical

Center, Adventist Med Ctr

Reedley, Loma Linda University

Comm Med Ctr, Regional

Medical Ctr Of San Jose

*Board Certified Specialty:* No

LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

*Phone:* (619) 255-9155

*Fax:*

*After Hours Phone:* (619)

255-9155

*Website:* www.lamaestra.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, W

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

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### HOSPITALIST MD/DO

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#### **KHADER, WASEEM**

*Provider ID:* 417937

*Provider Gender:* Male

*License number:* 20A16567

*NPI:* 1124476270

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Palomar

Medical Center

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:*

*After Hours Phone:* (619)

515-2545

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-TH 8AM-9PM, F

8AM-5PM, SA 9AM-5PM

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### INFECTIOUS DISEASE

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#### **LEWINSKI, MARY K**

*Provider ID:* 417937

*Provider Gender:* Female

*License number:* A109633

*NPI:* 1659535094

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:*

*After Hours Phone:* (619)

515-2545

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

♿ *Accessibility:*  
*Hours:* M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM

*Provider ID:* 419529  
*Provider Gender:* Female  
*License number:* A122238  
*NPI:* 1982044483

*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Palomar Health,  
 Palomar Medical Center  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA

### INTERNAL MEDICINE

#### ALASSIL, SALLY

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A122238  
*NPI:* 1982044483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

#### ALASSIL, SALLY

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2325 COMMERCIAL ST STE  
 1400  
 SAN DIEGO, CA 92113-1195  
*Phone:* (619) 515-2422

*Fax:*  
*After Hours Phone:* (619)  
 515-2422  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

#### ALDOUS, JEANNETTE L

*Provider ID:* 451167  
*Provider Gender:* Female  
*License number:* A101017  
*NPI:* 1073650339  
*Provider English Spoken:* Yes

950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100

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

*Website:* www.ihpsocal.org  
*Email:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

*American Sign Language (ASL):*  
 No

♿ *Accessibility:* P, EB, IB, E, R, T,  
 W

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

#### AMATYA, SUBHA L

*Provider ID:* 417429  
*Provider Gender:* Female  
*License number:* A150777  
*NPI:* 1861837221  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## C. Directorio de proveedores de atención primaria

<p>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2525 Fax: After Hours Phone: (619) 515-2525 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>ANDERSON, KENDELL R</b> Provider ID: 417937 Provider Gender: Female License number: 20A15598 NPI: 1285028191 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143</p>	<p>Phone: (619) 515-2545 Fax: After Hours Phone: (619) 515-2545 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM</p> <p><b>ANDREWS, JOHN S</b> Provider ID: 403583 Provider Gender: Male License number: G71080 NPI: 1003164302 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1501 IMPERIAL AVE SAN DIEGO, CA 92101-7638 Phone: (619) 233-8500 Fax: After Hours Phone: (619) 233-8500 Website: Email:</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>BENITEZ, MARTHA G</b> Provider ID: 206362 Provider Gender: Female License number: 20A19248 NPI: 1124521901 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: After Hours Phone: (619) 515-2424 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T,</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

ME Hours: M-SA 9AM-5PM	Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2545 Fax: After Hours Phone: (619) 515-2545 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM	Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307 Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 14/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M,W,F 8:30AM-5:15PM, TU,TH 5:30PM-8:30PM, SA 9AM-4PM
<b>BOHR, CHRISTINA T</b> Provider ID: 417937 Provider Gender: Female License number: 20A17702 NPI: 1841794344 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2545 Fax: After Hours Phone: (619) 515-2545 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM	<b>CHAU, JOHN K</b> Provider ID: 597284 Provider Gender: Male License number: A52498 NPI: 1740375070 Provider English Spoken: Yes Provider Language(s) Spoken: Yue Chinese Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 6973 LINDA VISTA RD	<b>CHAU, JOHN K</b> Provider ID: 597285 Provider Gender: Male License number: A52498 NPI: 1740375070 Provider English Spoken: Yes Provider Language(s) Spoken: Yue Chinese Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 6973 LINDA VISTA RD
<b>BRIONES COLMAN, FELICIA R</b> Provider ID: 417937 Provider Gender: Female License number: A80153 NPI: 1962517367	<b>CHAU, JOHN K</b> Provider ID: 597284 Provider Gender: Male License number: A52498 NPI: 1740375070 Provider English Spoken: Yes Provider Language(s) Spoken: Yue Chinese Cultural Competency: No Hospital Affiliation:	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

SAN DIEGO, CA 92111-6342

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)

279-0925

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 14/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### CHEN, JAMES Y

Provider ID: 417937

Provider Gender: Male

License number: A86644

NPI: 1265495691

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### CSAPOCZI, PETER

Provider ID: 451167

Provider Gender: Male

License number: A96919

NPI: 1841357118

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hungarian, Spanish, Ukrainian

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,  
W

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

### DAHMS, ERIC B

Provider ID: 417937

Provider Gender: Male

License number: G80316

NPI: 1306808464

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### DIEP, KEVIN

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Provider ID: 417937  Provider Gender: Male  License number: 20A17657  NPI: 1083117865  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  Phone: (619) 515-2545  Fax:  After Hours Phone: (619)  515-2545  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-TH 8AM-9PM, F  8AM-5PM, SA 9AM-5PM</p> <p><b>DODGE, JOHN M</b>  Provider ID: 417937  Provider Gender: Male  License number: G67831  NPI: 1770510489  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p>Spanish  Cultural Competency: No  Hospital Affiliation: Scripps  Memorial Hospital  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  Phone: (619) 515-2545  Fax:  After Hours Phone: (619)  515-2545  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-SA 9AM-5PM</p> <p><b>FABELLA, GABRIEL T , MD</b>  Provider ID: 9774  Provider Gender: Male  License number: A48087  NPI: 1124060827  Provider English Spoken: Yes  Provider Language(s) Spoken:  Japanese, Spanish, Tagalog  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  COMMUNITY CARE IPA LLC</p>	<p>10737 CAMINO RUIZ STE 115  SAN DIEGO, CA 92126-2361  Phone: (858) 695-1262  Fax: (858) 695-2132  After Hours Phone: (858)  695-1262  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL):  No  ♿ Accessibility: P, EB, IB, E, W  Hours: M 9AM-3PM, TU-TH  8AM-4PM, F,SA 9AM-5PM</p> <p><b>FARASAT, SADAF</b>  Provider ID: 206360  Provider Gender: Female  License number: A147939  NPI: 1255696407  Provider English Spoken: Yes  Provider Language(s) Spoken:  Hindi, Punjabi, Urdu  Cultural Competency: No  Hospital Affiliation: Scripps  Memorial Hospital, Ucsd La  Jolla John Sally Thornton, Ucsd  Medical Ctr, Natividad Medical  Center  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  1809 NATIONAL AVE</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>SAN DIEGO, CA 92113-2113            Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ☯ Accessibility: ME            Hours: M-SA 9AM-5PM</p>	<p>Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ☯ Accessibility:            Hours: M-SA 9AM-5PM</p>	<p>No            ☯ Accessibility:            Hours: M-SA 9AM-5PM</p>
<p><b>FEDER, GLEN A</b>            Provider ID: 417937            Provider Gender: Male            License number: 20A17926            NPI: 1518461110            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143            Phone: (619) 515-2545            Fax:            After Hours Phone: (619) 515-2545</p>	<p><b>GEHR, MARC K</b>            Provider ID: 417937            Provider Gender: Male            License number: G67338            NPI: 1306800180            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143            Phone: (619) 515-2545            Fax:            After Hours Phone: (619) 515-2545            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):</p>	<p><b>GERWER, JOHANNA E</b>            Provider ID: 206360            Provider Gender: Female            License number: A169752            NPI: 1043742588            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113            Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website: www.fhcsd.org            Email:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ☯ Accessibility: ME            Hours: M-SA 9AM-5PM</p> <p><b>GUTIERREZ, ANGELICA M</b>            Provider ID: 233597            Provider Gender: Female            License number: A175116</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

NPI: 1982180329	Coronado Hosp And Healthcare Ctr, Santa Barbara Cottage Hosp, Goleta Valley Cottage Hosp	Scripps Mercy Hospital
Provider English Spoken: Yes		Board Certified Specialty: No
Provider Language(s) Spoken: Cultural Competency: No		FAMILY HEALTH CENTERS OF SAN DIEGO
Hospital Affiliation: Board Certified Specialty: No	Board Certified Specialty: No	4094 4TH AVE
IHP OF SOUTHERN CALIFORNIA	FAMILY HEALTH CENTERS OF SAN DIEGO	SAN DIEGO, CA 92103-2143
4290 POLK AVE	4725 MARKET ST	Phone: (619) 515-2545
SAN DIEGO, CA 92105-1524	SAN DIEGO, CA 92102-4715	Fax:
Phone: (619) 563-0250	Phone: (619) 515-2560	After Hours Phone: (619) 515-2545
Fax:	Fax:	Website: www.fhcsd.org
After Hours Phone: (619) 563-0250	After Hours Phone: (619) 515-2560	Email:
Website: www.sdfamilycare.org	Website: www.fhcsd.org	Medi-Cal Open Panel: Yes
Email:	Medi-Cal Open Panel: Yes	Min/Max Age: None
Medi-Cal Open Panel: Yes	Min/Max Age: None	American Sign Language (ASL): No
Min/Max Age: None	American Sign Language (ASL): No	♿ Accessibility:
American Sign Language (ASL): No	♿ Accessibility: P, EB, IB, E, R, T, ME	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM
Hours: M-F 8AM-5PM, SA 8AM-2PM	Hours: M-SA 9AM-5PM	
	<b>HAN, PAUL J</b>	<b>HAZELBAKER, PAUL N</b>
<b>HAMMETT, ERIN K</b>	Provider ID: 417937	Provider ID: 417782
Provider ID: 206363	Provider Gender: Male	Provider Gender: Male
Provider Gender: Female	License number: A116816	License number: 20A7147
License number: 20A14025	NPI: 1053553339	NPI: 1831106103
NPI: 1467884098	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider Language(s) Spoken: Korean	Provider Language(s) Spoken: Cultural Competency: No
Provider Language(s) Spoken: Spanish	Cultural Competency: No	Hospital Affiliation: Board Certified Specialty: No
Cultural Competency: No	Hospital Affiliation: Scripps Mercy Hospital Chula Vista,	FAMILY HEALTH CENTERS OF SAN DIEGO
Hospital Affiliation: Sharp		1250 6TH AVE STE 100
		SAN DIEGO, CA 92101-4368

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2430

Fax:

After Hours Phone: (619)  
515-2430

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **HENDERSON, PHILIP L**

Provider ID: 417937

Provider Gender: Male

License number: A140324

NPI: 1447678834

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **HIGGINSON, MICHELLE C**

Provider ID: 417937

Provider Gender: Female

License number: A74420

NPI: 1114955879

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy  
Hospital Chula Vista

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **JACKSON, GAVIN N**

Provider ID: 417937

Provider Gender: Male

License number: A110647

NPI: 1609033182

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

### **KARCHES, KELLI C**

Provider ID: 417937

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Provider Gender:</i> Female  <i>License number:</i> A80931  <i>NPI:</i> 1891997631  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  <i>Phone:</i> (619) 515-2545  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2545  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  🗎 <i>Accessibility:</i>  <i>Hours:</i> M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM</p> <p><b>KRIJGER, LISA C</b>  <i>Provider ID:</i> 403583  <i>Provider Gender:</i> Female  <i>License number:</i> A67762</p>	<p><i>NPI:</i> 1932278710  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  1501 IMPERIAL AVE  SAN DIEGO, CA 92101-7638  <i>Phone:</i> (619) 233-8500  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 233-8500  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  🗎 <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5:30PM, SA 9AM-5PM</p> <p><b>LALITHAKUMARI, ARYA</b>  <i>Provider ID:</i> 206362  <i>Provider Gender:</i> Female  <i>License number:</i> A140646  <i>NPI:</i> 1265874010  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Hemet  Global Medical Center, Menifee</p>	<p>Global Medical Center  <i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO  3544 30TH ST  SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2424  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  🗎 <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>LAMANTIA, MICHELE A</b>  <i>Provider ID:</i> 451167  <i>Provider Gender:</i> Female  <i>License number:</i> G71855  <i>NPI:</i> 1124176102  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  950 S EUCLID AVE</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

SAN DIEGO, CA 92114-6201

Phone: (619) 428-4463

Fax:

After Hours Phone: (619)

428-4463

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 9AM-5PM

### LEE, MICHAEL W

Provider ID: 206360

Provider Gender: Male

License number: A71671

NPI: 1760406649

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Green Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### LE, CHARLES N, MD

Provider ID: 272919

Provider Gender: Male

License number: A124891

NPI: 1821243759

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Alvarado

Hospital Llc, Paradise Valley

Hospital, Vibra Hospital Of San

Diego, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula

Vista

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4440 EUCLID AVE STE A

SAN DIEGO, CA 92115-4522

Phone: (619) 521-6812

Fax: (619) 521-6802

After Hours Phone: (619)

521-6812

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-6PM, SA

9AM-2PM

### LU, STEPHANIE A

Provider ID: 206362

Provider Gender: Female

License number: 20A20252

NPI: 1518524586

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R, T, ME</p> <p>Hours: M-SA 9AM-5PM</p> <p><b>MARCINIAK, ROMAN J</b></p> <p>Provider ID: 206360</p> <p>Provider Gender: Male</p> <p>License number: 20A17072</p> <p>NPI: 1326579210</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1809 NATIONAL AVE</p> <p>SAN DIEGO, CA 92113-2113</p> <p>Phone: (619) 515-2300</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2300</p> <p>Website: www.fhcsd.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: ME</p>	<p>Hours: M-SA 9AM-5PM</p> <p><b>NANDURI, RAMACHANDER</b></p> <p>Provider ID: 22720</p> <p>Provider Gender: Male</p> <p>License number: C50916</p> <p>NPI: 1093721896</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Hindi, Kannada, Spanish, Tamil, Telugu</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Alvarado Hospital Llc</p> <p>Board Certified Specialty: No</p> <p>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</p> <p>995 GATEWAY CENTER WAY</p> <p>STE 202</p> <p>SAN DIEGO, CA 92102-4545</p> <p>Phone: (619) 264-3107</p> <p>Fax: (619) 264-6927</p> <p>After Hours Phone: (619) 264-3107</p> <p>Website:</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>NARANJO, RODRIGO A</b></p>	<p>Provider ID: 206046</p> <p>Provider Gender: Male</p> <p>License number: A119010</p> <p>NPI: 1609095264</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>6973 LINDA VISTA RD</p> <p>SAN DIEGO, CA 92111-6342</p> <p>Phone: (858) 279-0925</p> <p>Fax:</p> <p>After Hours Phone: (858) 279-0925</p> <p>Website: www.sdfamilycare.org</p> <p>Email:</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R, T, W</p> <p>Hours: M-SA 9AM-5PM</p> <p><b>NARANJO, RODRIGO A</b></p> <p>Provider ID: 482070</p> <p>Provider Gender: Male</p> <p>License number: A119010</p> <p>NPI: 1609095264</p> <p>Provider English Spoken: Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Provider Language(s) Spoken:</i>	COMMUNITY CARE IPA LLC	<i>Phone:</i> (619) 515-2560
Spanish	4551 EL CAJON BLVD	<i>Fax:</i>
<i>Cultural Competency:</i> No	SAN DIEGO, CA 92115-4316	<i>After Hours Phone:</i> (619)
<i>Hospital Affiliation:</i>	<i>Phone:</i> (619) 280-7185	515-2560
<i>Board Certified Specialty:</i> No	<i>Fax:</i> (619) 280-0994	<i>Website:</i> www.fhcsd.org
IHP OF SOUTHERN CALIFORNIA	<i>After Hours Phone:</i> (619)	<i>Email:</i>
7011 LINDA VISTA RD	280-7185	<i>Medi-Cal Open Panel:</i> Yes
SAN DIEGO, CA 92111-6307	<i>Website:</i>	<i>Min/Max Age:</i> None
<i>Phone:</i> (858) 810-8700	<i>Email:</i>	<i>American Sign Language (ASL):</i>
<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes	No
<i>After Hours Phone:</i> (858)	<i>Min/Max Age:</i> 18/999	♿ <i>Accessibility:</i> P, EB, IB, E, R, T,
810-8700	<i>American Sign Language (ASL):</i>	ME
<i>Website:</i> www.sdfamilycare.org	No	<i>Hours:</i> M-SA 9AM-5PM
<i>Email:</i>	♿ <i>Accessibility:</i> P, EB, IB, E, W	<b>PREVALLET, ALEXANDER</b>
<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-W 9AM-6PM, TH,F	<i>Provider ID:</i> 417937
<i>Min/Max Age:</i> None	9AM-5PM, SA 8:30AM-1PM	<i>Provider Gender:</i> Male
<i>American Sign Language (ASL):</i>	<b>PARIKH, MILIND D</b>	<i>License number:</i> 20A19716
No	<i>Provider ID:</i> 206363	<i>NPI:</i> 1659833556
♿ <i>Accessibility:</i> P, EB, IB, E, R, W	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
<i>Hours:</i> M-SA 9AM-5PM	<i>License number:</i> 20A13745	<i>Provider Language(s) Spoken:</i>
<b>NGUYEN, TUE T, MD</b>	<i>NPI:</i> 1194161406	<i>Cultural Competency:</i> No
<i>Provider ID:</i> 44830	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>
<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>	<i>Board Certified Specialty:</i> No
<i>License number:</i> A49831	Gujarati, Hindi, Spanish	FAMILY HEALTH CENTERS OF
<i>NPI:</i> 1548226178	<i>Cultural Competency:</i> No	SAN DIEGO
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Sharp Chula	4094 4TH AVE
<i>Provider Language(s) Spoken:</i>	Vista Med Ctr, Sharp Grossmont	SAN DIEGO, CA 92103-2143
Vietnamese	Hospital	<i>Phone:</i> (619) 515-2545
<i>Cultural Competency:</i> No	<i>Board Certified Specialty:</i> No	<i>Fax:</i>
<i>Hospital Affiliation:</i> Sharp	FAMILY HEALTH CENTERS OF	<i>After Hours Phone:</i> (619)
Memorial Hospital	SAN DIEGO	515-2545
<i>Board Certified Specialty:</i> No	4725 MARKET ST	<i>Website:</i> www.fhcsd.org
	SAN DIEGO, CA 92102-4715	<i>Email:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **RAMERS, CHRISTIAN**

Provider ID: 417937

Provider Gender: Male

License number: A119631

NPI: 1730381385

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **RESNIKOFF, PAMELA M**

Provider ID: 417937

Provider Gender: Female

License number: G80358

NPI: 1841252533

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy  
Hospital Chula Vista

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **RIVERA, TANIA L**

Provider ID: 206363

Provider Gender: Female

License number: A126958

NPI: 1336346972

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Palomar  
Medical Center, Scripps

Memorial Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)

515-2560

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **ROLDAN, ANSELMO**

Provider ID: 100798

Provider Gender: Male

License number: A42177

NPI: 1790898369

Provider English Spoken: Yes

Provider Language(s) Spoken:

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr  <i>Board Certified Specialty:</i> No  IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  3490 PALM AVE  SAN DIEGO, CA 92154-1664  <i>Phone:</i> (619) 423-5616  <i>Fax:</i> (619) 423-5684  <i>After Hours Phone:</i> (619) 423-5616  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM</p> <p><b>ROUEL, WADI</b>  <i>Provider ID:</i> 185268  <i>Provider Gender:</i> Male  <i>License number:</i> C55979  <i>NPI:</i> 1740254713  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, Spanish, Syriac  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Memorial Hospital, Grossmont</p>	<p>Hospital  <i>Board Certified Specialty:</i> No  LA MAESTRA FAMILY CLINIC  4060 FAIRMOUNT AVE  SAN DIEGO, CA 92105-1608  <i>Phone:</i> (619) 255-9155  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 255-9155  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, W  <i>Hours:</i> M-F 8AM-6PM, SA 8AM-2PM</p> <p><b>SHI, RUJING</b>  <i>Provider ID:</i> 417937  <i>Provider Gender:</i> Female  <i>License number:</i> 20A19399  <i>NPI:</i> 1710446539  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital  <i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143</p>	<p><i>Phone:</i> (619) 515-2545  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2545  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM</p> <p><b>SMILDE, RENEE I</b>  <i>Provider ID:</i> 417937  <i>Provider Gender:</i> Female  <i>License number:</i> A70175  <i>NPI:</i> 1427010594  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Dutch  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No  FAMILY HEALTH CENTERS OF SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **TRUONG, TU N, MD**

Provider ID: 53396

Provider Gender: Male

License number: A50756

NPI: 1194794263

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cambodian, Spanish,

Vietnamese

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Ucsd La Jolla John

Sally Thornton, Alvarado

Hospital Llc, Kindred Hospital

San Diego

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

5069 EL CAJON BLVD

SAN DIEGO, CA 92115-3348

Phone: (619) 583-8705

Fax: (619) 583-8701

After Hours Phone: (619)  
583-8705

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):  
No

♿ Accessibility: IB, E, R, W

Hours: M-W,F 9AM-6PM, TH  
9AM-5PM, SA 9AM-1PM

### **VIDAURAZAGA, MONICA M**

Provider ID: 417937

Provider Gender: Female

License number: A169207

NPI: 1346628310

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **WASTILA, LISA J**

Provider ID: 403583

Provider Gender: Female

License number: A60801

NPI: 1043375231

Provider English Spoken: Yes

Provider Language(s) Spoken:

German

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax:

After Hours Phone: (619)

233-8500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

No ♿ <i>Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM	<i>Provider Gender:</i> Male <i>License number:</i> A163178 <i>NPI:</i> 1023639176 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 <i>Phone:</i> (619) 515-2545 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2545 <i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 <i>Phone:</i> (619) 515-2545 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2545 <i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM
<b>WATTS, ELI M</b> <i>Provider ID:</i> 451167 <i>Provider Gender:</i> Male <i>License number:</i> A79383 <i>NPI:</i> 1649373739 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Memorial Hospital <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 950 S EUCLID AVE SAN DIEGO, CA 92114-6201 <i>Phone:</i> (619) 662-4100 <i>Fax:</i> <i>After Hours Phone:</i> (619) 662-4100 <i>Website:</i> www.ihpsocal.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W <i>Hours:</i> M-SA 9AM-5PM	<b>YUNG, STEVEN A</b> <i>Provider ID:</i> 417937 <i>Provider Gender:</i> Male <i>License number:</i> G80798 <i>NPI:</i> 1689636656 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No	<hr/> <b>INTERVENTIONAL CARDIOLOGY</b> <hr/> <b>MOUSSAVIAN, MEHRAN</b> <i>Provider ID:</i> 206363 <i>Provider Gender:</i> Male <i>License number:</i> 20A7241 <i>NPI:</i> 1689788234 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Farsi, Spanish <i>Cultural Competency:</i> No
<b>WONG, ARTHUR D</b> <i>Provider ID:</i> 417937		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital</p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4725 MARKET ST</p> <p>SAN DIEGO, CA 92102-4715</p> <p><i>Phone:</i> (619) 263-2499</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 263-2499</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME</p> <p><i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>SHETABI, KAMBIZ</b></p> <p><i>Provider ID:</i> 206363</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A126187</p> <p><i>NPI:</i> 1972827806</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p>	<p>Farsi, Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr</p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4725 MARKET ST</p> <p>SAN DIEGO, CA 92102-4715</p> <p><i>Phone:</i> (619) 515-2560</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2560</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <hr/> <p style="text-align: center;"><b>MULTI SPECIALTY MEDICAL CLINIC</b></p> <hr/> <p><b>UCSD MEDICAL GROUP,</b></p> <p><i>Provider ID:</i> 179619</p> <p><i>Provider Gender:</i></p> <p><i>License number:</i></p> <p><i>NPI:</i> 1578672184</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p>	<p><i>Hospital Affiliation:</i></p> <p><i>Board Certified Specialty:</i></p> <p>UCSD MEDICAL GROUP</p> <p>330 LEWIS ST STE 400</p> <p>SAN DIEGO, CA 92103-2108</p> <p><i>Phone:</i> (619) 471-9260</p> <p><i>Fax:</i> (619) 471-9310</p> <p><i>After Hours Phone:</i> (619) 471-9260</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/25</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><b>UCSD MEDICAL GROUP,</b></p> <p><i>Provider ID:</i> 179639</p> <p><i>Provider Gender:</i></p> <p><i>License number:</i></p> <p><i>NPI:</i> 1508968751</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Board Certified Specialty:</i></p> <p>UCSD MEDICAL GROUP</p> <p>4168 FRONT ST</p> <p>SAN DIEGO, CA 92103-2030</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 25/120

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

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### NEUROLOGY

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#### **GRISOLIA, JAMES S**

Provider ID: 417937

Provider Gender: Male

License number: G42884

NPI: 1336102359

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,  
Scripps Mercy Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

#### **MARTIN, FREDERIC R**

Provider ID: 417937

Provider Gender: Male

License number: G61965

NPI: 1265582605

Provider English Spoken: Yes

Provider Language(s) Spoken:  
French

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Vibra  
Hospital Of San Diego, Scripps

Memorial Hospital Encinitas,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

#### **TAFRESHI, GILDA M**

Provider ID: 417937

Provider Gender: Female

License number: A103111

NPI: 1891946950

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps  
Memorial Hospital, Scripps  
Green Hospital, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI A**

Provider ID: 206353

Provider Gender: Female

License number: 20A14919

NPI: 1619397031

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)  
515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

#### **ALIMONOS, LYSISTRATI A**

Provider ID: 206360

Provider Gender: Female

License number: 20A14919

NPI: 1619397031

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

#### **ALIMONOS, LYSISTRATI A**

Provider ID: 206362

Provider Gender: Female

License number: 20A14919

NPI: 1619397031

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Email:	Min/Max Age: None	No
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	♿ Accessibility:
Min/Max Age: None	No	Hours: M-TH 8:30AM-5PM, F, SA
American Sign Language (ASL):	♿ Accessibility: P, EB, IB, E, R, T,	9AM-5PM
No	ME	
♿ Accessibility: P, EB, IB, E, R, T,	Hours: M-F 8:30AM-5:30PM, SA	<b>ALIMONOS, LYSISTRATI A</b>
ME	9AM-5PM	Provider ID: 416831
Hours: M-TH 8:30AM-5:30PM, F		Provider Gender: Female
8:30AM-5PM, SA 9AM-5PM	<b>ALIMONOS, LYSISTRATI A</b>	License number: 20A14919
	Provider ID: 402851	NPI: 1619397031
<b>ALIMONOS, LYSISTRATI A</b>	Provider Gender: Female	Provider English Spoken: Yes
Provider ID: 206363	License number: 20A14919	Provider Language(s) Spoken:
Provider Gender: Female	NPI: 1619397031	Spanish
License number: 20A14919	Provider English Spoken: Yes	Cultural Competency: No
NPI: 1619397031	Provider Language(s) Spoken:	Hospital Affiliation: Grossmont
Provider English Spoken: Yes	Spanish	Hospital, Scripps Mercy
Provider Language(s) Spoken:	Cultural Competency: No	Hospital
Spanish	Hospital Affiliation: Grossmont	Board Certified Specialty: No
Cultural Competency: No	Hospital, Scripps Mercy	FAMILY HEALTH CENTERS OF
Hospital Affiliation: Grossmont	Hospital	SAN DIEGO
Hospital, Scripps Mercy	Board Certified Specialty: No	3514 30TH ST
Hospital	FAMILY HEALTH CENTERS OF	SAN DIEGO, CA 92104-4120
Board Certified Specialty: No	SAN DIEGO	Phone: (619) 515-2424
FAMILY HEALTH CENTERS OF	3705 MISSION BLVD	Fax:
SAN DIEGO	SAN DIEGO, CA 92109-7104	After Hours Phone: (619)
4725 MARKET ST	Phone: (619) 515-2444	515-2424
SAN DIEGO, CA 92102-4715	Fax:	Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>
Phone: (619) 515-2560	After Hours Phone: (619)	Email:
Fax:	515-2444	Medi-Cal Open Panel: Yes
After Hours Phone: (619)	Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	Min/Max Age: 0/18
515-2560	Email:	American Sign Language (ASL):
Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	Medi-Cal Open Panel: Yes	No
Email:	Min/Max Age: None	♿ Accessibility: P, EB, IB, E, R, T,

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

ME Hours: M-SA 9AM-5PM	License number: A68463 NPI: 1376663831 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342 Phone: (858) 279-0925 Fax: After Hours Phone: (858) 279-0925 Website: www.sdfamilycare.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, W Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM	License number: A68463 NPI: 1376663831 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM	License number: A68463 NPI: 1376663831 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-SA 9AM-5PM
<b>BLAKE, GARY D</b> Provider ID: 206046 Provider Gender: Male License number: G44807 NPI: 1497738439 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No	<b>BUECHNER, CHARLENE A</b> Provider ID: 206353 Provider Gender: Female	<b>BUECHNER, CHARLENE A</b> Provider ID: 206360 Provider Gender: Female	<b>BUECHNER, CHARLENE A</b> Provider ID: 206362 Provider Gender: Female License number: A68463

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

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NPI: 1376663831

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp  
Mary Birch Hosp For Women  
And Newborns

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **BUECHNER, CHARLENE A**

Provider ID: 206363

Provider Gender: Female

License number: A68463

NPI: 1376663831

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp  
Mary Birch Hosp For Women  
And Newborns

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2420

Fax:

After Hours Phone: (619)  
515-2420

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **BUECHNER, CHARLENE A**

Provider ID: 402851

Provider Gender: Female

License number: A68463

NPI: 1376663831

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp  
Mary Birch Hosp For Women  
And Newborns

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **BUECHNER, CHARLENE A**

Provider ID: 416831

Provider Gender: Female

License number: A68463

NPI: 1376663831

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            3514 30TH ST            SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2424  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>CARTER, KHALIL J</b>  <i>Provider ID:</i> 206353  <i>Provider Gender:</i> Male  <i>License number:</i> A113001  <i>NPI:</i> 1225231582</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital, Tri City Medical Ctr  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2400  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2400  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>CARTER, KHALIL J</b>  <i>Provider ID:</i> 206360  <i>Provider Gender:</i> Male  <i>License number:</i> A113001  <i>NPI:</i> 1225231582  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p>Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital  <i>Board Certified Specialty:</i> No            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> ME  <i>Hours:</i> M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM</p> <p><b>CARTER, KHALIL J</b>  <i>Provider ID:</i> 206362  <i>Provider Gender:</i> Male  <i>License number:</i> A113001  <i>NPI:</i> 1225231582  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital</p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3544 30TH ST</p> <p>SAN DIEGO, CA 92104-4120</p> <p><i>Phone:</i> (619) 515-2424</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2424</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME</p> <p><i>Hours:</i> M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM</p> <p><b>CARTER, KHALIL J</b></p> <p><i>Provider ID:</i> 206363</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A113001</p> <p><i>NPI:</i> 1225231582</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont</p>	<p>Hospital</p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4725 MARKET ST</p> <p>SAN DIEGO, CA 92102-4715</p> <p><i>Phone:</i> (619) 515-2420</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2420</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME</p> <p><i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>CARTER, KHALIL J</b></p> <p><i>Provider ID:</i> 402851</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A113001</p> <p><i>NPI:</i> 1225231582</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital</p> <p><i>Board Certified Specialty:</i> No</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3705 MISSION BLVD</p> <p>SAN DIEGO, CA 92109-7104</p> <p><i>Phone:</i> (619) 515-2444</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2444</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-W 8:30AM-5PM, TH 9:30AM-6PM, F, SA 9AM-5PM</p> <p><b>CARTER, KHALIL J</b></p> <p><i>Provider ID:</i> 416831</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A113001</p> <p><i>NPI:</i> 1225231582</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital</p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3514 30TH ST</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

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

9AM-5PM

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M 8AM-7PM, TU-TH

8AM-6PM, F 8AM-5:30PM, SA

8AM-5PM

### **CERVANTES, SANDRA M**

Provider ID: 206353

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

### **CERVANTES, SANDRA M**

Provider ID: 206360

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

### **CERVANTES, SANDRA M**

Provider ID: 206362

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-TH 8AM-5:30PM, F  
8AM-5PM, SA 9AM-5PM

### **CERVANTES, SANDRA M**

Provider ID: 206363

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **CERVANTES, SANDRA M**

Provider ID: 402851

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-TH 8:30AM-5PM, F,SA  
9AM-5PM

### **CERVANTES, SANDRA M**

Provider ID: 416831

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104-4120

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **CHAKRABARTI, PRIYA**

Provider ID: 206353

Provider Gender: Female

License number: A163464

NPI: 1326531401

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)  
515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **CHAKRABARTI, PRIYA**

Provider ID: 206360

Provider Gender: Female

License number: A163464

NPI: 1326531401

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **CHAKRABARTI, PRIYA**

Provider ID: 206363

Provider Gender: Female

License number: A163464

NPI: 1326531401

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)

515-2560

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T, ME

Hours: M-SA 9AM-5PM

### **CHAKRABARTI, PRIYA**

Provider ID: 402851

Provider Gender: Female

License number: A163464

NPI: 1326531401

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)

515-2444

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

TH 9AM-6PM, SA 9AM-5PM

### **CHAKRABARTI, PRIYA**

Provider ID: 416831

Provider Gender: Female

License number: A163464

NPI: 1326531401

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-TH 8AM-5PM, F,SA

9AM-5PM

### **DE MIK, TRAVIS J**

Provider ID: 206353

Provider Gender: Male

License number: A108228

NPI: 1629277322

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### **DE MIK, TRAVIS J**

Provider ID: 206360

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Provider Gender:</i> Male	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 515-2444
<i>License number:</i> A108228	FAMILY HEALTH CENTERS OF	<i>Fax:</i>
<i>NPI:</i> 1629277322	SAN DIEGO	<i>After Hours Phone:</i> (619)
<i>Provider English Spoken:</i> Yes	4725 MARKET ST	515-2444
<i>Provider Language(s) Spoken:</i>	SAN DIEGO, CA 92102-4715	<i>Website:</i> www.fhcsd.org
<i>Cultural Competency:</i> No	<i>Phone:</i> (619) 515-2560	<i>Email:</i>
<i>Hospital Affiliation:</i>	<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>Board Certified Specialty:</i> No	<i>After Hours Phone:</i> (619)	<i>Min/Max Age:</i> None
FAMILY HEALTH CENTERS OF	515-2560	<i>American Sign Language (ASL):</i>
SAN DIEGO	<i>Website:</i> www.fhcsd.org	No
1809 NATIONAL AVE	<i>Email:</i>	♿ <i>Accessibility:</i>
SAN DIEGO, CA 92113-2113	<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM
<i>Phone:</i> (619) 515-2300	<i>Min/Max Age:</i> None	<b>DE MIK, TRAVIS J</b>
<i>Fax:</i>	<i>American Sign Language (ASL):</i>	<i>Provider ID:</i> 416831
<i>After Hours Phone:</i> (619)	No	<i>Provider Gender:</i> Male
515-2300	♿ <i>Accessibility:</i> P, EB, IB, E, R, T,	<i>License number:</i> A108228
<i>Website:</i> www.fhcsd.org	ME	<i>NPI:</i> 1629277322
<i>Email:</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>Provider English Spoken:</i> Yes
<i>Medi-Cal Open Panel:</i> Yes	<b>DE MIK, TRAVIS J</b>	<i>Provider Language(s) Spoken:</i>
<i>Min/Max Age:</i> None	<i>Provider ID:</i> 402851	<i>Cultural Competency:</i> No
<i>American Sign Language (ASL):</i>	<i>Provider Gender:</i> Male	<i>Hospital Affiliation:</i>
No	<i>License number:</i> A108228	<i>Board Certified Specialty:</i> No
♿ <i>Accessibility:</i> ME	<i>NPI:</i> 1629277322	FAMILY HEALTH CENTERS OF
<i>Hours:</i> M-SA 9AM-5PM	<i>Provider English Spoken:</i> Yes	SAN DIEGO
<b>DE MIK, TRAVIS J</b>	<i>Provider Language(s) Spoken:</i>	3514 30TH ST
<i>Provider ID:</i> 206363	<i>Cultural Competency:</i> No	SAN DIEGO, CA 92104-4120
<i>Provider Gender:</i> Male	<i>Hospital Affiliation:</i>	<i>Phone:</i> (619) 515-2424
<i>License number:</i> A108228	<i>Board Certified Specialty:</i> No	<i>Fax:</i>
<i>NPI:</i> 1629277322	FAMILY HEALTH CENTERS OF	<i>After Hours Phone:</i> (619)
<i>Provider English Spoken:</i> Yes	SAN DIEGO	515-2424
<i>Provider Language(s) Spoken:</i>	3705 MISSION BLVD	<i>Website:</i> www.fhcsd.org
<i>Cultural Competency:</i> No	SAN DIEGO, CA 92109-7104	<i>Email:</i>
<i>Hospital Affiliation:</i>		<i>Medi-Cal Open Panel:</i> Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### **DORUELO, ASHLEY L**

Provider ID: 206353

Provider Gender: Female

License number: A178499

NPI: 1033613732

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### **DORUELO, ASHLEY L**

Provider ID: 206360

Provider Gender: Female

License number: A178499

NPI: 1033613732

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **DORUELO, ASHLEY L**

Provider ID: 206363

Provider Gender: Female

License number: A178499

NPI: 1033613732

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)

515-2560

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### **DORUELO, ASHLEY L**

Provider ID: 402851

Provider Gender: Female

License number: A178499

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

NPI: 1033613732	Cultural Competency: No	Hospital, Scripps Green
Provider English Spoken: Yes	Hospital Affiliation: Scripps	Hospital, Scripps Memorial
Provider Language(s) Spoken: Spanish	Mercy Hospital, Sharp	Hospital Encinitas, Scripps
Cultural Competency: No	Grossmont Hospital	Memorial Hospital, Scripps
Hospital Affiliation: Scripps	Board Certified Specialty: No	Mercy Hospital Chula Vista
Mercy Hospital, Sharp	FAMILY HEALTH CENTERS OF	Board Certified Specialty: No
Grossmont Hospital	SAN DIEGO	LA MAESTRA FAMILY CLINIC
Board Certified Specialty: No	3514 30TH ST	4060 FAIRMOUNT AVE
FAMILY HEALTH CENTERS OF	SAN DIEGO, CA 92104-4120	SAN DIEGO, CA 92105-1608
SAN DIEGO	Phone: (619) 515-2424	Phone: (619) 280-7072
3705 MISSION BLVD	Fax:	Fax:
SAN DIEGO, CA 92109-7104	After Hours Phone: (619)	After Hours Phone: (619)
Phone: (619) 515-2444	515-2424	280-7072
Fax:	Website: www.fhcsd.org	Website: www.lamaestra.org
After Hours Phone: (619)	Email:	Email:
515-2444	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Website: www.fhcsd.org	Min/Max Age: 0/18	Min/Max Age: None
Email:	American Sign Language (ASL):	American Sign Language (ASL):
Medi-Cal Open Panel: Yes	No	No
Min/Max Age: None	♿ Accessibility: P, EB, IB, E, R, T, ME	♿ Accessibility: P, EB, IB, E, W
American Sign Language (ASL):	Hours: M-SA 9AM-5PM	Hours: M-F 8AM-6PM, SA 8AM-2PM
No		
♿ Accessibility:	<b>FAKSH, ARIJ</b>	<b>FOLCH TORRES-AGUIAR, BEATRIZ M</b>
Hours: M-SA 9AM-5PM	Provider ID: 185268	Provider ID: 206353
	Provider Gender: Female	Provider Gender: Female
<b>DORUELO, ASHLEY L</b>	License number: 20A14222	License number: A148014
Provider ID: 416831	NPI: 1912166737	NPI: 1457794752
Provider Gender: Female	Provider English Spoken: Yes	Provider English Spoken: Yes
License number: A178499	Provider Language(s) Spoken:	Provider Language(s) Spoken:
NPI: 1033613732	Cultural Competency: No	Spanish, Yue Chinese
Provider English Spoken: Yes	Hospital Affiliation: Sharp	Cultural Competency: No
Provider Language(s) Spoken:	Memorial Hospital, Tri City	Hospital Affiliation: Grossmont
Spanish	Medical Ctr, Scripps Mercy	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

Hospital, Scripps Mercy	<i>Hospital Affiliation:</i> Grossmont	Hospital, Scripps Mercy
Hospital, Sharp Grossmont	Hospital, Scripps Mercy	Hospital, Sharp Grossmont
Hospital, Scripps Mercy	Hospital	Hospital, Scripps Mercy
Hospital Chula Vista	<i>Board Certified Specialty:</i> No	Hospital Chula Vista
<i>Board Certified Specialty:</i> No	FAMILY HEALTH CENTERS OF	<i>Board Certified Specialty:</i> No
FAMILY HEALTH CENTERS OF	SAN DIEGO	FAMILY HEALTH CENTERS OF
SAN DIEGO	1809 NATIONAL AVE	SAN DIEGO
5454 EL CAJON BLVD	SAN DIEGO, CA 92113-2113	3544 30TH ST
SAN DIEGO, CA 92115-3621	<i>Phone:</i> (619) 515-2300	SAN DIEGO, CA 92104-4120
<i>Phone:</i> (619) 515-2400	<i>Fax:</i>	<i>Phone:</i> (619) 515-2424
<i>Fax:</i>	<i>After Hours Phone:</i> (619)	<i>Fax:</i>
<i>After Hours Phone:</i> (619)	515-2300	<i>After Hours Phone:</i> (619)
515-2400	<i>Website:</i> www.fhcsd.org	515-2424
<i>Website:</i> www.fhcsd.org	<i>Email:</i>	<i>Website:</i> www.fhcsd.org
<i>Email:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>Email:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> None	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i>	<i>Min/Max Age:</i> None
<i>American Sign Language (ASL):</i>	No	<i>American Sign Language (ASL):</i>
No	♿ <i>Accessibility:</i> ME	No
♿ <i>Accessibility:</i> P, EB, IB, E, R, T,	<i>Hours:</i> M 8AM-7PM, TU-TH	♿ <i>Accessibility:</i> P, EB, IB, E, R, T,
ME	8AM-6PM, F 8AM-5:30PM, SA	ME
<i>Hours:</i> M-F 8:30AM-5:30PM, SA	8AM-5PM	<i>Hours:</i> M-F 8:30AM-5:30PM, SA
9AM-5PM		9AM-5PM
<b>FOLCH TORRES-AGUIAR,</b>	<b>FOLCH TORRES-AGUIAR,</b>	<b>FOLCH TORRES-AGUIAR,</b>
<b>BEATRIZ M</b>	<b>BEATRIZ M</b>	<b>BEATRIZ M</b>
<i>Provider ID:</i> 206360	<i>Provider ID:</i> 206362	<i>Provider ID:</i> 206363
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> A148014	<i>License number:</i> A148014	<i>License number:</i> A148014
<i>NPI:</i> 1457794752	<i>NPI:</i> 1457794752	<i>NPI:</i> 1457794752
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
Spanish, Yue Chinese	Spanish, Yue Chinese	Spanish, Yue Chinese
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
	<i>Hospital Affiliation:</i> Grossmont	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital</p> <p><i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p><i>Phone:</i> (619) 515-2560</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2560</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME</p> <p><i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>FOLCH TORRES-AGUIAR, BEATRIZ M</b></p> <p><i>Provider ID:</i> 402851</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A148014</p> <p><i>NPI:</i> 1457794752</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Grossmont</p>	<p>Hospital, Scripps Mercy Hospital</p> <p><i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3705 MISSION BLVD SAN DIEGO, CA 92109-7104</p> <p><i>Phone:</i> (619) 515-2444</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2444</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>FOLCH TORRES-AGUIAR, BEATRIZ M</b></p> <p><i>Provider ID:</i> 416831</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A148014</p> <p><i>NPI:</i> 1457794752</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital</p>	<p><i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3514 30TH ST SAN DIEGO, CA 92104-4120</p> <p><i>Phone:</i> (619) 515-2424</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2424</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/18</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><b>GRANT, REBEKAH I</b></p> <p><i>Provider ID:</i> 206360</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> C159737</p> <p><i>NPI:</i> 1326243833</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Portuguese</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Memorial Hospital, Sharp Grossmont Hospital, Scripps Mercy Hospital, Riverside Community Hosp, Hoag Hospital Irvine</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p>Board Certified Specialty: No          FAMILY HEALTH CENTERS OF          SAN DIEGO          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113          Phone: (619) 515-2300          Fax:          After Hours Phone: (619)          515-2300          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: ME          Hours: M 8AM-7PM, TU-TH          8AM-6PM, F 8AM-5:30PM, SA          8AM-5PM</p>	<p>SAN DIEGO          5454 EL CAJON BLVD          SAN DIEGO, CA 92115-3621          Phone: (619) 515-2400          Fax:          After Hours Phone: (619)          515-2400          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: P, EB, IB, E, R, T,          ME          Hours: M-SA 9AM-5PM</p>	<p>Phone: (619) 515-2300          Fax:          After Hours Phone: (619)          515-2300          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: ME          Hours: M-SA 9AM-5PM</p>
<p><b>HANLEY, LAUREN E</b>          Provider ID: 206353          Provider Gender: Female          License number: C174771          NPI: 1053392035          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Scripps          Mercy Hospital, Sharp          Grossmont Hospital          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF</p>	<p><b>HANLEY, LAUREN E</b>          Provider ID: 206360          Provider Gender: Female          License number: C174771          NPI: 1053392035          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Scripps          Mercy Hospital, Sharp          Grossmont Hospital          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF</p>	<p><b>HANLEY, LAUREN E</b>          Provider ID: 206363          Provider Gender: Female          License number: C174771          NPI: 1053392035          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Scripps          Mercy Hospital, Sharp          Grossmont Hospital          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF</p>
<p>SAN DIEGO          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113</p>	<p>SAN DIEGO          4725 MARKET ST          SAN DIEGO, CA 92102-4715          Phone: (619) 515-2560          Fax:          After Hours Phone: (619)          515-2560</p>	<p>Phone: (619) 515-2560          Fax:          After Hours Phone: (619)          515-2560</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	Min/Max Age: None	♿ Accessibility: P, EB, IB, E, R, T, ME
Email:	American Sign Language (ASL): No	Hours: M-TH 8AM-5PM, F,SA 9AM-5PM
Medi-Cal Open Panel: Yes	♿ Accessibility:	
Min/Max Age: None	Hours: M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM	
American Sign Language (ASL): No		
♿ Accessibility: P, EB, IB, E, R, T, ME	<b>HANLEY, LAUREN E</b>	<b>KELLY, THOMAS F</b>
Hours: M-SA 9AM-5PM	Provider ID: 416831	Provider ID: 233597
	Provider Gender: Female	Provider Gender: Male
<b>HANLEY, LAUREN E</b>	License number: C174771	License number: G60630
Provider ID: 402851	NPI: 1053392035	NPI: 1336203496
Provider Gender: Female	Provider English Spoken: Yes	Provider English Spoken: Yes
License number: C174771	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Cultural Competency: No
NPI: 1053392035	Cultural Competency: No	Hospital Affiliation: Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center
Provider English Spoken: Yes	Hospital Affiliation: Scripps Mercy Hospital, Sharp Grossmont Hospital	Board Certified Specialty: No
Provider Language(s) Spoken: Spanish	Board Certified Specialty: No	IHP OF SOUTHERN CALIFORNIA
Cultural Competency: No	FAMILY HEALTH CENTERS OF SAN DIEGO	4290 POLK AVE
Hospital Affiliation: Scripps Mercy Hospital, Sharp Grossmont Hospital	3514 30TH ST	SAN DIEGO, CA 92105-1524
Board Certified Specialty: No	SAN DIEGO, CA 92104-4120	Phone: (619) 563-0250
FAMILY HEALTH CENTERS OF SAN DIEGO	Phone: (619) 515-2424	Fax:
3705 MISSION BLVD	Fax:	After Hours Phone: (619) 563-0250
SAN DIEGO, CA 92109-7104	After Hours Phone: (619) 515-2424	Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a>
Phone: (619) 515-2444	Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	Email:
Fax:	Email:	Medi-Cal Open Panel: Yes
After Hours Phone: (619) 515-2444	Medi-Cal Open Panel: Yes	Min/Max Age: None
Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>	Min/Max Age: 0/18	American Sign Language (ASL):
Email:	American Sign Language (ASL): No	
Medi-Cal Open Panel: Yes	No	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

No	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	<b>LIPSCHITZ, LISA S</b> Provider ID: 206362 Provider Gender: Female License number: A72005 NPI: 1649208711 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: After Hours Phone: (619) 515-2424 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM
♿ Accessibility: W Hours: M-SA 9AM-5PM	<b>LIPSCHITZ, LISA S</b> Provider ID: 206360 Provider Gender: Female License number: A72005 NPI: 1649208711 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-F 8AM-5PM, SA 9AM-5PM	<b>LIPSCHITZ, LISA S</b> Provider ID: 206362 Provider Gender: Female License number: A72005 NPI: 1649208711 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: After Hours Phone: (619) 515-2424 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Provider ID:</i> 206363	<i>Provider Gender:</i> Female	<i>NPI:</i> 1649208711
<i>Provider Gender:</i> Female	<i>License number:</i> A72005	<i>Provider English Spoken:</i> Yes
<i>License number:</i> A72005	<i>NPI:</i> 1649208711	<i>Provider Language(s) Spoken:</i>
<i>NPI:</i> 1649208711	<i>Provider English Spoken:</i> Yes	Spanish
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>Provider Language(s) Spoken:</i>	Spanish	<i>Hospital Affiliation:</i> Sharp
Spanish	<i>Cultural Competency:</i> No	Coronado Hosp And Healthcare
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Sharp	Ctr, Scripps Mercy Hospital,
<i>Hospital Affiliation:</i> Sharp	Coronado Hosp And Healthcare	Grossmont Hospital
Coronado Hosp And Healthcare	Ctr, Scripps Mercy Hospital,	<i>Board Certified Specialty:</i> No
Ctr, Scripps Mercy Hospital,	Grossmont Hospital	FAMILY HEALTH CENTERS OF
Grossmont Hospital	<i>Board Certified Specialty:</i> No	SAN DIEGO
<i>Board Certified Specialty:</i> No	FAMILY HEALTH CENTERS OF	3514 30TH ST
FAMILY HEALTH CENTERS OF	SAN DIEGO	SAN DIEGO, CA 92104-4120
SAN DIEGO	3705 MISSION BLVD	<i>Phone:</i> (619) 515-2424
4725 MARKET ST	SAN DIEGO, CA 92109-7104	<i>Fax:</i>
SAN DIEGO, CA 92102-4715	<i>Phone:</i> (619) 515-2444	<i>After Hours Phone:</i> (619)
<i>Phone:</i> (619) 515-2560	<i>Fax:</i>	515-2424
<i>Fax:</i>	<i>After Hours Phone:</i> (619)	<i>Website:</i> www.fhcsd.org
<i>After Hours Phone:</i> (619)	515-2444	<i>Email:</i>
515-2560	<i>Website:</i> www.fhcsd.org	<i>Medi-Cal Open Panel:</i> Yes
<i>Website:</i> www.fhcsd.org	<i>Email:</i>	<i>Min/Max Age:</i> 0/18
<i>Email:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> None	No
<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i> P, EB, IB, E, R, T,
<i>American Sign Language (ASL):</i>	No	ME
No	♿ <i>Accessibility:</i>	<i>Hours:</i> M-SA 9AM-5PM
♿ <i>Accessibility:</i> P, EB, IB, E, R, T,	<i>Hours:</i> M-W 8:30AM-5PM, TH	<b>LOEFFLER, ALLISON M</b>
ME	9:30AM-6PM, F,SA 9AM-5PM	<i>Provider ID:</i> 206353
<i>Hours:</i> M-F 8:30AM-5:30PM, SA	<b>LIPSCHITZ, LISA S</b>	<i>Provider Gender:</i> Female
9AM-5PM	<i>Provider ID:</i> 416831	<i>License number:</i> A116680
<b>LIPSCHITZ, LISA S</b>	<i>Provider Gender:</i> Female	<i>NPI:</i> 1700073962
<i>Provider ID:</i> 402851	<i>License number:</i> A72005	<i>Provider English Spoken:</i> Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Provider Language(s) Spoken:</i> Spanish	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	<i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
<i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
<i>Board Certified Specialty:</i> No	<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>
<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>3544 30TH ST</i>	<i>3544 30TH ST</i>
<i>5454 EL CAJON BLVD</i>	<i>SAN DIEGO, CA 92113-2113</i>	<i>SAN DIEGO, CA 92104-4120</i>
<i>SAN DIEGO, CA 92115-3621</i>	<i>Phone: (619) 515-2300</i>	<i>Phone: (619) 515-2424</i>
<i>Phone: (619) 515-2400</i>	<i>Fax:</i>	<i>Fax:</i>
<i>Fax:</i>	<i>After Hours Phone: (619) 515-2300</i>	<i>After Hours Phone: (619) 515-2424</i>
<i>After Hours Phone: (619) 515-2400</i>	<i>Website: www.fhcsd.org</i>	<i>Website: www.fhcsd.org</i>
<i>Website: www.fhcsd.org</i>	<i>Email:</i>	<i>Website: www.fhcsd.org</i>
<i>Email:</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Email:</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Min/Max Age: None</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Min/Max Age: None</i>	<i>American Sign Language (ASL): No</i>	<i>Min/Max Age: None</i>
<i>American Sign Language (ASL): No</i>	<i>♿ Accessibility: ME</i>	<i>American Sign Language (ASL): No</i>
<i>♿ Accessibility: P, EB, IB, E, R, T, ME</i>	<i>Hours: M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM</i>	<i>♿ Accessibility: P, EB, IB, E, R, T, ME</i>
<i>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</i>		<i>Hours: M-SA 9AM-5PM</i>
	<b>LOEFFLER, ALLISON M</b>	<b>LOEFFLER, ALLISON M</b>
<b>LOEFFLER, ALLISON M</b>	<i>Provider ID: 206362</i>	<i>Provider ID: 206363</i>
<i>Provider ID: 206360</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>Provider Gender: Female</i>	<i>License number: A116680</i>	<i>License number: A116680</i>
<i>License number: A116680</i>	<i>NPI: 1700073962</i>	<i>NPI: 1700073962</i>
<i>NPI: 1700073962</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken: Spanish</i>	<i>Provider Language(s) Spoken: Spanish</i>
<i>Provider Language(s) Spoken: Spanish</i>		<i>Cultural Competency: No</i>
		<i>Hospital Affiliation: Grossmont</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Hospital, Scripps Mercy  
 Hospital, Scripps Mercy  
 Hospital Chula Vista  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619)  
 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R, T,  
 ME  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **LOEFFLER, ALLISON M**

*Provider ID:* 402851  
*Provider Gender:* Female  
*License number:* A116680  
*NPI:* 1700073962  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Scripps Mercy

Hospital, Scripps Mercy  
 Hospital Chula Vista  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619)  
 515-2444  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **LOEFFLER, ALLISON M**

*Provider ID:* 416831  
*Provider Gender:* Female  
*License number:* A116680  
*NPI:* 1700073962  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Scripps Mercy  
 Hospital, Scripps Mercy  
 Hospital Chula Vista  
*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619)  
 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R, T,  
 ME  
*Hours:* M-SA 9AM-5PM

### **MELLENDEZ BERRIOS, IARA DEL M**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* A114181  
*NPI:* 1740514249  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital, Grossmont  
 Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM	Phone: (619) 515-2424 Fax: After Hours Phone: (619) 515-2424 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM
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### MELENDEZ BERRIOS, IARA DEL

### MELENDEZ BERRIOS, IARA DEL M

<b>M</b> Provider ID: 206360 Provider Gender: Female License number: A114181 NPI: 1740514249 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE	Provider ID: 206362 Provider Gender: Female License number: A114181 NPI: 1740514249 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120	Provider ID: 206363 Provider Gender: Female License number: A114181 NPI: 1740514249 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **MELENDEZ BERRIOS, IARA DEL M**

Provider ID: 402851

Provider Gender: Female

License number: A114181

NPI: 1740514249

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Grossmont  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **MELENDEZ BERRIOS, IARA DEL M**

Provider ID: 416831

Provider Gender: Female

License number: A114181

NPI: 1740514249

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Grossmont  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **PHAN, TIFFANI T**

Provider ID: 417101

Provider Gender: Female

License number: A161105

NPI: 1134515695

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Vietnamese

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Sharp Chula  
Vista Med Ctr, Scripps Memorial  
Hospital

Board Certified Specialty: No  
OPERATION SAMAHAN

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Phone: (844) 200-2426

Fax:

After Hours Phone: (844)  
200-2426

Website:

www.operationsamahan.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)  
515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M 8AM-7PM, TU-TH

8AM-6PM, F 8AM-5:30PM, SA  
8AM-5PM

### RODRIGUEZ JEREZ, ROBERTO

**D**

Provider ID: 206353

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

### RODRIGUEZ JEREZ, ROBERTO

**D**

Provider ID: 206360

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

### RODRIGUEZ JEREZ, ROBERTO

**D**

Provider ID: 206362

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

Phone: (619) 515-2420

Fax:

After Hours Phone: (619)  
515-2420

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

Phone: (616) 515-2444

Fax:

After Hours Phone: (616)  
515-2444

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-TH 8:30AM-5PM, F,SA  
9AM-5PM

### **RODRIGUEZ JEREZ, ROBERTO D**

Provider ID: 206363

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

### **RODRIGUEZ JEREZ, ROBERTO D**

Provider ID: 402851

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

### **RODRIGUEZ JEREZ, ROBERTO D**

Provider ID: 416831

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104-4120

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Phone: (619) 515-2424          Fax:          After Hours Phone: (619) 515-2424          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          ☞ Accessibility: P, EB, IB, E, R, T, ME          Hours: M-SA 9AM-5PM</p>	<p>Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ☞ Accessibility: P, EB, IB, E, R, T, ME          Hours: M-SA 9AM-5PM</p>	<p>American Sign Language (ASL): No          ☞ Accessibility: ME          Hours: M-SA 9AM-5PM</p>
<p><b>SAPRA, SONIA V</b>          Provider ID: 206353          Provider Gender: Female          License number: A164859          NPI: 1952751711          Provider English Spoken: Yes          Provider Language(s) Spoken: Hindi          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF SAN DIEGO          5454 EL CAJON BLVD          SAN DIEGO, CA 92115-3621          Phone: (619) 515-2400          Fax:          After Hours Phone: (619) 515-2400</p>	<p><b>SAPRA, SONIA V</b>          Provider ID: 206360          Provider Gender: Female          License number: A164859          NPI: 1952751711          Provider English Spoken: Yes          Provider Language(s) Spoken: Hindi          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF SAN DIEGO          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113          Phone: (619) 515-2300          Fax:          After Hours Phone: (619) 515-2300          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None</p>	<p><b>SAPRA, SONIA V</b>          Provider ID: 206363          Provider Gender: Female          License number: A164859          NPI: 1952751711          Provider English Spoken: Yes          Provider Language(s) Spoken: Hindi          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF SAN DIEGO          4725 MARKET ST          SAN DIEGO, CA 92102-4715          Phone: (619) 515-2560          Fax:          After Hours Phone: (619) 515-2560          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ☞ Accessibility: P, EB, IB, E, R, T, ME          Hours: M-SA 9AM-5PM</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

### **SAPRA, SONIA V**

Provider ID: 402851  
 Provider Gender: Female  
 License number: A164859  
 NPI: 1952751711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2444  
 Fax:  
 After Hours Phone: (619) 515-2444  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Hours: M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

### **SAPRA, SONIA V**

Provider ID: 416831  
 Provider Gender: Female  
 License number: A164859

NPI: 1952751711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax:  
 After Hours Phone: (619) 515-2424  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-TH 8AM-5PM, F,SA 9AM-5PM

### **SHUCKETT, ARIEL**

Provider ID: 206046  
 Provider Gender: Female  
 License number: A144372  
 NPI: 1245590124  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: (858) 279-0925  
 Fax:  
 After Hours Phone: (858) 279-0925  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM

### **SINGH, RASHMI**

Provider ID: 206353  
 Provider Gender: Female  
 License number: A168236  
 NPI: 1679937619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Mercy Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM	1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2424 Fax: After Hours Phone: (619) 515-2424 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-SA 9AM-5PM	Phone: (619) 515-2560 Fax: After Hours Phone: (619) 515-2560 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM
<b>SINGH, RASHMI</b> Provider ID: 206360 Provider Gender: Female License number: A168236 NPI: 1679937619 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO	<b>SINGH, RASHMI</b> Provider ID: 206363 Provider Gender: Female License number: A168236 NPI: 1679937619 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715	<b>SINGH, RASHMI</b> Provider ID: 402851 Provider Gender: Female License number: A168236 NPI: 1679937619 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2444 Fax: After Hours Phone: (619) 515-2444

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Website: www.fhcsd.org	No	Hours: M-SA 9AM-5PM
Email:	♿ Accessibility: P, EB, IB, E, R, T, ME	<b>WINESBURG, JENNIFER J</b>
Medi-Cal Open Panel: Yes	ME	Provider ID: 206353
Min/Max Age: None	Hours: M-SA 9AM-5PM	Provider Gender: Female
American Sign Language (ASL):	<b>TRUJILLO, JENNIFER C</b>	License number: 20A11535
No	Provider ID: 451167	NPI: 1811162456
♿ Accessibility:	Provider Gender: Female	Provider English Spoken: Yes
Hours: M-SA 9AM-5PM	License number: 20A8204	Provider Language(s) Spoken:
<b>SINGH, RASHMI</b>	NPI: 1053407593	Spanish
Provider ID: 416831	Provider English Spoken: Yes	Cultural Competency: No
Provider Gender: Female	Provider Language(s) Spoken:	Hospital Affiliation: Scripps
License number: A168236	Spanish	Mercy Hospital, Sharp
NPI: 1679937619	Cultural Competency: No	Coronado Hosp And Healthcare
Provider English Spoken: Yes	Hospital Affiliation: Scripps	Ctr, Grossmont Hospital, Desert
Provider Language(s) Spoken:	Mercy Hospital Chula Vista,	Regional Med Ctr
Spanish	Sharp Chula Vista Med Ctr	Board Certified Specialty: No
Cultural Competency: No	Board Certified Specialty: No	FAMILY HEALTH CENTERS OF
Hospital Affiliation: Scripps	IHP OF SOUTHERN	SAN DIEGO
Mercy Hospital	CALIFORNIA	5454 EL CAJON BLVD
Board Certified Specialty: No	950 S EUCLID AVE	SAN DIEGO, CA 92115-3621
FAMILY HEALTH CENTERS OF	SAN DIEGO, CA 92114-6201	Phone: (619) 515-2400
SAN DIEGO	Phone: (619) 662-4100	Fax:
3514 30TH ST	Fax:	After Hours Phone: (619)
SAN DIEGO, CA 92104-4120	After Hours Phone: (619)	515-2400
Phone: (619) 515-2424	662-4100	Website: www.fhcsd.org
Fax:	Website: www.ihpsocal.org	Email:
After Hours Phone: (619)	Email:	Medi-Cal Open Panel: Yes
515-2424	Medi-Cal Open Panel: Yes	Min/Max Age: None
Website: www.fhcsd.org	Min/Max Age: None	American Sign Language (ASL):
Email:	American Sign Language (ASL):	No
Medi-Cal Open Panel: Yes	No	♿ Accessibility: P, EB, IB, E, R, T,
Min/Max Age: 0/18	♿ Accessibility: P, EB, IB, E, R, T,	ME
American Sign Language (ASL):	W	Hours: M-F 8:30AM-5:30PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

9AM-5PM

### **WINESBURG, JENNIFER J**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* 20A11535  
*NPI:* 1811162456  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ⚠ *Accessibility:* ME  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **WINESBURG, JENNIFER J**

*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* 20A11535  
*NPI:* 1811162456  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ⚠ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM

### **WINESBURG, JENNIFER J**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* 20A11535  
*NPI:* 1811162456  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2420  
*Fax:*  
*After Hours Phone:* (619) 515-2420  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ⚠ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

### WINESBURG, JENNIFER J

Provider ID: 402851  
 Provider Gender: Female  
 License number: 20A11535  
 NPI: 1811162456  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2444  
 Fax:  
 After Hours Phone: (619) 515-2444  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-TH 8:30AM-5PM, F,SA 9AM-5PM

### WINESBURG, JENNIFER J

Provider ID: 416831  
 Provider Gender: Female  
 License number: 20A11535  
 NPI: 1811162456  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax:  
 After Hours Phone: (619) 515-2424  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

### ZIEG, ALAN J

Provider ID: 206353

Provider Gender: Male  
 License number: G78814  
 NPI: 1699790634  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619) 515-2400  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### ZIEG, ALAN J

Provider ID: 206360  
 Provider Gender: Male

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## C. Directorio de proveedores de atención primaria

<p>License number: G78814  NPI: 1699790634  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Grossmont  Hospital, Scripps Mercy  Hospital, Sharp Coronado Hosp  And Healthcare Ctr, Scripps  Mercy Hospital Chula Vista  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  Phone: (619) 515-2300  Fax:  After Hours Phone: (619)  515-2300  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: ME  Hours: M-SA 9AM-5PM</p>	<p>Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Grossmont  Hospital, Scripps Mercy  Hospital, Sharp Coronado Hosp  And Healthcare Ctr, Scripps  Mercy Hospital Chula Vista  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  3544 30TH ST  SAN DIEGO, CA 92104-4120  Phone: (619) 515-2424  Fax:  After Hours Phone: (619)  515-2424  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: P, EB, IB, E, R, T,  ME  Hours: M-SA 9AM-5PM</p>	<p>Hospital Affiliation: Grossmont  Hospital, Scripps Mercy  Hospital, Sharp Coronado Hosp  And Healthcare Ctr, Scripps  Mercy Hospital Chula Vista  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  4725 MARKET ST  SAN DIEGO, CA 92102-4715  Phone: (619) 515-2560  Fax:  After Hours Phone: (619)  515-2560  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: P, EB, IB, E, R, T,  ME  Hours: M-F 8AM-5PM, SA  9AM-5PM</p>
<p><b>ZIEG, ALAN J</b>  Provider ID: 206362  Provider Gender: Male  License number: G78814  NPI: 1699790634  Provider English Spoken: Yes</p>	<p><b>ZIEG, ALAN J</b>  Provider ID: 206363  Provider Gender: Male  License number: G78814  NPI: 1699790634  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No</p>	<p><b>ZIEG, ALAN J</b>  Provider ID: 402851  Provider Gender: Male  License number: G78814  NPI: 1699790634  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Grossmont</p>

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## C. Directorio de proveedores de atención primaria

Hospital, Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Scripps  
Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619)  
515-2444  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

### ZIEG, ALAN J

*Provider ID:* 416831  
*Provider Gender:* Male  
*License number:* G78814  
*NPI:* 1699790634  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Scripps Mercy  
Hospital, Sharp Coronado Hosp

And Healthcare Ctr, Scripps  
Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3514 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619)  
515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:* P, EB, IB, E, R, T,  
ME  
*Hours:* M-SA 9AM-5PM

### OPHTHALMOLOGY

### NAJAFI, DAVID J

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* A68124  
*NPI:* 1396715991  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Scripps Mercy

Hospital, Scripps Memorial  
Hospital, Sharp Memorial  
Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* ME  
*Hours:* M,TU,TH 8:30AM-6PM,  
W 9AM-5PM, F,SA 8:30AM-5PM

### SHAW, BLAKE R

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* G61394  
*NPI:* 1649206541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

<p>SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: ME Hours: M 8:30AM-7:30PM, TU-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>SHAW, BLAKE R</b> Provider ID: 206363 Provider Gender: Male License number: G61394 NPI: 1649206541 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715</p>	<p>Phone: (619) 515-2560 Fax: After Hours Phone: (619) 515-2560 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM</p> <p><b>ZABLIT, KARIM V</b> Provider ID: 403583 Provider Gender: Male License number: A42127 NPI: 1083700538 Provider English Spoken: Yes Provider Language(s) Spoken: French Cultural Competency: No Hospital Affiliation: Scripps Green Hospital Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1501 IMPERIAL AVE SAN DIEGO, CA 92101-7638 Phone: (619) 233-8500 Fax: After Hours Phone: (619) 233-8500</p>	<p>Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-F 8AM-4:45PM, SA 9AM-5PM</p> <hr/> <p style="text-align: center;"><b>OTOLARYNGOLOGY</b></p> <hr/> <p><b>CRAWFORD, KAYVA L</b> Provider ID: 206360 Provider Gender: Female License number: A165819 NPI: 1396241824 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM

### DAVIS, MORGAN E

Provider ID: 206360  
 Provider Gender: Female  
 License number: A181809  
 NPI: 1891359154  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM

### OSTRANDER, BENJAMIN T

Provider ID: 206360  
 Provider Gender: Male  
 License number: A180192  
 NPI: 1427414499  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM

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### PEDIATRICS

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**ABELL, GEOFFREY A**  
 Provider ID: 27341  
 Provider Gender: Male  
 License number: A98712  
 NPI: 1245256130

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 292 EUCLID AVE STE 220  
 SAN DIEGO, CA 92114-3629  
 Phone: (619) 262-8624  
 Fax: (619) 262-6639  
 After Hours Phone: (619) 262-8624  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: EB, IB, E, R  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

**ADJAN, ROULA S**  
 Provider ID: 185268  
 Provider Gender: Female  
 License number: A81682  
 NPI: 1992847263

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  <b>LA MAESTRA FAMILY CLINIC</b>  <b>4060 FAIRMOUNT AVE</b>  <b>SAN DIEGO, CA 92105-1608</b>  <i>Phone:</i> (619) 255-9155  <i>Fax:</i> (619) 749-5480  <i>After Hours Phone:</i> (619) 255-9155  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, W  <i>Hours:</i> M-SA 9AM-5PM</p>	<p>Medical Center  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>  <b>16918 DOVE CANYON RD STE 200</b>  <b>SAN DIEGO, CA 92127-3457</b>  <i>Phone:</i> (858) 924-1960  <i>Fax:</i> (858) 924-1964  <i>After Hours Phone:</i> (858) 924-1960  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>	<p>3514 30TH ST  <b>SAN DIEGO, CA 92104-4120</b>  <i>Phone:</i> (619) 515-2424  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2424  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-TH 8AM-5PM, F,SA 9AM-5PM</p>
<p><b>ADLOUNI, LOUBABA A</b>  <i>Provider ID:</i> 230441  <i>Provider Gender:</i> Female  <i>License number:</i> A63201  <i>NPI:</i> 1669443685  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Pomerado Hospital, Palomar</p>	<p><b>ALBINO, NICHOLAS K</b>  <i>Provider ID:</i> 416831  <i>Provider Gender:</i> Male  <i>License number:</i> A179851  <i>NPI:</i> 1740843499  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>	<p><b>AMANI, RAMIN</b>  <i>Provider ID:</i> 537708  <i>Provider Gender:</i> Male  <i>License number:</i> A53984  <i>NPI:</i> 1659366292  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Farsi, Persian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>  <b>5222 BALBOA AVE STE 42</b>  <b>SAN DIEGO, CA 92117-6991</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (858) 268-0702	Email:	No
Fax: (858) 268-0374	Medi-Cal Open Panel: Yes	♿ Accessibility: P, EB, IB, E, W
After Hours Phone: (858) 268-0702	Min/Max Age: None	Hours: M-SA 9AM-5PM
Website:	American Sign Language (ASL):	<b>ANDREE, GREGOR</b>
Email:	No	Provider ID: 482070
Medi-Cal Open Panel: Yes	♿ Accessibility: P, EB, IB, E, R, T, ME	Provider Gender: Male
Min/Max Age: 0/18	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	License number: A72833
American Sign Language (ASL):		NPI: 1467436063
No		Provider English Spoken: Yes
♿ Accessibility:	<b>ANDREE, GREGOR</b>	Provider Language(s) Spoken:
Hours: M-TH 8:30AM-5PM, F 8:30AM-12PM, SA 9AM-5PM	Provider ID: 233532	German, Spanish
	Provider Gender: Male	Cultural Competency: No
	License number: A72833	Hospital Affiliation:
	NPI: 1467436063	Board Certified Specialty: No
<b>AMATYA, SUDHA</b>	Provider English Spoken: Yes	IHP OF SOUTHERN CALIFORNIA
Provider ID: 206353	Provider Language(s) Spoken:	7011 LINDA VISTA RD
Provider Gender: Female	German, Spanish	SAN DIEGO, CA 92111-6307
License number: A51563	Cultural Competency: No	Phone: (858) 810-8700
NPI: 1790830511	Hospital Affiliation:	Fax:
Provider English Spoken: Yes	Board Certified Specialty: No	After Hours Phone: (858) 810-8700
Provider Language(s) Spoken:	IHP OF SOUTHERN CALIFORNIA	Website: www.sdfamilycare.org
Hindi	4305 UNIVERSITY AVE STE 150	Email:
Cultural Competency: No	SAN DIEGO, CA 92105-1690	Medi-Cal Open Panel: Yes
Hospital Affiliation:	Phone: (619) 280-2058	Min/Max Age: None
Board Certified Specialty: No	Fax:	American Sign Language (ASL):
FAMILY HEALTH CENTERS OF SAN DIEGO	After Hours Phone: (619) 280-2058	No
5454 EL CAJON BLVD	Website: www.sdfamilycare.org	♿ Accessibility: P, EB, IB, E, R, W
SAN DIEGO, CA 92115-3621	Email:	Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM
Phone: (619) 515-2400	Medi-Cal Open Panel: Yes	
Fax:	Min/Max Age: 0/22	<b>ARCHAMBAULT, CHRISTIAN F</b>
After Hours Phone: (619) 515-2400	American Sign Language (ASL):	Provider ID: 5589
Website: www.fhcsd.org		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Provider Gender: Male  License number: A74776  NPI: 1992776918  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Pomerado Hospital, Sharp Mary Birch Hosp For Women And Newborns, Childrens Hospital Of Orange County, Paradise Valley Hospital  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  16918 DOVE CANYON RD STE 200  SAN DIEGO, CA 92127-3457  Phone: (858) 924-1960  Fax: (858) 924-1964  After Hours Phone: (858) 924-1960  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  Accessibility:  Hours: M-F 8AM-5PM, SA</p>	<p>9AM-5PM  <b>AYSON, NICOLE M</b>  Provider ID: 417429  Provider Gender: Female  License number: A128091  NPI: 1013278704  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: No  Hospital Affiliation: Rady Childrens Hospital San Diego  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF SAN DIEGO  1550 BROADWAY STE 2  SAN DIEGO, CA 92101-5713  Phone: (619) 515-2525  Fax:  After Hours Phone: (619) 515-2525  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  <b>AZIMI, AYSUN</b>  Provider ID: 317194  Provider Gender: Female  License number: 20A13331</p>	<p>NPI: 1710246160  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: No  Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Sharp Chula Vista Med Ctr, Fresno Community Hospital, Clovis Community Hospital  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  292 EUCLID AVE STE 220  SAN DIEGO, CA 92114-3629  Phone: (619) 262-8624  Fax: (619) 262-6639  After Hours Phone: (619) 262-8624  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  Accessibility: EB, IB, E, R  Hours: M-F 8AM-5PM, SA  9AM-5PM  <b>BONSU, BEMA K</b>  Provider ID: 227409</p>
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## C. Directorio de proveedores de atención primaria

<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	Sharp Memorial Hospital,
<i>License number:</i> C55180	<i>Cultural Competency:</i> No	Scripps Mercy Hospital, Rady
<i>NPI:</i> 1932106986	<i>Hospital Affiliation:</i>	Childrens Hospital San Diego
<i>Provider English Spoken:</i> Yes	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> Yes
<i>Provider Language(s) Spoken:</i>	RADY CHILDRENS HEALTH	RADY CHILDRENS HEALTH
<i>Cultural Competency:</i> No	NETWORK	NETWORK
<i>Hospital Affiliation:</i> Rady	12036 SCRIPPS HIGHLANDS DR	550 WASHINGTON ST STE 300
Childrens Hospital San Diego,	STE 102	SAN DIEGO, CA 92103-2227
Ucsf Benioff Children's Hospital	SAN DIEGO, CA 92131-5155	<i>Phone:</i> (619) 297-5437
Oakland	<i>Phone:</i> (858) 566-4444	<i>Fax:</i> (619) 297-4567
<i>Board Certified Specialty:</i> No	<i>Fax:</i> (858) 566-3321	<i>After Hours Phone:</i> (619)
IHP OF SOUTHERN	<i>After Hours Phone:</i> (858)	297-5437
CALIFORNIA	566-4444	<i>Website:</i>
3177 OCEAN VIEW BLVD	<i>Website:</i>	<i>Email:</i>
SAN DIEGO, CA 92113-1432	<i>Email:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>Phone:</i> (619) 662-4100	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/18
<i>Fax:</i>	<i>Min/Max Age:</i> 0/18	<i>American Sign Language (ASL):</i>
<i>After Hours Phone:</i> (619)	<i>American Sign Language (ASL):</i>	No
662-4100	No	♿ <i>Accessibility:</i> P, EB, IB, E, R, T
<i>Website:</i> www.ihpsocal.org	♿ <i>Accessibility:</i>	<i>Hours:</i> M-TH 8AM-8:30PM, F
<i>Email:</i>	<i>Hours:</i> M-F 8AM-5PM, SA	8AM-5PM, SA 8AM-2PM
<i>Medi-Cal Open Panel:</i> Yes	9AM-5PM	
<i>Min/Max Age:</i> None		<b>CASTELNOVI, CLAUDIA</b>
<i>American Sign Language (ASL):</i>	<b>CARSON, STEPHEN H</b>	<i>Provider ID:</i> 185268
No	<i>Provider ID:</i> 6735	<i>Provider Gender:</i> Female
♿ <i>Accessibility:</i> W	<i>Provider Gender:</i> Male	<i>License number:</i> A111170
<i>Hours:</i> M-SA 9AM-5PM	<i>License number:</i> G39308	<i>NPI:</i> 1417279324
	<i>NPI:</i> 1780719872	<i>Provider English Spoken:</i> Yes
<b>BOWERS, JESSIE S</b>	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider ID:</i> 394841	<i>Provider Language(s) Spoken:</i>	French, Italian, Spanish
<i>Provider Gender:</i> Female	French	<i>Cultural Competency:</i> No
<i>License number:</i> A138429	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps
<i>NPI:</i> 1730594235	<i>Hospital Affiliation:</i> Scripps	Mercy Hospital, Scripps Mercy
<i>Provider English Spoken:</i> Yes	Mercy Hospital Chula Vista,	Hospital Chula Vista

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

<p><i>Board Certified Specialty:</i> No          LA MAESTRA FAMILY CLINIC          4060 FAIRMOUNT AVE          SAN DIEGO, CA 92105-1608  <i>Phone:</i> (619) 255-9155  <i>Fax:</i>  <i>After Hours Phone:</i> (619)          255-9155  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i> P, EB, IB, E, W  <i>Hours:</i> M-SA 9AM-5PM</p>	<p>16918 DOVE CANYON RD STE          200          SAN DIEGO, CA 92127-3457  <i>Phone:</i> (858) 924-1960  <i>Fax:</i> (858) 924-1964  <i>After Hours Phone:</i> (858)          924-1960  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA          9AM-5PM</p>	<p><i>Phone:</i> (619) 515-2560  <i>Fax:</i>  <i>After Hours Phone:</i> (619)          515-2560  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i> P, EB, IB, E, R, T,          ME  <i>Hours:</i> M-SA 9AM-5PM</p>
<p><b>CHANG, IRENE S</b>  <i>Provider ID:</i> 373725  <i>Provider Gender:</i> Female  <i>License number:</i> A73533  <i>NPI:</i> 1790756799  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula          Vista Med Ctr, Rady Childrens          Hospital San Diego, Scripps          Mercy Hospital Chula Vista,          Scripps Mercy Hospital,          Pomerado Hospital  <i>Board Certified Specialty:</i> No          RADY CHILDRENS HEALTH          NETWORK</p>	<p><b>CHEN, JENNIFER K</b>  <i>Provider ID:</i> 206363  <i>Provider Gender:</i> Female  <i>License number:</i> A141057  <i>NPI:</i> 1255785150  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady          Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No          FAMILY HEALTH CENTERS OF          SAN DIEGO          4725 MARKET ST          SAN DIEGO, CA 92102-4715</p>	<p><b>COHEN, STUART A</b>  <i>Provider ID:</i> 59888  <i>Provider Gender:</i> Male  <i>License number:</i> A43097  <i>NPI:</i> 1972574994  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          French, Hebrew  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont          Hospital, Sharp Memorial          Hospital, Rady Childrens          Hospital San Diego, Sharp Mary          Birch Hosp For Women And          Newborns  <i>Board Certified Specialty:</i> No          RADY CHILDRENS HEALTH          NETWORK          6699 ALVARADO RD STE 2200          SAN DIEGO, CA 92120-5253</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

Phone: (619) 265-3400

Fax: (619) 265-3407

After Hours Phone: (619)  
265-3400

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **CONE, STEPHANIE E**

Provider ID: 185268

Provider Gender: Female

License number: A123929

NPI: 1437444858

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Rady  
Childrens Hospital San Diego

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: (619) 255-9154

Fax:

After Hours Phone: (619)  
255-9154

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, W

Hours: M-F 8AM-6PM, SA  
8AM-2PM

### **CORDES, WILLIAM D**

Provider ID: 206360

Provider Gender: Male

License number: 20A15743

NPI: 1174942544

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M 8AM-7PM, TU-TH

8AM-6PM, F 8AM-5:30PM, SA  
8AM-5PM

### **DE LA MORA, OSCAR M**

Provider ID: 414228

Provider Gender: Male

License number: A50769

NPI: 1982703898

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Sharp Memorial

Hospital, Rady Childrens

Hospital San Diego

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

995 GATEWAY CENTER WAY  
STE 202

SAN DIEGO, CA 92102-4545

Phone: (619) 264-3107

Fax: (619) 264-6927

After Hours Phone: (619)  
264-3107

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Website:	Medi-Cal Open Panel: Yes	No
Email:	Min/Max Age: 0/18	♿ Accessibility:
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
Min/Max Age: 0/18	No	9AM-5PM
American Sign Language (ASL):	♿ Accessibility:	
No	Hours: M-F 8AM-5PM, SA	<b>DIXON, SARAH K</b>
♿ Accessibility:	9AM-5PM	Provider ID: 482070
Hours: M-F 8:30AM-5PM, SA		Provider Gender: Female
9AM-5PM	<b>DE LA MORA, OSCAR M , MD</b>	License number: A137415
	Provider ID: 73767	NPI: 1467751131
<b>DE LA MORA, OSCAR M</b>	Provider Gender: Male	Provider English Spoken: Yes
Provider ID: 73767	License number: A50769	Provider Language(s) Spoken:
Provider Gender: Male	NPI: 1982703898	Spanish
License number: A50769	Provider English Spoken: Yes	Cultural Competency: No
NPI: 1982703898	Provider Language(s) Spoken:	Hospital Affiliation:
Provider English Spoken: Yes	Spanish	Board Certified Specialty: No
Provider Language(s) Spoken:	Cultural Competency: No	IHP OF SOUTHERN
Spanish	Hospital Affiliation: Sharp Chula	CALIFORNIA
Cultural Competency: No	Vista Med Ctr, Sharp Memorial	7011 LINDA VISTA RD
Hospital Affiliation: Sharp Chula	Hospital, Rady Childrens	SAN DIEGO, CA 92111-6307
Vista Med Ctr, Sharp Memorial	Hospital San Diego	Phone: (858) 810-8700
Hospital, Rady Childrens	Board Certified Specialty: No	Fax:
Hospital San Diego	COMMUNITY CARE IPA LLC	After Hours Phone: (858)
Board Certified Specialty: No	995 GATEWAY CENTER WAY	810-8700
IMPERIAL HEALTH HOLDINGS	SAN DIEGO, CA 92102-4500	Website: www.sdfamilycare.org
MEDICAL GROUP-SD	Phone: (619) 264-3107	Email:
995 GATEWAY CENTER WAY	Fax: (619) 264-6927	Medi-Cal Open Panel: Yes
SAN DIEGO, CA 92102-4500	After Hours Phone: (619)	Min/Max Age: None
Phone: (619) 264-3107	264-3107	American Sign Language (ASL):
Fax: (619) 264-6927	Website:	No
After Hours Phone: (619)	Email:	♿ Accessibility: P, EB, IB, E, R, W
264-3107	Medi-Cal Open Panel: Yes	Hours: M,W-F 8:30AM-5:30PM,
Website:	Min/Max Age: 0/21	TU 8:30AM-8:30PM, SA
Email:	American Sign Language (ASL):	9AM-4PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

### **FINK, REBECCA**

*Provider ID:* 603591  
*Provider Gender:* Female  
*License number:* A159345  
*NPI:* 1659725562  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 6699 ALVARADO RD STE 2200  
 SAN DIEGO, CA 92120-5253  
*Phone:* (619) 265-3400  
*Fax:* (619) 265-3407  
*After Hours Phone:* (619)  
 265-3400  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 8:30AM-12PM

### **FISHMAN, ELENA**

*Provider ID:* 524340  
*Provider Gender:* Female  
*License number:* A78221  
*NPI:* 1740249432

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Rady Childrens Hospital San  
 Diego, Scripps Memorial  
 Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 11943 EL CAMINO REAL STE 210  
 SAN DIEGO, CA 92130-2597  
*Phone:* (858) 793-1011  
*Fax:* (858) 793-1035  
*After Hours Phone:* (858)  
 793-1011  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **FORTUNE, ERIN L**

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* A95577  
*NPI:* 1801088422  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital, Grossmont  
 Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* ME  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM

### **FORTUNE, ERIN L**

*Provider ID:* 416831  
*Provider Gender:* Male  
*License number:* A95577  
*NPI:* 1801088422  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital</p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3514 30TH ST</p> <p>SAN DIEGO, CA 92104-4120</p> <p><i>Phone:</i> (619) 515-2424</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2424</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/18</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME</p> <p><i>Hours:</i> M-SA 9AM-5PM</p>	<p>RADY CHILDRENS HEALTH NETWORK</p> <p>16918 DOVE CANYON RD STE 200</p> <p>SAN DIEGO, CA 92127-3457</p> <p><i>Phone:</i> (858) 924-1960</p> <p><i>Fax:</i> (858) 924-1964</p> <p><i>After Hours Phone:</i> (858) 924-1960</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/18</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>	<p><i>Phone:</i> (619) 255-9154</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 255-9154</p> <p><i>Website:</i> www.lamaestra.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, W</p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>
<p><b>FRIEDMAN, JAIME B</b></p> <p><i>Provider ID:</i> 230500</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A79195</p> <p><i>NPI:</i> 1144297961</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Pomerado Hospital</p> <p><i>Board Certified Specialty:</i> No</p>	<p><b>GOGGIN, SAMANTHA L</b></p> <p><i>Provider ID:</i> 185268</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A163693</p> <p><i>NPI:</i> 1023506367</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Board Certified Specialty:</i> No</p> <p>LA MAESTRA FAMILY CLINIC</p> <p>4060 FAIRMOUNT AVE</p> <p>SAN DIEGO, CA 92105-1608</p>	<p><b>GOVENDER, SHAMINI M</b></p> <p><i>Provider ID:</i> 469539</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> C52845</p> <p><i>NPI:</i> 1962504423</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Board Certified Specialty:</i> No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>2790 TRUXTUN RD STE 120A</p> <p>SAN DIEGO, CA 92106-6135</p> <p><i>Phone:</i> (619) 222-1253</p> <p><i>Fax:</i> (619) 222-1276</p> <p><i>After Hours Phone:</i> (619) 222-1253</p> <p><i>Website:</i></p> <p><i>Email:</i></p>

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## C. Directorio de proveedores de atención primaria

<p>Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  No  🔗 Accessibility:  Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>GRAY, SARAH M</b>  Provider ID: 206360  Provider Gender: Female  License number: A151631  NPI: 1508210311  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  Phone: (619) 515-2300  Fax:  After Hours Phone: (619)  515-2300  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  No  🔗 Accessibility: ME</p>	<p>Hours: M 8:30AM-7PM, TU-TH 8:30AM-6PM, F 8:30AM-5:30PM, SA 8:30AM-5PM</p> <p><b>GUPTA, VARSHA</b>  Provider ID: 206360  Provider Gender: Female  License number: A164889  NPI: 1891283214  Provider English Spoken: Yes  Provider Language(s) Spoken:  Hindi, Spanish  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Board Certified Specialty: No  FAMILY HEALTH CENTERS OF  SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  Phone: (619) 515-2300  Fax:  After Hours Phone: (619)  515-2300  Website: www.fhcsd.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  No  🔗 Accessibility: ME  Hours: M-SA 9AM-5PM</p> <p><b>HANSEN, JOHN C</b></p>	<p>Provider ID: 318919  Provider Gender: Male  License number: G68382  NPI: 1780655621  Provider English Spoken: Yes  Provider Language(s) Spoken:  Danish  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego,  Sharp Memorial Hospital,  Scripps Mercy Hospital Chula  Vista, Sharp Mary Birch Hosp  For Women And Newborns  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  7910 FROST ST STE 400  SAN DIEGO, CA 92123-2753  Phone: (858) 495-0500  Fax: (858) 560-4279  After Hours Phone: (858)  495-0500  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  No  🔗 Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>HENDERSON, TREVOR H</b></p>
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## C. Directorio de proveedores de atención primaria

<i>Provider ID:</i> 58111	<i>Provider Gender:</i> Female	<i>License number:</i> C169681
<i>Provider Gender:</i> Male	<i>License number:</i> A106600	<i>NPI:</i> 1447589809
<i>License number:</i> A65341	<i>NPI:</i> 1164627832	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1356449425	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	Spanish
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Rady	<i>Hospital Affiliation:</i>
<i>Hospital Affiliation:</i> Grossmont	Childrens Hospital San Diego,	<i>Board Certified Specialty:</i> No
Hospital, Sharp Mary Birch	Ucsf Benioff Children's Hospital	FAMILY HEALTH CENTERS OF
Hosp For Women And	Oakland, Scripps Mercy	SAN DIEGO
Newborns, Rady Childrens	Hospital, Scripps Mercy	5454 EL CAJON BLVD
Hospital San Diego, Alvarado	Hospital Chula Vista	SAN DIEGO, CA 92115-3621
Hospital Llc	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 515-2400
<i>Board Certified Specialty:</i> No	RADY CHILDRENS HEALTH	<i>Fax:</i>
RADY CHILDRENS HEALTH	NETWORK	<i>After Hours Phone:</i> (619)
NETWORK	550 WASHINGTON ST STE 300	515-2400
6699 ALVARADO RD STE 2200	SAN DIEGO, CA 92103-2227	<i>Website:</i> www.fhcsd.org
SAN DIEGO, CA 92120-5253	<i>Phone:</i> (619) 297-5437	<i>Email:</i>
<i>Phone:</i> (619) 265-3400	<i>Fax:</i> (619) 297-4567	<i>Medi-Cal Open Panel:</i> Yes
<i>Fax:</i> (619) 265-3407	<i>After Hours Phone:</i> (619)	<i>Min/Max Age:</i> None
<i>After Hours Phone:</i> (619)	297-5437	<i>American Sign Language (ASL):</i>
265-3400	<i>Website:</i>	No
<i>Website:</i>	<i>Email:</i>	♿ <i>Accessibility:</i> P, EB, IB, E, R, T,
<i>Email:</i>	<i>Medi-Cal Open Panel:</i> Yes	ME
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/18	<i>Hours:</i> M-SA 9AM-5PM
<i>Min/Max Age:</i> 0/18	<i>American Sign Language (ASL):</i>	<b>HOANG, VY U</b>
<i>American Sign Language (ASL):</i>	No	<i>Provider ID:</i> 161902
No	♿ <i>Accessibility:</i> P, EB, IB, E, R, T	<i>Provider Gender:</i> Female
♿ <i>Accessibility:</i>	<i>Hours:</i> M-TH 8AM-8:30PM, F	<i>License number:</i> A125768
<i>Hours:</i> M-F 8AM-5PM, SA	8AM-5PM, SA 8AM-2PM	<i>NPI:</i> 1649575135
9AM-5PM	<b>HIGUERA, GRISELDA</b>	<i>Provider English Spoken:</i> Yes
<b>HIBBS, NICOLE M</b>	<i>Provider ID:</i> 206353	<i>Provider Language(s) Spoken:</i>
<i>Provider ID:</i> 143979	<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No

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## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 6699 ALVARADO RD SAN DIEGO, CA 92120-5244 <i>Phone:</i> (619) 265-3400 <i>Fax:</i> (619) 265-3407 <i>After Hours Phone:</i> (619) 265-3400 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>JACOBSON, EUGENIA</b> <i>Provider ID:</i> 104033 <i>Provider Gender:</i> Female <i>License number:</i> A56064 <i>NPI:</i> 1356416408 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Farsi, Russian, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady</p>	<p>Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 335 SAN DIEGO, CA 92123-2753 <i>Phone:</i> (858) 576-8010 <i>Fax:</i> (858) 576-7391 <i>After Hours Phone:</i> (858) 576-8010 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><b>JORDAN, JAMIE M</b> <i>Provider ID:</i> 237831 <i>Provider Gender:</i> Female <i>License number:</i> A119363 <i>NPI:</i> 1275762833 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens</p>	<p>Hospital San Diego <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 12036 SCRIPPS HIGHLANDS DR STE 102 SAN DIEGO, CA 92131-5155 <i>Phone:</i> (858) 566-4444 <i>Fax:</i> (858) 566-3321 <i>After Hours Phone:</i> (858) 566-4444 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>JUAREZ, PATRICIA P</b> <i>Provider ID:</i> 317641 <i>Provider Gender:</i> Female <i>License number:</i> G55860 <i>NPI:</i> 1205807229 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Sharp</p>
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## C. Directorio de proveedores de atención primaria

Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 400 SAN DIEGO, CA 92123-2753 <i>Phone:</i> (858) 495-0500 <i>Fax:</i> (858) 560-4279 <i>After Hours Phone:</i> (858) 495-0500 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	OPERATION SAMAHAN 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126-2375 <i>Phone:</i> (844) 200-2426 <i>Fax:</i> <i>After Hours Phone:</i> (844) 200-2426 <i>Website:</i> www.operationsamahan.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM	7910 FROST ST STE 335 SAN DIEGO, CA 92123-2753 <i>Phone:</i> (858) 576-8010 <i>Fax:</i> (858) 576-7391 <i>After Hours Phone:</i> (858) 576-8010 <i>Website:</i> <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/19 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-TH 8:30AM-6PM, F 8:30AM-12PM, SA 9AM-5PM
<b>KARMAKAR, KANKA</b> <i>Provider ID:</i> 417101 <i>Provider Gender:</i> Female <i>License number:</i> C54941 <i>NPI:</i> 1972536654 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Bengali, Hindi, Polish, Spanish, Tagalog <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Board Certified Specialty:</i> No	<b>KESANAPALLI, DEEPTHI</b> <i>Provider ID:</i> 235069 <i>Provider Gender:</i> Female <i>License number:</i> A130264 <i>NPI:</i> 1487948584 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK	<b>LE, NGUYEN L</b> <i>Provider ID:</i> 44952 <i>Provider Gender:</i> Male <i>License number:</i> A83309 <i>NPI:</i> 1548308109 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish, Vietnamese <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland, Sharp Memorial Hospital <i>Board Certified Specialty:</i> No

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## C. Directorio de proveedores de atención primaria

RADY CHILDRENS HEALTH NETWORK  
5507 EL CAJON BLVD STE B  
SAN DIEGO, CA 92115-3624  
Phone: (619) 582-8814  
Fax: (619) 582-8813  
After Hours Phone: (619) 582-8814  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA 9AM-5PM

### **LOPER, KAREN S**

Provider ID: 490610  
Provider Gender: Female  
License number: G76438  
NPI: 1619908936  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
550 WASHINGTON ST STE 300  
SAN DIEGO, CA 92103-2227

Phone: (619) 297-5437  
Fax: (619) 297-4567  
After Hours Phone: (619) 297-5437  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **LUJAN, ARLEEN G**

Provider ID: 206360  
Provider Gender: Female  
License number: A61687  
NPI: 1760412431  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### **LYM, RYAN L**

Provider ID: 598567  
Provider Gender: Male  
License number: A152493  
NPI: 1114389491  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
Phone: (858) 683-8101  
Fax: (858) 524-1044  
After Hours Phone: (858) 683-8101  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA

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## C. Directorio de proveedores de atención primaria

9AM-5PM

### **MADANY, GEORGE H**

Provider ID: 318924  
 Provider Gender: Male  
 License number: G79990  
 NPI: 1811968837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123-2753  
 Phone: (858) 495-0500  
 Fax: (858) 560-4279  
 After Hours Phone: (858) 495-0500  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM

### **MAHENDRAN, SRIVIDYA A**

Provider ID: 482070  
 Provider Gender: Female  
 License number: A92173  
 NPI: 1487843454  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax:  
 After Hours Phone: (858) 810-8700  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: P, EB, IB, E, R, W  
 Hours: M-SA 9AM-5PM

### **MANRIQUEZ-CASTILLO, ERENDIRA**

Provider ID: 185268  
 Provider Gender: Female  
 License number: A75533  
 NPI: 1356397418

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Valley Childrens Hospital, Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: (619) 255-9155  
 Fax:  
 After Hours Phone: (619) 255-9155  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: P, EB, IB, E, W  
 Hours: M-F 8AM-6PM, SA 8AM-2PM

### **MARTINEZ ANDREE, INGRID L**

Provider ID: 319049  
 Provider Gender: Female  
 License number: A63054  
 NPI: 1205807203  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Sharp Memorial Hospital Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 400 SAN DIEGO, CA 92123-2753 Phone: (858) 495-0500 Fax: (858) 560-4279 After Hours Phone: (858) 495-0500 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>6475 ALVARADO RD STE 120 SAN DIEGO, CA 92120-5007 Phone: (619) 583-6133 Fax: (619) 583-0321 After Hours Phone: (619) 583-6133 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5PM, SA 9AM-5PM</p>	<p>Phone: (619) 515-2424 Fax: After Hours Phone: (619) 515-2424 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-TH 8AM-5PM, F, SA 9AM-5PM</p>
<p><b>MCGOWAN, KAREN A</b> Provider ID: 386001 Provider Gender: Female License number: A60624 NPI: 1851380729 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>	<p><b>NGUYEN, JANICE</b> Provider ID: 416831 Provider Gender: Female License number: A157335 NPI: 1760916589 Provider English Spoken: Yes Provider Language(s) Spoken: Vietnamese Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 3514 30TH ST SAN DIEGO, CA 92104-4120</p>	<p><b>PARKER, SHERINE B</b> Provider ID: 206360 Provider Gender: Female License number: G81658 NPI: 1477626513 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Glendale Adventist Med Ctr, Glendale Memorial Hosp And Health Ctr, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Valley Childrens Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2300	SAN DIEGO, CA 92131-5155	Medi-Cal Open Panel: Yes
Fax:	Phone: (858) 566-4444	Min/Max Age: 0/18
After Hours Phone: (619) 515-2300	Fax: (858) 566-3321	American Sign Language (ASL): No
Website: www.fhcsd.org	After Hours Phone: (858) 566-4444	♿ Accessibility: P, EB, IB, E, R, T, ME
Email:	Website:	Hours: M-TH 8AM-5PM, F,SA 9AM-5PM
Medi-Cal Open Panel: Yes	Email:	
Min/Max Age: None	Medi-Cal Open Panel: Yes	
American Sign Language (ASL): No	Min/Max Age: 0/18	
♿ Accessibility: ME	American Sign Language (ASL): No	
Hours: M 8:30AM-7PM, TU-TH 8:30AM-6PM, F 8:30AM-5:30PM, SA 8:30AM-5PM	♿ Accessibility:	
	Hours: M-F 8AM-5PM, SA 9AM-5PM	
	<b>PATEL, PRIYANKA P</b>	<b>PAVLOVICH, WENDY D</b>
<b>PARK, TARI Y</b>	Provider ID: 416831	Provider ID: 416831
Provider ID: 237711	Provider Gender: Female	Provider Gender: Female
Provider Gender: Female	License number: A180052	License number: A126181
License number: A74537	NPI: 1518521798	NPI: 1740467299
NPI: 1285669085	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Provider Language(s) Spoken: Korean	Cultural Competency: No	Cultural Competency: No
Cultural Competency: No	Hospital Affiliation:	Hospital Affiliation: Scripps Mercy Hospital
Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego	Board Certified Specialty: No	Board Certified Specialty: No
Board Certified Specialty: No	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
RADY CHILDRENS HEALTH NETWORK	3514 30TH ST	3514 30TH ST
12036 SCRIPPS HIGHLANDS DR STE 102	SAN DIEGO, CA 92104-4120	SAN DIEGO, CA 92104-4120
	Phone: (619) 515-2424	Phone: (619) 515-2424
	Fax:	Fax:
	After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2424
	Website: www.fhcsd.org	Website: www.fhcsd.org
	Email:	Email:
		Medi-Cal Open Panel: Yes
		Min/Max Age: 0/18
		American Sign Language (ASL): No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

♿ *Accessibility:* P, EB, IB, E, R, T, 9AM-5PM

ME

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

### **POWELL, STEPHANIE J**

*Provider ID:* 319033

*Provider Gender:* Female

*License number:* A76747

*NPI:* 1720059744

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Mary

Birch Hosp For Women And

Newborns, Rady Childrens

Hospital San Diego

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 400

SAN DIEGO, CA 92123-2753

*Phone:* (858) 495-0500

*Fax:* (858) 560-4279

*After Hours Phone:* (858)

495-0500

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

### **PRESKILL, CATALINA P**

*Provider ID:* 403583

*Provider Gender:* Female

*License number:* G29879

*NPI:* 1598088759

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP OF SOUTHERN

CALIFORNIA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

*Phone:* (619) 233-8500

*Fax:*

*After Hours Phone:* (619)

233-8500

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

9AM-5PM

### **RHODUS, CECILIA M**

*Provider ID:* 206363

*Provider Gender:* Female

*License number:* A137260

*NPI:* 1699161059

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Northern

Inyo Hosp, Rady Childrens

Hospital San Diego

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560

*Fax:*

*After Hours Phone:* (619)

515-2560

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R, T,

ME

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

### **RISSMAN, RAQUEL L**

*Provider ID:* 103726

*Provider Gender:* Female

*License number:* A82394

*NPI:* 1700998846

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 550 WASHINGTON ST STE 300  
 SAN DIEGO, CA 92103-2227  
*Phone:* (619) 297-5437  
*Fax:* (619) 297-4567  
*After Hours Phone:* (619) 297-5437  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-TH 8AM-8:30PM, F 8AM-5PM, SA 8AM-2PM

### **RODRIGUEZ, ALDO E**

*Provider ID:* 451167  
*Provider Gender:* Male  
*License number:* A134995  
*NPI:* 1508209651  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital

*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

### **RODRIGUEZ, JAVIER**

*Provider ID:* 185268  
*Provider Gender:* Male  
*License number:* A82639  
*NPI:* 1013059385  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

*Phone:* (619) 255-9155  
*Fax:*  
*After Hours Phone:* (619) 255-9155  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:* P, EB, IB, E, W  
*Hours:* M-SA 9AM-5PM

### **RUBENSTEIN, STUART I**

*Provider ID:* 521305  
*Provider Gender:* Male  
*License number:* G60587  
*NPI:* 1689633844  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 11943 EL CAMINO REAL STE 210  
 SAN DIEGO, CA 92130-2597

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## C. Directorio de proveedores de atención primaria

Phone: (858) 793-1011	Website: www.fhcsd.org	Min/Max Age: None
Fax: (858) 793-1035	Email:	American Sign Language (ASL):
After Hours Phone: (858) 793-1011	Medi-Cal Open Panel: Yes	No
Website:	Min/Max Age: 0/18	♿ Accessibility: ME
Email:	American Sign Language (ASL):	Hours: M-F 9AM-5PM, SA 9AM-5PM
Medi-Cal Open Panel: Yes	No	
Min/Max Age: 0/18	♿ Accessibility: P, EB, IB, E, R, T, ME	
American Sign Language (ASL):	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	
No		
♿ Accessibility:		
Hours: M-F 8AM-5PM, SA 8AM-12PM		
<b>SAMPATH, SRIVIDYA N</b>	<b>SEBSO, JODI</b>	<b>SEBSO, JODI</b>
Provider ID: 416831	Provider ID: 206360	Provider ID: 416831
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: A132576	License number: A103099	License number: A103099
NPI: 1275892754	NPI: 1538484316	NPI: 1538484316
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: French	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Scripps Mercy Hospital	Hospital Affiliation: Scripps Mercy Hospital	Hospital Affiliation: Scripps Mercy Hospital
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST	1809 NATIONAL AVE	3514 30TH ST
SAN DIEGO, CA 92104-4120	SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92104-4120
Phone: (619) 515-2424	Phone: (619) 515-2300	Phone: (619) 515-2424
Fax:	Fax:	Fax:
After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2424
	Website: www.fhcsd.org	Website: www.fhcsd.org
	Email:	Email:
	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
	Min/Max Age: 0/18	Min/Max Age: 0/18
	American Sign Language (ASL):	American Sign Language (ASL):
	No	No
	♿ Accessibility: P, EB, IB, E, R, T,	♿ Accessibility: P, EB, IB, E, R, T,

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## C. Directorio de proveedores de atención primaria

ME Hours: M-SA 9AM-5PM	NPI: 1629131107 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi, Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 12036 SCRIPPS HIGHLANDS DR STE 102 SAN DIEGO, CA 92131-5155 Phone: (858) 566-4444 Fax: (858) 566-3321 After Hours Phone: (858) 566-4444 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	License number: A123017 NPI: 1619262664 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Paradise Valley Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 292 EUCLID AVE STE 220 SAN DIEGO, CA 92114-3629 Phone: (619) 262-8624 Fax: (619) 262-6639 After Hours Phone: (619) 262-8624 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: EB, IB, E, R Hours: M-F 8AM-5PM, SA 9AM-5PM
<b>SELLERS, JAIME P</b> Provider ID: 206360 Provider Gender: Female License number: A159494 NPI: 1720512015 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Sharp Grossmont Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-SA 9AM-5PM		
<b>SHAH, SEEMA</b> Provider ID: 575712 Provider Gender: Female License number: A77978	<b>SHENOY, ASHVIN B</b> Provider ID: 232392 Provider Gender: Male	<b>SHETH, HASMUKH L</b> Provider ID: 451167 Provider Gender: Male

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## C. Directorio de proveedores de atención primaria

<p>License number: A45942  NPI: 1396812236  Provider English Spoken: Yes  Provider Language(s) Spoken: Gujarati, Hindi, Urdu  Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  950 S EUCLID AVE  SAN DIEGO, CA 92114-6201  Phone: (619) 662-4100  Fax:  After Hours Phone: (619) 662-4100  Website: www.ihpsocal.org  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T, W  Hours: M-SA 9AM-5PM</p>	<p>Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Sharp Memorial Hospital, Grossmont Hospital, Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Alvarado Hosp Med Ctr  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  6699 ALVARADO RD STE 2200  SAN DIEGO, CA 92120-5253  Phone: (619) 265-3400  Fax: (619) 265-3407  After Hours Phone: (619) 265-3400  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p>Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns  Board Certified Specialty: Yes  RADY CHILDRENS HEALTH NETWORK  6475 ALVARADO RD STE 120  SAN DIEGO, CA 92120-5007  Phone: (619) 583-6133  Fax: (619) 583-0321  After Hours Phone: (619) 583-6133  Website:  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, W  Hours: M,F 8:30AM-5PM, TU-TH 8:30AM-5:30PM, SA 9AM-5PM</p>
<p><b>SHIAU, NANCY H</b>  Provider ID: 40852  Provider Gender: Female  License number: A71292  NPI: 1750352779  Provider English Spoken: Yes</p>	<p><b>SNYDER, JOEL M</b>  Provider ID: 24734  Provider Gender: Male  License number: G39469  NPI: 1487748018  Provider English Spoken: Yes</p>	<p><b>SPITZER, MARSHA D</b>  Provider ID: 206360  Provider Gender: Female  License number: A76785  NPI: 1851323315  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Spanish	FAMILY HEALTH CENTERS OF SAN DIEGO	Phone: (619) 515-2525
Cultural Competency: No	3705 MISSION BLVD	Fax:
Hospital Affiliation:	SAN DIEGO, CA 92109-7104	After Hours Phone: (619) 515-2525
Board Certified Specialty: No	Phone: (619) 515-2444	Website: www.fhcsd.org
FAMILY HEALTH CENTERS OF SAN DIEGO	Fax:	Email:
1809 NATIONAL AVE	After Hours Phone: (619) 515-2444	Medi-Cal Open Panel: Yes
SAN DIEGO, CA 92113-2113	Website: www.fhcsd.org	Min/Max Age: None
Phone: (619) 515-2300	Email:	American Sign Language (ASL): No
Fax:	Medi-Cal Open Panel: Yes	♿ Accessibility:
After Hours Phone: (619) 515-2300	Min/Max Age: None	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM
Website: www.fhcsd.org	American Sign Language (ASL): No	
Email:	♿ Accessibility:	<b>STUMP, CHARI D</b>
Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM	Provider ID: 587747
Min/Max Age: None		Provider Gender: Female
American Sign Language (ASL): No	<b>SPITZER, MARSHA D</b>	License number: A173107
♿ Accessibility: ME	Provider ID: 417429	NPI: 1265968788
Hours: M-SA 9AM-5PM	Provider Gender: Female	Provider English Spoken: Yes
	License number: A76785	Provider Language(s) Spoken:
<b>SPITZER, MARSHA D</b>	NPI: 1851323315	Cultural Competency: No
Provider ID: 402851	Provider English Spoken: Yes	Hospital Affiliation: Sharp Memorial Hospital
Provider Gender: Female	Provider Language(s) Spoken:	Board Certified Specialty: No
License number: A76785	Spanish	RADY CHILDRENS HEALTH NETWORK
NPI: 1851323315	Cultural Competency: No	7910 FROST ST STE 400
Provider English Spoken: Yes	Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital	SAN DIEGO, CA 92123-2753
Provider Language(s) Spoken:	Board Certified Specialty: No	Phone: (858) 495-0500
Spanish	FAMILY HEALTH CENTERS OF SAN DIEGO	Fax: (858) 560-4279
Cultural Competency: No	1550 BROADWAY STE 2	After Hours Phone: (858) 495-0500
Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital	SAN DIEGO, CA 92101-5713	Website:
Board Certified Specialty: No		

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## C. Directorio de proveedores de atención primaria

<i>Email:</i>	No	<i>Hours:</i> M-SA 9AM-5PM
<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME	<b>TAMAYO, MAITHE F</b>
<i>Min/Max Age:</i> 0/18		<i>Provider ID:</i> 356145
<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-TH 8AM-5PM, F,SA 9AM-5PM	<i>Provider Gender:</i> Female
♿ <i>Accessibility:</i>	<b>TAMAYO, MAITHE F</b>	<i>License number:</i> A80504
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Provider ID:</i> 206360	<i>NPI:</i> 1487748430
<b>SULEIMAN QAFITI, KHAWLA H</b>	<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes
<i>Provider ID:</i> 416831	<i>License number:</i> A80504	<i>Provider Language(s) Spoken:</i> Spanish
<i>Provider Gender:</i> Female	<i>NPI:</i> 1487748430	<i>Cultural Competency:</i> No
<i>License number:</i> A51318	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
<i>NPI:</i> 1659303121	<i>Provider Language(s) Spoken:</i> Spanish	<i>Board Certified Specialty:</i> No
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>
<i>Provider Language(s) Spoken:</i> Cultural Competency: No	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	<b>2391 ISLAND AVE</b>
<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	<i>Board Certified Specialty:</i> No	<b>SAN DIEGO, CA 92102-2941</b>
<i>Board Certified Specialty:</i> No	<b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>	<i>Phone:</i> (619) 515-2435
<b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>	<b>1809 NATIONAL AVE</b>	<i>Fax:</i>
<b>3514 30TH ST</b>	<b>SAN DIEGO, CA 92113-2113</b>	<i>After Hours Phone:</i> (619) 515-2435
<b>SAN DIEGO, CA 92104-4120</b>	<i>Phone:</i> (619) 515-2300	<i>Website:</i>
<i>Phone:</i> (619) 515-2424	<i>Fax:</i>	<i>Email:</i>
<i>Fax:</i>	<i>After Hours Phone:</i> (619) 515-2300	<i>Medi-Cal Open Panel:</i> Yes
<i>After Hours Phone:</i> (619) 515-2424	<i>Website:</i> www.fhcsd.org	<i>Min/Max Age:</i> None
<i>Website:</i> www.fhcsd.org	<i>Email:</i>	<i>American Sign Language (ASL):</i> No
<i>Email:</i>	<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> None	<i>Hours:</i> M-SA 9AM-5PM
<i>Min/Max Age:</i> 0/18	<i>American Sign Language (ASL):</i> No	<b>TSANG, RUEY-SHIUAN T</b>
<i>American Sign Language (ASL):</i> ♿ <i>Accessibility:</i> ME		<i>Provider ID:</i> 319055

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Provider Gender:* Female  
*License number:* A127164  
*NPI:* 1518228188  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123-2753  
*Phone:* (858) 495-0500  
*Fax:* (858) 560-4279  
*After Hours Phone:* (858) 495-0500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **VU, MYLOAN T**

*Provider ID:* 101443

*Provider Gender:* Female  
*License number:* A45749  
*NPI:* 1457453177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Grossmont Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 6699 ALVARADO RD STE 2200  
 SAN DIEGO, CA 92120-5253  
*Phone:* (619) 265-3400  
*Fax:* (619) 265-3407  
*After Hours Phone:* (619) 265-3400  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **WASSON, MINA K**

*Provider ID:* 524333

*Provider Gender:* Female

*License number:* C167860  
*NPI:* 1366753022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 11943 EL CAMINO REAL STE 210  
 SAN DIEGO, CA 92130-2597  
*Phone:* (858) 793-1011  
*Fax:* (858) 793-1035  
*After Hours Phone:* (858) 793-1011  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **WATERS, ELIZABETH J**

*Provider ID:* 153090

*Provider Gender:* Female

*License number:* A113933

*NPI:* 1730477621

*Provider English Spoken:* Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital, Rady Childrens Hospital San Diego</p> <p><i>Board Certified Specialty:</i> No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>292 EUCLID AVE STE 220 SAN DIEGO, CA 92114-3629</p> <p><i>Phone:</i> (619) 262-8624</p> <p><i>Fax:</i> (619) 262-6639</p> <p><i>After Hours Phone:</i> (619) 262-8624</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/18</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> EB, IB, E, R</p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>	<p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego</p> <p><i>Board Certified Specialty:</i> No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690</p> <p><i>Phone:</i> (619) 280-2058</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 280-2058</p> <p><i>Website:</i> www.sdfamilycare.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/22</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p>	<p>Childrens Hospital San Diego</p> <p><i>Board Certified Specialty:</i> No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p><i>Phone:</i> (858) 810-8700</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (858) 810-8700</p> <p><i>Website:</i> www.sdfamilycare.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, W</p> <p><i>Hours:</i> M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM</p>
<p><b>WONG, YOLANDA Y</b></p> <p><i>Provider ID:</i> 233532</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A94449</p> <p><i>NPI:</i> 1851599872</p>	<p><b>WONG, YOLANDA Y</b></p> <p><i>Provider ID:</i> 482070</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A94449</p> <p><i>NPI:</i> 1851599872</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Rady</p>	<p><b>ZAGULI, MARVIN J</b></p> <p><i>Provider ID:</i> 237793</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G38188</p> <p><i>NPI:</i> 1508837501</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns</p> <p><i>Board Certified Specialty:</i> No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>RADY CHILDRENS HEALTH NETWORK          12036 SCRIPPS HIGHLANDS DR STE 102          SAN DIEGO, CA 92131-5155  <i>Phone:</i> (858) 566-4444  <i>Fax:</i> (858) 566-3321  <i>After Hours Phone:</i> (858) 566-4444  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>ZAGULI, MARVIN J</b>  <i>Provider ID:</i> 319041  <i>Provider Gender:</i> Male  <i>License number:</i> G38188  <i>NPI:</i> 1508837501  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  <i>Board Certified Specialty:</i> Yes          RADY CHILDRENS HEALTH</p>	<p>NETWORK          7910 FROST ST STE 400          SAN DIEGO, CA 92123-2753  <i>Phone:</i> (858) 495-0500  <i>Fax:</i> (858) 560-4279  <i>After Hours Phone:</i> (858) 495-0500  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>ZAHEER, AARON A</b>  <i>Provider ID:</i> 233532  <i>Provider Gender:</i> Male  <i>License number:</i> A61238  <i>NPI:</i> 1902882301  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Persian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No          IHP OF SOUTHERN CALIFORNIA          4305 UNIVERSITY AVE STE 150          SAN DIEGO, CA 92105-1690</p>	<p><i>Phone:</i> (619) 280-2058  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 280-2058  <i>Website:</i> www.sdfamilycare.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/22  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>ZAHEER, AARON A</b>  <i>Provider ID:</i> 482070  <i>Provider Gender:</i> Male  <i>License number:</i> A61238  <i>NPI:</i> 1902882301  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Persian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Board Certified Specialty:</i> No          IHP OF SOUTHERN CALIFORNIA          7011 LINDA VISTA RD          SAN DIEGO, CA 92111-6307  <i>Phone:</i> (858) 810-8700  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 810-8700  <i>Website:</i> www.sdfamilycare.org</p>
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## C. Directorio de proveedores de atención primaria

*Email:* *Medi-Cal Open Panel:* Yes *♿ Accessibility:* ME  
*Medi-Cal Open Panel:* Yes *Min/Max Age:* None *Hours:* M 8AM-7PM, TU-TH  
*Min/Max Age:* None *American Sign Language (ASL):* 8AM-6PM, F 8AM-5:30PM, SA  
*American Sign Language (ASL):* No 8AM-5PM  
*No* *♿ Accessibility:* ME  
*♿ Accessibility:* P, EB, IB, E, R, W *Hours:* M-SA 9AM-5PM  
*Hours:* M-SA 9AM-5PM

### ZANDKARIMI, FARIBA

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A46161  
*NPI:* 1356373674  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Mercy  
 General Hospital, Rady  
 Childrens Hospital San Diego,  
 Scripps Mercy Hospital, Scripps  
 Mercy Hospital Chula Vista,  
 Ucsd Medical Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*

### PHYSICIANS ASSISTANT

### ACOSTA, ANGELICA N

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* PA16245  
*NPI:* 1952513517  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* ME

### ACOSTA, ANGELICA N

*Provider ID:* 356145  
*Provider Gender:* Female  
*License number:* PA16245  
*NPI:* 1952513517  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941  
*Phone:* (619) 515-2435  
*Fax:*  
*After Hours Phone:* (619)  
 515-2435  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* P, EB, IB, E, R, T,  
 ME  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

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## C. Directorio de proveedores de atención primaria

### **AGUILAR-URREA, RUTH N**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* PA54661  
*NPI:* 1699298190  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **ALVARADO, EDMUND R**

*Provider ID:* 419529  
*Provider Gender:* Male  
*License number:* PA20888  
*NPI:* 1720303340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2325 COMMERCIAL ST STE  
 1400  
 SAN DIEGO, CA 92113-1195  
*Phone:* (619) 515-2422  
*Fax:*  
*After Hours Phone:* (619)  
 515-2422  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **ARMENTA, JORGE**

*Provider ID:* 185268  
*Provider Gender:* Male  
*License number:* PA13694  
*NPI:* 1346382611  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:*  
*After Hours Phone:* (619)  
 255-9155  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-6PM, SA  
 8AM-2PM

### **BATISTA, OSVALDO**

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* PA17864  
*NPI:* 1245349224  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

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## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **BHAGAN, SHANNA**

Provider ID: 206362

Provider Gender: Female

License number: PA59874

NPI: 1437635943

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **CASTILLO, PATRICIA**

Provider ID: 206362

Provider Gender: Female

License number: PA17220

NPI: 1376550657

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **CHAN, TIFFANY C**

Provider ID: 206360

Provider Gender: Female

License number: PA23258

NPI: 1790111607

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **CHUCKA, RITA M**

Provider ID: 206353

Provider Gender: Female

License number: PA58098

NPI: 1659745362

Provider English Spoken: Yes

Provider Language(s) Spoken:

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM</p> <p><b>CHUCKA, RITA M</b> Provider ID: 417987 Provider Gender: Female License number: PA58098 NPI: 1659745362 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE</p>	<p>SAN DIEGO, CA 92105-2026 Phone: (619) 515-2426 Fax: After Hours Phone: (619) 515-2426 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>CONTRERAS, LORETTA L</b> Provider ID: 403583 Provider Gender: Female License number: PA54617 NPI: 1679096341 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1501 IMPERIAL AVE SAN DIEGO, CA 92101-7638 Phone: (619) 233-8500 Fax: After Hours Phone: (619) 233-8500 Website: Email:</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M 8:30AM-5:30PM, TU,W,F 8:30AM-5PM, TH 8:30AM-9PM, SA 9AM-5PM</p> <p><b>DAVID, MARVIC T</b> Provider ID: 206360 Provider Gender: Male License number: PA53748 NPI: 1750832317 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Hours: M-F 9AM-5PM, SA  
9AM-5PM

### **DENBOW, RACHEL L**

Provider ID: 206353  
Provider Gender: Female  
License number: PA56393  
NPI: 1417333006  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619)  
515-2400  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None

American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **DOLMETSCH, JEANETTE**

Provider ID: 206353

Provider Gender: Female  
License number: PA58905  
NPI: 1164941456  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619)  
515-2400  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME  
Hours: M-SA 9AM-5PM

### **DOLMETSCH, JEANETTE**

Provider ID: 417987  
Provider Gender: Female  
License number: PA58905  
NPI: 1164941456  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2426  
Fax:  
After Hours Phone: (619)  
515-2426  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **DRAME, SALWA S**

Provider ID: 206353  
Provider Gender: Female  
License number: PA59481  
NPI: 1093136426  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### **DRAME, SALWA S**

Provider ID: 417987

Provider Gender: Female

License number: PA59481

NPI: 1093136426

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax:

After Hours Phone: (619)

515-2426

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### **FINK, PATRICK M**

Provider ID: 402851

Provider Gender: Male

License number: PA52704

NPI: 1922380328

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)

515-2444

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

TH 9AM-6PM, SA 9AM-5PM

### **GARCIA, DEANA J**

Provider ID: 416831

Provider Gender: Female

License number: PA21042

NPI: 1447567995

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### **HOLM, STEVEN K**

Provider ID: 206360

Provider Gender: Male

License number: PA13752

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>NPI: 1932257573          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF          SAN DIEGO          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113          Phone: (619) 515-2300          Fax:          After Hours Phone: (619)          515-2300          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: ME          Hours: M-SA 9AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF          SAN DIEGO          4725 MARKET ST          SAN DIEGO, CA 92102-4715          Phone: (619) 515-2560          Fax:          After Hours Phone: (619)          515-2560          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: P, EB, IB, E, R, T,          ME          Hours: M-SA 9AM-5PM</p>	<p>Phone: (619) 515-2454          Fax:          After Hours Phone: (619)          515-2454          Website: www.fhcsd.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM</p>
<p><b>HOXMEIER, KRISTA M</b>          Provider ID: 206363          Provider Gender: Female          License number: PA58505          NPI: 1104203454          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No</p>	<p><b>HOXMEIER, KRISTA M</b>          Provider ID: 418142          Provider Gender: Female          License number: PA58505          NPI: 1104203454          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF          SAN DIEGO          5160 FEDERAL BLVD          SAN DIEGO, CA 92105-5429</p>	<p><b>LANDIS, SARAH</b>          Provider ID: 417782          Provider Gender: Female          License number: PA58826          NPI: 1144733676          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Scripps          Memorial Hospital          Board Certified Specialty: No          FAMILY HEALTH CENTERS OF          SAN DIEGO          1250 6TH AVE STE 100          SAN DIEGO, CA 92101-4368          Phone: (619) 515-2430          Fax:          After Hours Phone: (619)          515-2430          Website: www.fhcsd.org          Email:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### LAPINA, LORI L

Provider ID: 206362

Provider Gender: Female

License number: PA23231

NPI: 1245670413

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-TH 8:30AM-5:30PM, F  
8AM-5PM, SA 9AM-5PM

### LAPINA, LORI L

Provider ID: 417937

Provider Gender: Female

License number: PA23231

NPI: 1245670413

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### LEON, FLOR M

Provider ID: 206360

Provider Gender: Female

License number: PA53788

NPI: 1902358237

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### LEON, FLOR M

Provider ID: 356145

Provider Gender: Female

License number: PA53788

NPI: 1902358237

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941  
 Phone: (619) 515-2435  
 Fax:  
 After Hours Phone: (619)  
 515-2435  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T,  
 ME  
 Hours: M-SA 9AM-5PM

### LEON, FLOR M

Provider ID: 419529  
 Provider Gender: Female  
 License number: PA53788  
 NPI: 1902358237  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2325 COMMERCIAL ST STE  
 1400  
 SAN DIEGO, CA 92113-1195

Phone: (619) 515-2422  
 Fax:  
 After Hours Phone: (619)  
 515-2422  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### LE, ALEX T

Provider ID: 417429  
 Provider Gender: Male  
 License number: PA22762  
 NPI: 1669713889  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2525  
 Fax:  
 After Hours Phone: (619)  
 515-2525  
 Website: www.fhcsd.org  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### LOPEZ, MARIO A

Provider ID: 206353  
 Provider Gender: Male  
 License number: PA21385  
 NPI: 1932335080  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619)  
 515-2400  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T,  
 ME

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### **LOPEZ, MARIO A**

Provider ID: 417937

Provider Gender: Male

License number: PA21385

NPI: 1932335080

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **LOPEZ, MARIO A**

Provider ID: 417987

Provider Gender: Male

License number: PA21385

NPI: 1932335080

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax:

After Hours Phone: (619)

515-2426

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### **MARTINEZ MURGUIA, IRENE**

Provider ID: 185268

Provider Gender: Female

License number: PA20296

NPI: 1447492889

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

Phone: (619) 255-9155

Fax:

After Hours Phone: (619)

255-9155

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, W

Hours: M-SA 9AM-5PM

### **MERCER, KELLY C**

Provider ID: 185268

Provider Gender: Female

License number: PA21625

NPI: 1154609790

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

Phone: (619) 255-9155

Fax:

After Hours Phone: (619)

255-9155

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

---

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, W

Hours: M-F 8AM-6PM, SA

8AM-2PM

### **MILLER, LAUREL K**

Provider ID: 206363

Provider Gender: Female

License number: PA20378

NPI: 1598992133

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)

515-2560

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### **PHUNG, AIVI D**

Provider ID: 206046

Provider Gender: Female

License number: PA53902

NPI: 1639528110

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342

Phone: (858) 279-0925

Fax:

After Hours Phone: (858)

279-0925

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M,W-F 8AM-5PM, TU

8AM-8PM, SA 9AM-1PM

### **POLLEY, SHANNON**

Provider ID: 206363

Provider Gender: Female

License number: PA60864

NPI: 1225608722

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)

515-2560

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

### **QUICK, ELISABETH A**

Provider ID: 206360

Provider Gender: Female

License number: PA21591

NPI: 1790055010

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: ME  
 Hours: M-SA 9AM-5PM

### **SCHELLIE, SCOTT A**

Provider ID: 417429  
 Provider Gender: Male  
 License number: PA53288  
 NPI: 1699053843  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

Phone: (619) 515-2525  
 Fax:  
 After Hours Phone: (619)  
 515-2525  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **TOMASZEWSKI, DEBRA J**

Provider ID: 206363  
 Provider Gender: Female  
 License number: MT2061555  
 NPI: 1215264452  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 ME  
 Hours: M-SA 9AM-5PM

### **TOMASZEWSKI, DEBRA J**

Provider ID: 206363  
 Provider Gender: Female  
 License number: PA58081  
 NPI: 1215264452  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 ME

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### **TREUNER, JULIE A**

Provider ID: 206360

Provider Gender: Female

License number: PA17478

NPI: 1922013614

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-F 9AM-5PM, SA

9AM-5PM

### **TURNER, SHEREENA T**

Provider ID: 206360

Provider Gender: Female

License number: PA20396

NPI: 1992934988

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **UDOH, EKAETE D**

Provider ID: 418535

Provider Gender: Male

License number: PA19664

NPI: 1841472776

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD

STE B10 AND B11

SAN DIEGO, CA 92129-2889

Phone: (844) 200-2426

Fax:

After Hours Phone: (844)

200-2426

Website:

www.operationsamahan.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M,TU,TH,F

8:30AM-5:30PM, W 10AM-7PM,

SA 9AM-5PM

### **VARGAS, ROBERT M**

Provider ID: 206360

Provider Gender: Male

License number: PA11194

NPI: 1972528081

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-F 9AM-5PM, SA 9AM-5PM	Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM
<b>YIP, JACKAI A</b> Provider ID: 206353 Provider Gender: Female License number: PA20996 NPI: 1558676171 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400	<b>YOUNG-PEN, TONI E</b> Provider ID: 206362 Provider Gender: Female License number: PA18746 NPI: 1932297595 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Vietnamese Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: After Hours Phone: (619) 515-2424 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None	<b>YOUNG-PEN, TONI E</b> Provider ID: 233597 Provider Gender: Female License number: PA18746 NPI: 1932297595 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Vietnamese Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 4290 POLK AVE SAN DIEGO, CA 92105-1524 Phone: (619) 563-0250 Fax: After Hours Phone: (619) 563-0250 Website: www.sdfamilycare.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 8AM-2PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

PODIATRIST	NPI: 1073513610	FAMILY HEALTH CENTERS OF SAN DIEGO
<b>BROWN, JAMES F</b>	<i>Provider English Spoken:</i> Yes	1809 NATIONAL AVE
<i>Provider ID:</i> 206046	<i>Provider Language(s) Spoken:</i>	SAN DIEGO, CA 92113-2113
<i>Provider Gender:</i> Male	<i>Cultural Competency:</i> No	<i>Phone:</i> (619) 515-2300
<i>License number:</i> DPM4434	<i>Hospital Affiliation:</i>	<i>Fax:</i>
<i>NPI:</i> 1073513610	<i>Board Certified Specialty:</i> No	<i>After Hours Phone:</i> (619)
<i>Provider English Spoken:</i> Yes	IHP OF SOUTHERN	515-2300
<i>Provider Language(s) Spoken:</i>	CALIFORNIA	<i>Website:</i> www.fhcsd.org
<i>Cultural Competency:</i> No	4290 POLK AVE	<i>Email:</i>
<i>Hospital Affiliation:</i>	SAN DIEGO, CA 92105-1524	<i>Medi-Cal Open Panel:</i> Yes
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 563-0250	<i>Min/Max Age:</i> None
IHP OF SOUTHERN	<i>Fax:</i>	<i>American Sign Language (ASL):</i>
CALIFORNIA	<i>After Hours Phone:</i> (619)	No
6973 LINDA VISTA RD	563-0250	<i>Accessibility:</i> ME
SAN DIEGO, CA 92111-6342	<i>Website:</i> www.sdfamilycare.org	<i>Hours:</i> M-SA 9AM-5PM
<i>Phone:</i> (858) 279-0925	<i>Email:</i>	<b>SCHNEIDER, SARAH A</b>
<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>Provider ID:</i> 206353
<i>After Hours Phone:</i> (858)	<i>Min/Max Age:</i> None	<i>Provider Gender:</i> Female
279-0925	<i>American Sign Language (ASL):</i>	<i>License number:</i> DPM4819
<i>Website:</i> www.sdfamilycare.org	No	<i>NPI:</i> 1326282237
<i>Email:</i>	<i>Accessibility:</i> W	<i>Provider English Spoken:</i> Yes
<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM	<i>Provider Language(s) Spoken:</i>
<i>Min/Max Age:</i> None	<b>JUAREZ, LETICIA J</b>	<i>Cultural Competency:</i> No
<i>American Sign Language (ASL):</i>	<i>Provider ID:</i> 206360	<i>Hospital Affiliation:</i>
No	<i>Provider Gender:</i> Female	<i>Board Certified Specialty:</i> No
<i>Accessibility:</i> P, EB, IB, E, R, T,	<i>License number:</i> DPM5661	FAMILY HEALTH CENTERS OF
W	<i>NPI:</i> 1508393778	SAN DIEGO
<i>Hours:</i> M-SA 9AM-5PM	<i>Provider English Spoken:</i> Yes	5454 EL CAJON BLVD
<b>BROWN, JAMES F</b>	<i>Provider Language(s) Spoken:</i>	SAN DIEGO, CA 92115-3621
<i>Provider ID:</i> 233597	Spanish	
<i>Provider Gender:</i> Male	<i>Cultural Competency:</i> No	
<i>License number:</i> DPM4434	<i>Hospital Affiliation:</i>	
	<i>Board Certified Specialty:</i> No	

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## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)  
515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### **SCHNEIDER, SARAH A**

Provider ID: 206360

Provider Gender: Female

License number: DPM4819

NPI: 1326282237

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **SCHNEIDER, SARAH A**

Provider ID: 402851

Provider Gender: Female

License number: DPM4819

NPI: 1326282237

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **SCHNEIDER, SARAH A**

Provider ID: 417429

Provider Gender: Female

License number: DPM4819

NPI: 1326282237

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2525

Fax:

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **SHIN, HENRY J**

Provider ID: 206353

Provider Gender: Male

License number: DPM4180

NPI: 1780775379

Provider English Spoken: Yes

Provider Language(s) Spoken:

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## C. Directorio de proveedores de atención primaria

*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ⚭ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:*  
*After Hours Phone:* (858) 279-0925  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ⚭ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-4PM

*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:*  
*After Hours Phone:* (858) 810-8700  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ⚭ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM

### **RISSER, JOSEPH A**

*Provider ID:* 206046  
*Provider Gender:* Male  
*License number:* G70886  
*NPI:* 1952386765

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* Yes  
 IHP OF SOUTHERN CALIFORNIA  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

### **PREVENTATIVE MEDICINE**

#### **GENERAL**

### **HILL, LINDA L**

*Provider ID:* 206046  
*Provider Gender:* Female  
*License number:* G41532  
*NPI:* 1467434811  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish

### **HILL, LINDA L**

*Provider ID:* 482070  
*Provider Gender:* Female  
*License number:* G41532  
*NPI:* 1467434811  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## C. Directorio de proveedores de atención primaria

Phone: (858) 279-0925	Email:	American Sign Language (ASL):
Fax: (858) 279-0377	Medi-Cal Open Panel: Yes	No
After Hours Phone: (858) 279-0925	Min/Max Age: None	♿ Accessibility: P, EB, IB, E, R, T, W
Website: www.sdfamilycare.org	American Sign Language (ASL): No	Hours: M-SA 9AM-5PM
Email:	♿ Accessibility: P, EB, IB, E, R, W	
Medi-Cal Open Panel: Yes	Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM	
Min/Max Age: None		
American Sign Language (ASL): No		
♿ Accessibility: P, EB, IB, E, R, T, W		
Hours: M-F 8:30AM-5:30PM, SA 9AM-4PM		
<b>RISSER, JOSEPH A</b>	<b>ROMERO, CAMILA X</b>	<b>ORR, FREDERICK L</b>
Provider ID: 482070	Provider ID: 206046	Provider ID: 185268
Provider Gender: Male	Provider Gender: Female	Provider Gender: Male
License number: G70886	License number: A93812	License number: G87837
NPI: 1952386765	NPI: 1508912130	NPI: 1922162015
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: French, Spanish	Provider Language(s) Spoken: Cultural Competency: No
Hospital Affiliation: Board Certified Specialty: No	Cultural Competency: No	Hospital Affiliation: Board Certified Specialty: No
IHP OF SOUTHERN CALIFORNIA	Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns	Hospital Affiliation: Board Certified Specialty: No
7011 LINDA VISTA RD	Board Certified Specialty: No	LA MAESTRA FAMILY CLINIC
SAN DIEGO, CA 92111-6307	IHP OF SOUTHERN CALIFORNIA	4060 FAIRMOUNT AVE
Phone: (858) 810-8700	6973 LINDA VISTA RD	SAN DIEGO, CA 92105-1608
Fax:	SAN DIEGO, CA 92111-6342	Phone: (619) 255-9155
After Hours Phone: (858) 810-8700	Phone: (858) 279-0925	Fax:
Website: www.sdfamilycare.org	Fax: (858) 279-0377	After Hours Phone: (619) 255-9155
	After Hours Phone: (858) 279-0925	Website: www.lamaestra.org
	Website: www.sdfamilycare.org	Email:
	Email:	Medi-Cal Open Panel: Yes
	Medi-Cal Open Panel: Yes	Min/Max Age: None
	Min/Max Age: None	American Sign Language (ASL): No
		♿ Accessibility: P, EB, IB, E, W
		Hours: M-F 8AM-6PM, SA

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### RADIOLOGY DIAGNOSTIC X-RAY

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## C. Directorio de proveedores de atención primaria

8AM-2PM

### **REGISTERED PHYSICAL THERAPIST**

#### **AGASHE, NEELAM**

Provider ID: 206353  
 Provider Gender: Female  
 License number: PT291539  
 NPI: 1689027955  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: No  
 Hospital Affiliation: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Board Certified Specialty: No  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619) 515-2400  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

#### **BLOCKER, NIRIT S**

Provider ID: 206353  
 Provider Gender: Female  
 License number: PT30272  
 NPI: 1457689309  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hebrew  
 Cultural Competency: No  
 Hospital Affiliation: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Board Certified Specialty: No  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619) 515-2400  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

#### **BLOCKER, NIRIT S**

Provider ID: 206360  
 Provider Gender: Female  
 License number: PT30272  
 NPI: 1457689309  
 Provider English Spoken: Yes

Provider Language(s) Spoken: Hebrew  
 Cultural Competency: No  
 Hospital Affiliation: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: ME  
 Hours: M-F 9AM-5PM, SA 9AM-5PM

#### **CONCORS, ANDREW L**

Provider ID: 417937  
 Provider Gender: Male  
 License number: PT12930  
 NPI: 1578706743  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: FAMILY HEALTH CENTERS OF

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## C. Directorio de proveedores de atención primaria

<p>SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2545 Fax: After Hours Phone: (619) 515-2545 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM</p>	<p>Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM</p>	<p>Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM</p>
<p><b>CUMMINGS, GEORGE P</b> Provider ID: 206353 Provider Gender: Male License number: PT295173 NPI: 1497236384 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621</p>	<p><b>CUMMINGS, GEORGE P</b> Provider ID: 417937 Provider Gender: Male License number: PT295173 NPI: 1497236384 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2545 Fax: After Hours Phone: (619) 515-2545 Website: www.fhcsd.org</p>	<p><b>DAHMS, MADELYNN</b> Provider ID: 206360 Provider Gender: Female License number: PT295463 NPI: 1245712702 Provider English Spoken: Yes Provider Language(s) Spoken: Sign Language Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No</p>
	<p>Website: www.fhcsd.org</p>	<p>♿ Accessibility: ME</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### FIELDING, JOSEPH S

Provider ID: 417937

Provider Gender: Male

License number: PT40975

NPI: 1235577560

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### FOREYT, JANE K

Provider ID: 206353

Provider Gender: Female

License number: PT295063

NPI: 1487066346

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T, ME

Hours: M-SA 9AM-5PM

### HAPKE, ELENA

Provider ID: 417937

Provider Gender: Female

License number: PT292613

NPI: 1003354895

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### IRIZARRY, NICOLE M

Provider ID: 206360

Provider Gender: Female

License number: PT33914

NPI: 1003088063

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

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## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### LEAVITT, IAN R

Provider ID: 206353

Provider Gender: Male

License number: PT291088

NPI: 1275993560

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### MAHONEY, KAITLYN

Provider ID: 417937

Provider Gender: Female

License number: PT296559

NPI: 1114583176

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### MIGNEA, DAVID S

Provider ID: 206353

Provider Gender: Male

License number: PT293536

NPI: 1043736879

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-SA 9AM-5PM

### MIGNEA, DAVID S

Provider ID: 417937

Provider Gender: Male

License number: PT293536

NPI: 1043736879

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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## C. Directorio de proveedores de atención primaria

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM

### **SCHMIDT, BRYAN J**

Provider ID: 417937  
 Provider Gender: Male  
 License number: PT28061  
 NPI: 1780685032  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-SA 9AM-5PM

### **TRUONG, THINH**

Provider ID: 206353  
 Provider Gender: Male  
 License number: PT302329  
 NPI: 1265955025  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619)  
 515-2400  
 Website: www.fhcsd.org  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability: P, EB, IB, E, R, T,  
 ME  
 Hours: M-SA 9AM-5PM

### **VAN DYKE, JASON P**

Provider ID: 206353  
 Provider Gender: Male  
 License number: PT25155  
 NPI: 1487658720  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619)  
 515-2400  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability: P, EB, IB, E, R, T,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>ME Hours: M-F 8:15AM-5PM, SA 9AM-5PM</p> <p><b>VAN DYKE, JASON P</b> Provider ID: 417937 Provider Gender: Male License number: PT25155 NPI: 1487658720 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2545 Fax: After Hours Phone: (619) 515-2545 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility:</p>	<p><b>HUYNH, DOQUYEN H</b> Provider ID: 417937 Provider Gender: Female License number: A110198 NPI: 1619135241 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Vietnamese Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2545 Fax: After Hours Phone: (619) 515-2545 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM</p> <p><b>OGANDO, SHEENA M</b> Provider ID: 206363 Provider Gender: Female License number: A142743</p>	<p>NPI: 1649564295 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: John Muir Medical Center Walnut Creek Campus Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2560 Fax: After Hours Phone: (619) 515-2560 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>REDDY, DANA A</b> Provider ID: 206363 Provider Gender: Female License number: A115598 NPI: 1144538778 Provider English Spoken: Yes</p>
<p><b>RHEUMATOLOGY</b></p>		

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## C. Directorio de proveedores de atención primaria

*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### REDDY, DANA A

*Provider ID:* 403583  
*Provider Gender:* Female  
*License number:* A115598  
*NPI:* 1144538778  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:*  
*After Hours Phone:* (619) 233-8500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

### SPEECH PATHOLOGIST

### MANCILLAS, ANYA K

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* SP31261  
*NPI:* 1528698057

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### WILLIAMS, JESSICA D

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* SP27677  
*NPI:* 1932680006  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: ME Hours: M-SA 9AM-5PM</p>	<p>150 VALPRED A RD SAN MARCOS, CA 92069-2973 Phone: (760) 736-6767 Fax: After Hours Phone: (760) 736-6767 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: P, EB, IB, E, R, T, W Hours: M-SA 9AM-5PM</p>	<p>Phone: (760) 736-6767 Fax: After Hours Phone: (760) 736-6767 Website: www.ihpsocal.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: P, EB, IB, E, R, T, W Hours: M-SA 9AM-5PM</p>
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### SAN MARCOS

#### CERTIFIED NURSE PRACTITIONER

#### **BINETTE, DONYA L**

Provider ID: 206426  
Provider Gender: Female  
License number: NP95001653  
NPI: 1427325166  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA

#### **DOAN, CHINH N**

Provider ID: 206426  
Provider Gender: Female  
License number: NP18874  
NPI: 1083845069  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
150 VALPRED A RD  
SAN MARCOS, CA 92069-2973

#### **FREEMAN, WANDA**

Provider ID: 206426  
Provider Gender: Female  
License number: NP95003903  
NPI: 1659504264  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
150 VALPRED A RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:

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## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
W

Hours: M-SA 9AM-5PM

### **HENLEY, MEARA E**

Provider ID: 206426

Provider Gender: Female

License number: NP95002545

NPI: 1538319645

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

150 VALPREDA RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,  
W

Hours: M-SA 9AM-5PM

### **KOUSARI, JHALEH**

Provider ID: 206426

Provider Gender: Female

License number: NP20893

NPI: 1811262405

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital, Scripps

Memorial Hospital

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

150 VALPREDA RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 9AM-5PM

### **MACIAS, ALISSA M**

Provider ID: 206426

Provider Gender: Female

License number: NP21368

NPI: 1952658445

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

150 VALPREDA RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,  
W

Hours: M-SA 9AM-5PM

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### **CERTIFIED REGISTERED NURSE**

#### **MIDWIFE**

---

### **BELANGER, TANYA M**

Provider ID: 206426

Provider Gender: Female

License number: NM235844

NPI: 1407287469

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p>Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          150 VALPREDA RD          SAN MARCOS, CA 92069-2973          Phone: (760) 736-6767          Fax:          After Hours Phone: (760) 736-6767          Website: www.ihpsocal.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: P, EB, IB, E, R, T, W          Hours: M-SA 8AM-5PM</p>	<p>IHP OF SOUTHERN CALIFORNIA          150 VALPREDA RD          SAN MARCOS, CA 92069-2973          Phone: (760) 736-6767          Fax:          After Hours Phone: (760) 736-6767          Website: www.ihpsocal.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: P, EB, IB, E, R, T, W          Hours: M-SA 9AM-5PM</p>	<p>SAN MARCOS, CA 92069-2973          Phone: (760) 736-6767          Fax:          After Hours Phone: (760) 736-6767          Website: www.ihpsocal.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: P, EB, IB, E, R, T, W          Hours: M-F 8AM-6PM, SA 8AM-5PM</p>
<hr/>		
<b>FAMILY PRACTICE</b>		
<hr/>		
<p><b>KELLY, KATHERINE M</b>          Provider ID: 206426          Provider Gender: Female          License number: NM235997          NPI: 1801134275          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No</p>	<p style="text-align: center;"><b>CHIROPRACTOR</b></p> <p><b>LOVERN, JENNIFER K</b>          Provider ID: 206426          Provider Gender: Female          License number: DC29074          NPI: 1235469396          Provider English Spoken: Yes          Provider Language(s) Spoken: Italian          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          150 VALPREDA RD</p>	<p><b>MATIAS, JULIE M</b>          Provider ID: 206426          Provider Gender: Female          License number: 20A15159          NPI: 1083094510          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          150 VALPREDA RD          SAN MARCOS, CA 92069-2973</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (760) 736-6767	Email:	♿ Accessibility: P, EB, IB, E, R, T, W
Fax:	Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
After Hours Phone: (760) 736-6767	Min/Max Age: None	
Website: www.ihpsocal.org	American Sign Language (ASL): No	<b>WILLIE, KADEN G</b>
Email:	♿ Accessibility: P, EB, IB, E, R, T, W	Provider ID: 206426
Medi-Cal Open Panel: Yes	Hours: M-SA 8AM-5PM	Provider Gender: Male
Min/Max Age: None		License number: 20A17306
American Sign Language (ASL): No	<b>SAFI, ROOZCHEHR</b>	NPI: 1790133767
♿ Accessibility: P, EB, IB, E, R, T, W	Provider ID: 206426	Provider English Spoken: Yes
Hours: M-SA 9AM-5PM	Provider Gender: Female	Provider Language(s) Spoken: Portuguese
	License number: A116562	Cultural Competency: No
<b>NATH, DEVARSHI</b>	NPI: 1659563641	Hospital Affiliation:
Provider ID: 206426	Provider English Spoken: Yes	Board Certified Specialty: No
Provider Gender: Male	Provider Language(s) Spoken: Farsi	IHP OF SOUTHERN CALIFORNIA
License number: C54157	Cultural Competency: No	150 VALPRED A RD
NPI: 1275630618	Hospital Affiliation:	SAN MARCOS, CA 92069-2973
Provider English Spoken: Yes	Board Certified Specialty: No	Phone: (760) 736-6767
Provider Language(s) Spoken: Bengali	IHP OF SOUTHERN CALIFORNIA	Fax:
Cultural Competency: No	150 VALPRED A RD	After Hours Phone: (760) 736-6767
Hospital Affiliation:	SAN MARCOS, CA 92069-2973	Website: www.ihpsocal.org
Board Certified Specialty: No	Phone: (760) 736-6767	Email:
IHP OF SOUTHERN CALIFORNIA	Fax:	Medi-Cal Open Panel: Yes
150 VALPRED A RD	After Hours Phone: (760) 736-6767	Min/Max Age: None
SAN MARCOS, CA 92069-2973	Website: www.ihpsocal.org	American Sign Language (ASL): No
Phone: (760) 736-6700	Email:	♿ Accessibility: P, EB, IB, E, R, T, W
Fax:	Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
After Hours Phone: (760) 736-6700	Min/Max Age: None	
Website: www.ihpsocal.org	American Sign Language (ASL): No	

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**FQHC**

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

### TRUECARE,

Provider ID: 206426  
 Provider Gender:  
 License number: 080000167  
 NPI: 1245246917  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP OF SOUTHERN CALIFORNIA  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 8AM-5PM

NPI: 1184735201  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Polish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM

Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM

### GENERAL PRACTICE

#### WITCZAK, IZABELA

Provider ID: 206426  
 Provider Gender: Female  
 License number: A71311

### PONIACHIK, SAMUEL I

Provider ID: 206426  
 Provider Gender: Male  
 License number: G74757  
 NPI: 1467485078  
 Provider English Spoken: Yes

### CAMPBELL, LETICIA J

Provider ID: 206426  
 Provider Gender: Female  
 License number: A131042  
 NPI: 1508124868  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No

### OBSTETRICS / GYNECOLOGY

### INTERNAL MEDICINE

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Hospital Affiliation:</i> Tri City Medical Ctr, Palomar Medical Center  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  150 VALPRED A RD  SAN MARCOS, CA 92069-2973  <i>Phone:</i> (760) 736-6767  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 736-6767  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W  <i>Hours:</i> M-SA 9AM-5PM</p>	<p>IHP OF SOUTHERN CALIFORNIA  150 VALPRED A RD  SAN MARCOS, CA 92069-2973  <i>Phone:</i> (760) 736-6700  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 736-6700  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W  <i>Hours:</i> M-SA 9AM-5PM</p>	<p>CALIFORNIA  150 VALPRED A RD  SAN MARCOS, CA 92069-2973  <i>Phone:</i> (760) 736-6700  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 736-6700  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W  <i>Hours:</i> M-SA 9AM-5PM</p>
<hr/>		
<b>PEDIATRICS</b>		
<p><b>POUNTNEY, MARLENE E</b>  <i>Provider ID:</i> 206426  <i>Provider Gender:</i> Female  <i>License number:</i> A93248  <i>NPI:</i> 1174703680  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Tri City Medical Ctr  <i>Board Certified Specialty:</i> No</p>	<p><b>SCHWEIKERT, SUZANNE M</b>  <i>Provider ID:</i> 206426  <i>Provider Gender:</i> Female  <i>License number:</i> A60958  <i>NPI:</i> 1477560142  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN</p>	<p><b>MALHOTRA, ARATI</b>  <i>Provider ID:</i> 206426  <i>Provider Gender:</i> Female  <i>License number:</i> A63903  <i>NPI:</i> 1215135306  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Hindi, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Tri City Medical Ctr, Palomar Medical Center  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA</p>

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## C. Directorio de proveedores de atención primaria

150 VALPRED A RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 W  
 Hours: M-SA 9AM-5PM

### **MONAHAN, CAROLYN O**

Provider ID: 50425  
 Provider Gender: Female  
 License number: G26892  
 NPI: 1619973666  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Health Downtown Campus,  
 Palomar Medical Center  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 1582 W SAN MARCOS BLVD  
 STE 203  
 SAN MARCOS, CA 92078-4081

Phone: (760) 744-6710  
 Fax: (760) 744-6156  
 After Hours Phone: (760)  
 744-6710  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### **POSADAS, EMERITO D**

Provider ID: 206426  
 Provider Gender: Male  
 License number: A48980  
 NPI: 1720093198  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Palomar Medical  
 Center  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760)  
 736-6767

Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 W  
 Hours: M-SA 9AM-5PM

### **ROSENFELD, GINA**

Provider ID: 36393  
 Provider Gender: Female  
 License number: G76842  
 NPI: 1235135286  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Rady Childrens  
 Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 1582 W SAN MARCOS BLVD  
 STE 203  
 SAN MARCOS, CA 92078-4081  
 Phone: (760) 744-6710  
 Fax: (760) 744-6156  
 After Hours Phone: (760)  
 744-6710  
 Website:  
 Email:

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## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-4:45PM, SA  
9AM-5PM

### SEBIANE, MARIA G

Provider ID: 206426

Provider Gender: Female

License number: G71182

NPI: 1740295229

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Palomar Medical Center

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

150 VALPREDA RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 9AM-5PM

### SOCHA, TRACI E

Provider ID: 428861

Provider Gender: Female

License number: 20A7862

NPI: 1669478616

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Palomar

Medical Center

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

1582 W SAN MARCOS BLVD

STE 203

SAN MARCOS, CA 92078-4081

Phone: (760) 744-6710

Fax: (760) 744-6156

After Hours Phone: (760)

744-6710

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-4:45PM, SA

9AM-5PM

### PHYSICIANS ASSISTANT

### BERNARDO, RACHELLE A

Provider ID: 206426

Provider Gender: Female

License number: PA17718

NPI: 1821237678

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

150 VALPREDA RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 9AM-5PM

### BLAKESPEAR, JEREMY D

Provider ID: 206426

Provider Gender: Male

License number: PA19825

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## C. Directorio de proveedores de atención primaria

NPI: 1750474177	Board Certified Specialty: No	Phone: (760) 736-6767
Provider English Spoken: Yes	IHP OF SOUTHERN	Fax:
Provider Language(s) Spoken: CALIFORNIA	150 VALPREDA RD	After Hours Phone: (760) 736-6767
Cultural Competency: No	SAN MARCOS, CA 92069-2973	Website: www.ihpsocal.org
Hospital Affiliation:	Phone: (760) 736-6767	Email:
Board Certified Specialty: No	Fax:	Medi-Cal Open Panel: Yes
IHP OF SOUTHERN	After Hours Phone: (760) 736-6767	Min/Max Age: None
CALIFORNIA	Website: www.ihpsocal.org	American Sign Language (ASL): No
150 VALPREDA RD	Email:	♿ Accessibility: P, EB, IB, E, R, T, W
SAN MARCOS, CA 92069-2973	Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
Phone: (760) 736-6767	Min/Max Age: None	
Fax:	American Sign Language (ASL): No	<b>RUSSO, KRISTA L</b>
After Hours Phone: (760) 736-6767	♿ Accessibility: P, EB, IB, E, R, T, W	Provider ID: 206426
Website: www.ihpsocal.org	Hours: M-SA 9AM-5PM	Provider Gender: Female
Email:	<b>KOSEL, MATTHEW J</b>	License number: PA53036
Medi-Cal Open Panel: Yes	Provider ID: 206426	NPI: 1922471192
Min/Max Age: None	Provider Gender: Male	Provider English Spoken: Yes
American Sign Language (ASL): No	License number: PA17101	Provider Language(s) Spoken:
♿ Accessibility: P, EB, IB, E, R, T, W	NPI: 1316947302	Cultural Competency: No
Hours: M-SA 9AM-5PM	Provider English Spoken: Yes	Hospital Affiliation:
	Provider Language(s) Spoken:	Board Certified Specialty: No
<b>CHISWICK, GARY R</b>	Cultural Competency: No	IHP OF SOUTHERN
Provider ID: 206426	Hospital Affiliation:	CALIFORNIA
Provider Gender: Male	Board Certified Specialty: No	150 VALPREDA RD
License number: PA22667	IHP OF SOUTHERN	SAN MARCOS, CA 92069-2973
NPI: 1174964001	CALIFORNIA	Phone: (760) 736-6767
Provider English Spoken: Yes	150 VALPREDA RD	Fax:
Provider Language(s) Spoken:	SAN MARCOS, CA 92069-2973	After Hours Phone: (760) 736-6767
Cultural Competency: No		Website: www.ihpsocal.org
Hospital Affiliation: Grossmont Hospital		Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 8AM-5PM

### SPENCE, JAMIE N

Provider ID: 206426

Provider Gender: Female

License number: PA21723

NPI: 1518133032

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

150 VALPREDA RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 9AM-5PM

### TAHRIRI, BAHAREH

Provider ID: 206426

Provider Gender: Female

License number: PA51867

NPI: 1295147387

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

150 VALPREDA RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 8AM-5PM

**SAN YSIDRO**

## CARDIOVASCULAR DISEASE

### PONCE, SONIA G

Provider ID: 206292

Provider Gender: Female

License number: A145008

NPI: 1164659033

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

**CERTIFIED NURSE**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

PRACTITIONER	NPI: 1508098294	IHP OF SOUTHERN CALIFORNIA
<b>CELIZ, ADRIANA G</b>	Provider English Spoken: Yes	4004 BEYER BLVD
Provider ID: 227469	Provider Language(s) Spoken:	SAN YSIDRO, CA 92173-2007
Provider Gender: Female	Cultural Competency: No	Phone: (619) 662-4100
License number: NP95004315	Hospital Affiliation:	Fax:
NPI: 1972956514	Board Certified Specialty: No	After Hours Phone: (619)
Provider English Spoken: Yes	IHP OF SOUTHERN	662-4100
Provider Language(s) Spoken:	CALIFORNIA	Website: www.ihpsocal.org
Spanish	3364 BEYER BLVD	Email:
Cultural Competency: No	SAN YSIDRO, CA 92173-1322	Medi-Cal Open Panel: Yes
Hospital Affiliation:	Phone: (619) 600-4867	Min/Max Age: None
Board Certified Specialty: No	Fax:	American Sign Language (ASL):
IHP OF SOUTHERN	After Hours Phone: (619)	No
CALIFORNIA	600-4867	♿ Accessibility:
3364 BEYER BLVD	Website: www.ihpsocal.org	Hours: M-SA 9AM-5PM
SAN YSIDRO, CA 92173-1322	Email:	<b>GUADARRAMA, IGNACIO</b>
Phone: (619) 662-4100	Medi-Cal Open Panel: Yes	Provider ID: 227469
Fax:	Min/Max Age: None	Provider Gender: Male
After Hours Phone: (619)	American Sign Language (ASL):	License number: NP95003671
662-4100	No	NPI: 1821331174
Website: www.ihpsocal.org	♿ Accessibility: W	Provider English Spoken: Yes
Email:	Hours: M-SA 9AM-5PM	Provider Language(s) Spoken:
Medi-Cal Open Panel: Yes	<b>GARCIA, TEDAYSHIA P</b>	Spanish
Min/Max Age: None	Provider ID: 206292	Cultural Competency: No
American Sign Language (ASL):	Provider Gender: Female	Hospital Affiliation:
No	License number: NP95003355	Board Certified Specialty: No
♿ Accessibility: W	NPI: 1659730778	IHP OF SOUTHERN
Hours: M-SA 9AM-5PM	Provider English Spoken: Yes	CALIFORNIA
<b>CHING, LEYDA B</b>	Provider Language(s) Spoken:	3364 BEYER BLVD
Provider ID: 227469	Spanish	SAN YSIDRO, CA 92173-1322
Provider Gender: Female	Cultural Competency: No	
License number: NP20123	Hospital Affiliation:	
	Board Certified Specialty: No	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

### **IBARRA, MARTHA A**

Provider ID: 206292  
 Provider Gender: Female  
 License number: NP12112  
 NPI: 1114957289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100

Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA  
 8:30AM-2PM

### **IBARRA, MARTHA A**

Provider ID: 227469  
 Provider Gender: Female  
 License number: NP12112  
 NPI: 1114957289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

### **ORDINANZA, MYLENE D**

Provider ID: 227469  
 Provider Gender: Female  
 License number: NP95019995  
 NPI: 1265019061  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA

3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 662-4100

Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### **PITTMAN, LILIANA**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Provider ID:* 227469  
*Provider Gender:* Female  
*License number:* NP95017732  
*NPI:* 1326599002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **SANCHEZ, MYRNA A**

*Provider ID:* 227469  
*Provider Gender:* Female  
*License number:* NP95003721  
*NPI:* 1548614506  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **VAZQUEZ-ERLBECK, MARTHA**

*Provider ID:* 227469  
*Provider Gender:* Female  
*License number:* NP95001960  
*NPI:* 1669865960  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322

*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM

---

## **CHIROPRACTOR**

---

### **OCHOA, RAUL O**

*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* DC33693  
*NPI:* 1518401827  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  🔊 Accessibility:  Hours: M-SA 9AM-5PM</p>	<p>No  🔊 Accessibility: W  Hours: M-SA 9AM-5PM</p>	<p>Provider Gender: Male  License number: A157505  NPI: 1588197826  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Scripps  Mercy Hospital Chula Vista  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  4050 BEYER BLVD  SAN YSIDRO, CA 92173-2007  Phone: (619) 662-4100  Fax:  After Hours Phone: (619)  662-4100  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  🔊 Accessibility: W  Hours: M-F 8:30AM-5PM, SA  9AM-5PM</p>
<hr/>		
<b>FAMILY PRACTICE</b>		
<hr/>		
<p><b>ALGHAMDI, ASMA M</b>  Provider ID: 227469  Provider Gender: Female  License number: A167529  NPI: 1316310840  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  3364 BEYER BLVD  SAN YSIDRO, CA 92173-1322  Phone: (619) 662-4100  Fax:  After Hours Phone: (619)  662-4100  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):</p>	<p><b>ALVAREZ-ESTRADA, MIGUEL</b>  Provider ID: 206292  Provider Gender: Male  License number: A157505  NPI: 1588197826  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Scripps  Mercy Hospital Chula Vista  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  4004 BEYER BLVD  SAN YSIDRO, CA 92173-2007  Phone: (619) 662-4100  Fax:  After Hours Phone: (619)  662-4100  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>  Email:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):  No  🔊 Accessibility:  Hours: M-SA 9AM-5PM</p>	<p><b>BAUM, PETER M</b>  Provider ID: 227411  Provider Gender: Male  License number: 20A14949  NPI: 1174919971  Provider English Spoken: Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Provider Language(s) Spoken:</i> Spanish	IHP OF SOUTHERN CALIFORNIA	<i>Phone:</i> (619) 662-4100 <i>Fax:</i> (619) 205-6341
<i>Cultural Competency:</i> No	4004 BEYER BLVD	<i>After Hours Phone:</i> (619) 662-4100
<i>Hospital Affiliation:</i>	SAN YSIDRO, CA 92173-2007	<i>Website:</i> www.ihpsocal.org
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 662-4100	<i>Email:</i>
IHP OF SOUTHERN CALIFORNIA	<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes
4050 BEYER BLVD	<i>After Hours Phone:</i> (619) 662-4100	<i>Min/Max Age:</i> None
SAN YSIDRO, CA 92173-2007	<i>Website:</i> www.ihpsocal.org	<i>American Sign Language (ASL):</i>
<i>Phone:</i> (619) 662-4100	<i>Email:</i>	No
<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>Accessibility:</i>
<i>After Hours Phone:</i> (619) 662-4100	<i>Min/Max Age:</i> None	<i>Hours:</i> M-SA 9AM-5PM
<i>Website:</i> www.ihpsocal.org	<i>American Sign Language (ASL):</i>	<b>CASTILLO, STEPHANIE</b>
<i>Email:</i>	No	<i>Provider ID:</i> 206292
<i>Medi-Cal Open Panel:</i> Yes	<i>Accessibility:</i>	<i>Provider Gender:</i> Female
<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM	<i>License number:</i> A159673
<i>American Sign Language (ASL):</i>	<b>CARRIEDO CENICEROS, MARIA</b>	<i>NPI:</i> 1902330723
No	<b>T</b>	<i>Provider English Spoken:</i> Yes
<i>Accessibility:</i> W	<i>Provider ID:</i> 206292	<i>Provider Language(s) Spoken:</i>
<i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM	<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No
<b>BORSAN, COSMIN</b>	<i>License number:</i> A78373	<i>Hospital Affiliation:</i>
<i>Provider ID:</i> 206292	<i>NPI:</i> 1295746618	<i>Board Certified Specialty:</i> No
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	IHP OF SOUTHERN CALIFORNIA
<i>License number:</i> 20A17643	<i>Provider Language(s) Spoken:</i>	4004 BEYER BLVD
<i>NPI:</i> 1679060255	Spanish	SAN YSIDRO, CA 92173-2007
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<i>Phone:</i> (619) 662-4100
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i>	<i>Fax:</i>
Romanian	<i>Board Certified Specialty:</i> No	<i>After Hours Phone:</i> (619) 662-4100
<i>Cultural Competency:</i> No	IHP OF SOUTHERN CALIFORNIA	<i>Website:</i> www.ihpsocal.org
<i>Hospital Affiliation:</i>	4004 BEYER BLVD	<i>Email:</i>
<i>Board Certified Specialty:</i> No	SAN YSIDRO, CA 92173-2007	<i>Medi-Cal Open Panel:</i> Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

8:30AM-2PM

### **CASTILLO, STEPHANIE**

Provider ID: 610775

Provider Gender: Female

License number: A159673

NPI: 1902330723

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)

662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

8:30AM-2:30PM

### **CEVALLOS, JAMES E**

Provider ID: 206292

Provider Gender: Male

License number: A55469

NPI: 1720181829

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **CORONADO, MYRNA L**

Provider ID: 206292

Provider Gender: Female

License number: A112627

NPI: 1710147566

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 428-4463

Fax:

After Hours Phone: (619)

428-4463

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **CORONADO, MYRNA L**

Provider ID: 227411

Provider Gender: Female

License number: A112627

NPI: 1710147566

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

IHP OF SOUTHERN CALIFORNIA  
4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **ESTRADA, JOHANNA A**

Provider ID: 206292  
Provider Gender: Female  
License number: A127188  
NPI: 1255698155  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital, Scripps Memorial Hospital  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### **HEINRICI, ALEKA D**

Provider ID: 206292  
Provider Gender: Female  
License number: A125329  
NPI: 1780979120  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: John Muir Medical Center Walnut Creek Campus  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **HENDRIX, JEFFERSON C**

Provider ID: 227469  
Provider Gender: Male  
License number: A32571  
NPI: 1235142738  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **HERNANDEZ, RALPH C**

Provider ID: 206292

Provider Gender: Male

License number: C42207

NPI: 1285782151

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **HERNANDEZ, RALPH C**

Provider ID: 227469

Provider Gender: Male

License number: C42207

NPI: 1285782151

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **LARA, LESLEY**

Provider ID: 206292

Provider Gender: Female

License number: A173435

NPI: 1184112682

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: SU 10AM-4PM, M-F

8:30AM-5:30PM, SA

8AM-2:30PM

### **LEE, JOSEPH Y**

Provider ID: 206292

Provider Gender: Male

License number: A164201

NPI: 1417480948

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: St Elizabeth  
Hosp

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### LEE, JOSEPH Y

Provider ID: 227469  
 Provider Gender: Male  
 License number: A164201  
 NPI: 1417480948  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: St Elizabeth Hosp  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### LEPEZ, DAVID

Provider ID: 206292  
 Provider Gender: Male  
 License number: A130348  
 NPI: 1205196029  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100

Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### LEUTE, ERIC J

Provider ID: 206292  
 Provider Gender: Male  
 License number: A80832  
 NPI: 1720171507  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

---

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### **NAVARRO, VANESSA M**

Provider ID: 227469

Provider Gender: Female

License number: A113624

NPI: 1952563421

Provider English Spoken: Yes

Provider Language(s) Spoken:

Filipino, Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,

Sharp Chula Vista Med Ctr

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **NGUYEN, CARIE C**

Provider ID: 206292

Provider Gender: Female

License number: A106103

NPI: 1174781132

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

8:30AM-2PM

### **NIKZAD, JASON**

Provider ID: 206292

Provider Gender: Male

License number: 20A12653

NPI: 1508121674

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

8:30AM-2PM

### **ORTEGA, LUIS M**

Provider ID: 206292

Provider Gender: Male

License number: A180886

NPI: 1558924936

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            4004 BEYER BLVD            SAN YSIDRO, CA 92173-2007  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM</p>	<p>IHP OF SOUTHERN CALIFORNIA            4050 BEYER BLVD            SAN YSIDRO, CA 92173-2007  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM</p>	<p><i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p>
<p><b>ORTIZ ILIZALITURRI, ANA K</b>  <i>Provider ID:</i> 227411  <i>Provider Gender:</i> Female  <i>License number:</i> A178949  <i>NPI:</i> 1316407026  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital  <i>Board Certified Specialty:</i> No</p>	<p><b>RAJAIPOUR, NEGIN</b>  <i>Provider ID:</i> 227469  <i>Provider Gender:</i> Female  <i>License number:</i> A145480  <i>NPI:</i> 1508286709  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Farsi  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322</p>	<p><b>ROSENBAUM, HERBERT B</b>  <i>Provider ID:</i> 206292  <i>Provider Gender:</i> Male  <i>License number:</i> A169694  <i>NPI:</i> 1922532712  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            4004 BEYER BLVD            SAN YSIDRO, CA 92173-2007  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **SALEM, RAMSEY A**

Provider ID: 206292

Provider Gender: Male

License number: A158364

NPI: 1245401298

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **SNYDER, CHRISTOPHER L**

Provider ID: 206292

Provider Gender: Male

License number: 20A7502

NPI: 1922041235

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Pih Hospital

- Downey, John F Kennedy

Memorial Hosp, Cedars Sinai

Medical Center, Scripps

Memorial Hospital Encinitas,

Eisenhower Medical Ctr,

Grossmont Hospital

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **TALAVERA, GREGORY A**

Provider ID: 206292

Provider Gender: Male

License number: A40061

NPI: 1740337161

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M,TU 8:30AM-5:30PM,

W-SA 9AM-5PM

### **TREJO, RAUL**

Provider ID: 206292

Provider Gender: Male

License number: A77936

NPI: 1174534184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  4004 BEYER BLVD  SAN YSIDRO, CA 92173-2007  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p>	<p><i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  4004 BEYER BLVD  SAN YSIDRO, CA 92173-2007  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM</p> <p><b>VELASQUEZ, SHARON F</b>  <i>Provider ID:</i> 206292  <i>Provider Gender:</i> Female  <i>License number:</i> A71304  <i>NPI:</i> 1972732584  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  4004 BEYER BLVD</p>	<p>SAN YSIDRO, CA 92173-2007  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p> <hr/> <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,</b>  <i>Provider ID:</i> 227411  <i>Provider Gender:</i>  <i>License number:</i>  <i>NPI:</i> 1952364747  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i>  IHP OF SOUTHERN CALIFORNIA  4050 BEYER BLVD  SAN YSIDRO, CA 92173-2007</p>
<p><b>VAN HOLLEBEKE, RACHEL B</b>  <i>Provider ID:</i> 206292  <i>Provider Gender:</i> Female  <i>License number:</i> A177337  <i>NPI:</i> 1497217756  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital</p>	<p>4004 BEYER BLVD</p>	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM

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

Provider ID: 206292  
 Provider Gender:  
 License number:  
 NPI: 1952364747  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org

Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

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

Provider ID: 227469  
 Provider Gender:  
 License number:  
 NPI: 1801438239  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP OF SOUTHERN CALIFORNIA  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 662-4100  
 Fax: (619) 600-4870  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

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### **GENERAL PRACTICE**

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### **HENDRIX, JEFFERSON C**

Provider ID: 404256  
 Provider Gender: Male  
 License number: A32571  
 NPI: 1235142738  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-7:30PM, SA 8:30AM-2PM

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

### TEJEDA, FRANCISCO J

*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* A66885  
*NPI:* 1407940075  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Lompoc Valley Medical Center  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

### GYNECOLOGY

### CALDERON, JORGE A

*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* A40480  
*NPI:* 1407800881

### INFECTIOUS DISEASE

### PARK, DANIEL

*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* A99433  
*NPI:* 1538371844

### PROMER, KATHERINE E

*Provider ID:* 206292  
*Provider Gender:* Female  
*License number:* A131952  
*NPI:* 1306280607  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Memorial Hospital, Palomar Medical Center  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

### INTERNAL MEDICINE

#### **ALDOUS, JEANNETTE L**

*Provider ID:* 206292  
*Provider Gender:* Female  
*License number:* A101017  
*NPI:* 1073650339  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

#### **CARPENTER, ROBERT J**

*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* 20A10964  
*NPI:* 1356343040  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital  
*Board Certified Specialty:* No

IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

#### **CHOW, MAN HUNG J**

*Provider ID:* 227469  
*Provider Gender:* Female  
*License number:* G66745  
*NPI:* 1225149115  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

IHP OF SOUTHERN CALIFORNIA  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **DE LA ROSA, JOSE B**

Provider ID: 206292  
Provider Gender: Male  
License number: A49267  
NPI: 1689646572  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **DIAZ-GONZALEZ, VICENTE**

Provider ID: 206292  
Provider Gender: Male  
License number: A84160  
NPI: 1790745776  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **DILLON, BENEDICT S**

Provider ID: 227411  
Provider Gender: Male  
License number: A111118  
NPI: 1710142708  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Chula Vista Comm Hosp  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>American Sign Language (ASL): No          Accessibility: W          Hours: M-SA 9AM-5PM</p> <p><b>KAUFER, DAVID I</b>          Provider ID: 206292          Provider Gender: Male          License number: G80107          NPI: 1710082789          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Eisenhower Medical Ctr          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          4004 BEYER BLVD          SAN YSIDRO, CA 92173-2007          Phone: (619) 662-4100          Fax:          After Hours Phone: (619) 662-4100          Website: www.ihpsocal.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:          Hours: M-SA 9AM-5PM</p> <p><b>MAY, LOUIS M</b>          Provider ID: 206292</p>	<p>Provider Gender: Male          License number: A138568          NPI: 1720497514          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Eisenhower Medical Ctr          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          4004 BEYER BLVD          SAN YSIDRO, CA 92173-2007          Phone: (619) 966-4100          Fax:          After Hours Phone: (619) 966-4100          Website: www.ihpsocal.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:          Hours: M-SA 9AM-5PM</p> <p><b>POAST, JENNIFER L</b>          Provider ID: 206292          Provider Gender: Female          License number: 20A8245          NPI: 1164435681          Provider English Spoken: Yes          Provider Language(s) Spoken:</p>	<p>Cultural Competency: No          Hospital Affiliation:          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          4004 BEYER BLVD          SAN YSIDRO, CA 92173-2007          Phone: (619) 428-4463          Fax:          After Hours Phone: (619) 428-4463          Website: www.ihpsocal.org          Email:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:          Hours: M-SA 9AM-5PM</p> <p><b>SALERNO, MARIANA V</b>          Provider ID: 206292          Provider Gender: Female          License number: A131021          NPI: 1598921645          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Providence St. Joseph Hospital Eureka          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          4004 BEYER BLVD</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### **SCHNEIDER-MUNOZ, MARGARITA P**

Provider ID: 206292  
 Provider Gender: Female  
 License number: G81461  
 NPI: 1821299520  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100

Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### **SHEIKH MOHAMED, AMIRA A**

Provider ID: 227469  
 Provider Gender: Female  
 License number: A153975  
 NPI: 1831583079  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, French, Hindi, Italian,  
 Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### **SY, RAMON S**

Provider ID: 227469  
 Provider Gender: Male  
 License number: A51843  
 NPI: 1982617403  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital, Paradise  
 Valley Hospital  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **VELAZQUEZ CAMARENA, MARIA D**

Provider ID: 206292

Provider Gender: Female

License number: A56153

NPI: 1518965714

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **WEN, AKI YEN CHANG**

Provider ID: 227411

Provider Gender: Male

License number: 20A12555

NPI: 1205126505

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4050 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

NPI: 1689788234

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Tri City Medical

Ctr, Sharp Memorial Hospital,

Alvarado Hospital Llc,

Grossmont Hospital, Scripps

Mercy Hospital, Scripps

Memorial Hospital

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **INTERVENTIONAL CARDIOLOGY**

### **MOUSSAVIAN, MEHRAN**

Provider ID: 206292

Provider Gender: Male

License number: 20A7241

### **OBSTETRICS / GYNECOLOGY**

### **BERGGREN, ERICA K**

Provider ID: 227411

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## C. Directorio de proveedores de atención primaria

<i>Provider Gender:</i> Female	<i>Provider ID:</i> 206292	<i>Provider English Spoken:</i> Yes
<i>License number:</i> C158543	<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>
<i>NPI:</i> 1912159674	<i>License number:</i> A104660	Spanish
<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1083815823	<i>Cultural Competency:</i> No
<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Sharp Chula
<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>	Vista Med Ctr
<i>Hospital Affiliation:</i> Sharp	<i>Cultural Competency:</i> No	<i>Board Certified Specialty:</i> No
Memorial Hospital, Sharp Mary	<i>Hospital Affiliation:</i> St Josephs	IHP OF SOUTHERN
Birch Hosp For Women And	Med Center Of Stockton,	CALIFORNIA
Newborns, Scripps Memorial	Scripps Mercy Hospital Chula	4004 BEYER BLVD
Hospital, Scripps Green	Vista, Scripps Mercy Hospital	SAN YSIDRO, CA 92173-2007
Hospital, Scripps Mercy	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 662-4100
Hospital Chula Vista, Scripps	IHP OF SOUTHERN	<i>Fax:</i>
Mercy Hospital	CALIFORNIA	<i>After Hours Phone:</i> (619)
<i>Board Certified Specialty:</i> No	4004 BEYER BLVD	662-4100
IHP OF SOUTHERN	SAN YSIDRO, CA 92173-2007	<i>Website:</i> www.ihpsocal.org
CALIFORNIA	<i>Phone:</i> (619) 662-4100	<i>Email:</i>
4050 BEYER BLVD	<i>Fax:</i>	<i>Medi-Cal Open Panel:</i> Yes
SAN YSIDRO, CA 92173-2007	<i>After Hours Phone:</i> (619)	<i>Min/Max Age:</i> None
<i>Phone:</i> (619) 662-4100	662-4100	<i>American Sign Language (ASL):</i>
<i>Fax:</i>	<i>Website:</i> www.ihpsocal.org	No
<i>After Hours Phone:</i> (619)	<i>Email:</i>	♿ <i>Accessibility:</i>
662-4100	<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM
<i>Website:</i> www.ihpsocal.org	<i>Min/Max Age:</i> None	<b>DANESHMAND, SHAHRAM S</b>
<i>Email:</i>	<i>American Sign Language (ASL):</i>	<i>Provider ID:</i> 206292
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Provider Gender:</i> Male
<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i>	<i>License number:</i> A63844
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>NPI:</i> 1891867412
No	<b>CARSON, LATISA S</b>	<i>Provider English Spoken:</i> Yes
♿ <i>Accessibility:</i> W	<i>Provider ID:</i> 206292	<i>Provider Language(s) Spoken:</i>
<i>Hours:</i> M-F 8:30AM-5PM, SA	<i>Provider Gender:</i> Female	Farsi, Spanish
9AM-5PM	<i>License number:</i> A72235	<i>Cultural Competency:</i> No
<b>CARR, MIANDA C</b>	<i>NPI:</i> 1245229129	<i>Hospital Affiliation:</i> Rady

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## C. Directorio de proveedores de atención primaria

Childrens Hospital San Diego,  
Grossmont Hospital, Sharp  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital, Tri  
City Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns, Scripps Green  
Hospital, Scripps Mercy  
Hospital, Scripps Mercy  
Hospital Chula Vista

*Board Certified Specialty:* No  
IHP OF SOUTHERN  
CALIFORNIA

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100

*Fax:*

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

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

*Hours:* M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **DANESHMAND, SHAHRAM S**

*Provider ID:* 227411

*Provider Gender:* Male

*License number:* A63844

*NPI:* 1891867412

*Provider English Spoken:* Yes

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

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Grossmont Hospital, Sharp  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital, Tri  
City Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns, Scripps Green  
Hospital, Scripps Mercy  
Hospital, Scripps Mercy  
Hospital Chula Vista

*Board Certified Specialty:* No  
IHP OF SOUTHERN  
CALIFORNIA

4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100

*Fax:* (619) 205-1948

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

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

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

9AM-5PM

### **DINH, MY T**

*Provider ID:* 206292

*Provider Gender:* Female

*License number:* 20A9907

*NPI:* 1316146996

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
IHP OF SOUTHERN  
CALIFORNIA

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100

*Fax:*

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

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

### **DOLINSKY, BRAD M**

*Provider ID:* 227411

*Provider Gender:* Male

*License number:* C149818

*NPI:* 1942480199

*Provider English Spoken:* Yes

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## C. Directorio de proveedores de atención primaria

*Provider Language(s) Spoken:* Cultural Competency: No  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

### **FAKSH, ARIJ**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* 20A14222  
*NPI:* 1912166737  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

### **GOLDSTEIN, EDWARD M**

*Provider ID:* 227411  
*Provider Gender:* Male  
*License number:* G20087  
*NPI:* 1982617494  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:* (619) 205-1948  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **GOMEZ, DANIELA**

*Provider ID:* 206292  
*Provider Gender:* Female  
*License number:* A175006  
*NPI:* 1255878997  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## C. Directorio de proveedores de atención primaria

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  4004 BEYER BLVD  SAN YSIDRO, CA 92173-2007  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM</p> <p><b>GOMEZ, DANIELA</b>  <i>Provider ID:</i> 227411  <i>Provider Gender:</i> Female  <i>License number:</i> A175006  <i>NPI:</i> 1255878997  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  4050 BEYER BLVD</p>	<p>SAN YSIDRO, CA 92173-2007  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM</p> <p><b>JENKINS, ENCHANTA L</b>  <i>Provider ID:</i> 227411  <i>Provider Gender:</i> Female  <i>License number:</i> C143625  <i>NPI:</i> 1285604702  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  4050 BEYER BLVD  SAN YSIDRO, CA 92173-2007</p>	<p><i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i> www.ihpsocal.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>LAI, JASMINE</b>  <i>Provider ID:</i> 206292  <i>Provider Gender:</i> Female  <i>License number:</i> A113482  <i>NPI:</i> 1265661177  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Mandarin  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  4004 BEYER BLVD  SAN YSIDRO, CA 92173-2007</p>
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## C. Directorio de proveedores de atención primaria

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM

4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

### MAJERSKI GONZALEZ, MANDY

**M**  
 Provider ID: 227411  
 Provider Gender: Female  
 License number: A113914  
 NPI: 1982812392  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007

### MENDEZ, DIEGO

Provider ID: 227411  
 Provider Gender: Male  
 License number: A47906  
 NPI: 1437181922  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA

### SEFA-BOAKYE, KOFI D

Provider ID: 206292  
 Provider Gender: Male  
 License number: G59670  
 NPI: 1902993660  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### SHORT, ABIADE C

Provider ID: 206292  
 Provider Gender: Male  
 License number: A114893  
 NPI: 1750559589  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### STARIKOV, ROMAN S

Provider ID: 227411  
 Provider Gender: Male  
 License number: C160626  
 NPI: 1396966537  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM

---

### OPHTHALMOLOGY

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### MANI, NASRIN

Provider ID: 227469  
 Provider Gender: Female  
 License number: A40473  
 NPI: 1023061314  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Faroese, Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 3364 BEYER BLVD

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

SAN YSIDRO, CA 92173-1322

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **BARBADILLO, FERDINAND F**

Provider ID: 206292

Provider Gender: Male

License number: A49307

NPI: 1982662193

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

### **PEDIATRICS**

### **SKAF, AYHAM R**

Provider ID: 227469

Provider Gender: Male

License number: A120584

NPI: 1285888628

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Spanish

Cultural Competency: No

Hospital Affiliation: El Centro

Regional Medical Center, Sharp

Memorial Hospital, Scripps

Memorial Hospital

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

### **ACEVEDO, SUSANA**

Provider ID: 227411

Provider Gender: Female

License number: A74960

NPI: 1801971569

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4050 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

♿ *Accessibility:*  
*Hours:* M,TU 8:30AM-5:30PM,  
 W-SA 9AM-5PM

### **BARBADILLO, FERDINAND F**

*Provider ID:* 227411  
*Provider Gender:* Male  
*License number:* A49307  
*NPI:* 1982662193  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:* (619) 205-1948  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **CABARLO, JEHRIB M**

*Provider ID:* 227411

*Provider Gender:* Male  
*License number:* 20A8516  
*NPI:* 1770661340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **CHAIT LLAMAS, LWBBA G**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* A138938  
*NPI:* 1134567530  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Pioneers  
 Memorial Hospital  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **FUJII, CINDY M**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* G52183  
*NPI:* 1871664821  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## C. Directorio de proveedores de atención primaria

4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### FUJII, CINDY M

Provider ID: 444099

Provider Gender: Female

License number: G52183

NPI: 1871664821

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4050 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)

662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: SU 10AM-4PM, M-F

8:30AM-5:30PM, SA

8AM-2:30PM

### GHAHREMANI, SIMIN M

Provider ID: 206292

Provider Gender: Female

License number: C51110

NPI: 1508904657

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,

Sharp Chula Vista Med Ctr,

Scripps Mercy Hospital

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

8:30AM-2PM

### HERMAN, ANDREA M

Provider ID: 227411

Provider Gender: Female

License number: A72721

NPI: 1518970037

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,

Sharp Chula Vista Med Ctr,

Scripps Memorial Hospital

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4050 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)

662-4100

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

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

No		NPI: 1780697276
♿ Accessibility: W	<b>PIANSAY, MARIA CORAZON M</b>	Provider English Spoken: Yes
Hours: M-SA 9AM-5PM	Provider ID: 206292	Provider Language(s) Spoken: Spanish
	Provider Gender: Female	Cultural Competency: No
<b>HURST, MICHAEL D</b>	License number: A93785	Hospital Affiliation: Rady Childrens Hospital San Diego
Provider ID: 206292	NPI: 1669680351	Board Certified Specialty: No
Provider Gender: Male	Provider English Spoken: Yes	IHP OF SOUTHERN CALIFORNIA
License number: 20A8081	Provider Language(s) Spoken: Spanish, Tagalog	4004 BEYER BLVD
NPI: 1205893104	Cultural Competency: No	SAN YSIDRO, CA 92173-2007
Provider English Spoken: Yes	Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista	Phone: (619) 662-4100
Provider Language(s) Spoken: Spanish	Board Certified Specialty: No	Fax:
Cultural Competency: No	IHP OF SOUTHERN CALIFORNIA	After Hours Phone: (619) 662-4100
Hospital Affiliation: Sutter Tracy Community Hosp, Scripps Memorial Hospital	4004 BEYER BLVD	Website: www.ihpsocal.org
Board Certified Specialty: No	SAN YSIDRO, CA 92173-2007	Email:
IHP OF SOUTHERN CALIFORNIA	Phone: (619) 662-4100	Medi-Cal Open Panel: Yes
4004 BEYER BLVD	Fax:	Min/Max Age: None
SAN YSIDRO, CA 92173-2007	After Hours Phone: (619) 662-4100	American Sign Language (ASL): No
Phone: (619) 662-4100	Website: www.ihpsocal.org	♿ Accessibility:
Fax:	Email:	Hours: M-F 8AM-7:30PM, SA 8:30AM-2PM
After Hours Phone: (619) 662-4100	Medi-Cal Open Panel: Yes	
Website: www.ihpsocal.org	Min/Max Age: None	<b>SAHMS, TIMOTHY D</b>
Email:	American Sign Language (ASL): No	Provider ID: 227411
Medi-Cal Open Panel: Yes	♿ Accessibility:	Provider Gender: Male
Min/Max Age: None	Hours: M-SA 9AM-5PM	License number: G51462
American Sign Language (ASL): No		NPI: 1780697276
♿ Accessibility:	<b>SAHMS, TIMOTHY D</b>	Provider English Spoken: Yes
Hours: M-F 8AM-8PM, SA 8AM-2PM	Provider ID: 206292	Provider Language(s) Spoken: Spanish
	Provider Gender: Male	
	License number: G51462	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:* (619) 205-1948  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **SHAHIDYAZDANI, TINA**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* A94813  
*NPI:* 1891924858  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4050 BEYER BLVD

SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **SULLIVAN, ELISSA K**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* A169577  
*NPI:* 1790216422  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA  
 9AM-5PM

### **TAYLOR, TASHA K**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* A82187  
*NPI:* 1528144433  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:* (619) 205-1948  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W

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## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

### PHYSICIANS ASSISTANT

#### HARMIS, NATASHA N

Provider ID: 227469

Provider Gender: Female

License number: PA58672

NPI: 1013516996

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

#### KAMOTO, LYNN T

Provider ID: 206292

Provider Gender: Female

License number: PA17162

NPI: 1447326459

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

#### SHARPE, NORMA A

Provider ID: 206292

Provider Gender: Female

License number: PA20490

NPI: 1619100237

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

#### SUNA SITTO, MOHEEN

Provider ID: 227469

Provider Gender: Female

License number: PA22855

NPI: 1497196729

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

Phone: (619) 600-4867  
 Fax:  
 After Hours Phone: (619)  
 600-4867  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

---

### PODIATRIST

---

#### **MANCHEL, BRUCE A**

Provider ID: 206292  
 Provider Gender: Male  
 License number: DPM2930  
 NPI: 1790890788  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Coronado Hosp And Healthcare  
 Ctr  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

#### **MANCHEL, BRUCE A**

Provider ID: 227469  
 Provider Gender: Male  
 License number: DPM2930  
 NPI: 1790890788  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Coronado Hosp And Healthcare  
 Ctr  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org

Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM

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### **REGISTERED PHYSICAL THERAPIST**

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#### **CLARK, SKYLAR**

Provider ID: 227469  
 Provider Gender: Female  
 License number: PT302385  
 NPI: 1457089187  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>No                      ♿ Accessibility: W                      Hours: M-F 8AM-5PM, SA                      9AM-5PM</p>	<p><b>OKWUOSA, CHRIS U</b>                      Provider ID: 206292                      Provider Gender: Male                      License number: A170738                      NPI: 1114336260                      Provider English Spoken: Yes                      Provider Language(s) Spoken:                      Cultural Competency: No                      Hospital Affiliation: Providence                      St Mary Medical Center                      Board Certified Specialty: No                      IHP OF SOUTHERN                      CALIFORNIA                      4004 BEYER BLVD                      SAN YSIDRO, CA 92173-2007                      Phone: (619) 662-4100                      Fax:                      After Hours Phone: (619)                      662-4100                      Website: www.ihpsocal.org                      Email:                      Medi-Cal Open Panel: Yes                      Min/Max Age: None                      American Sign Language (ASL):                      No                      ♿ Accessibility:                      Hours: M-F 8AM-5:30PM, SA                      8:30AM-2PM</p>	<p><b>TODD, MIKAYLA S</b>                      Provider ID: 520609                      Provider Gender: Female                      License number: NP95005999                      NPI: 1316478092                      Provider English Spoken: Yes                      Provider Language(s) Spoken:                      Spanish                      Cultural Competency: No                      Hospital Affiliation:                      Board Certified Specialty: No                      IHP OF SOUTHERN                      CALIFORNIA                      120 TOWN CENTER PKWY                      SANTEE, CA 92071-5801                      Phone: (619) 445-6687                      Fax:                      After Hours Phone: (619)                      445-6687                      Website:                      https://www.southbayhearing.c                      om/                      Email:                      Medi-Cal Open Panel: Yes                      Min/Max Age: None                      American Sign Language (ASL):                      No                      ♿ Accessibility: P, EB, IB, E                      Hours: M 10:30AM-11:45AM,                      TU-SA 9AM-5PM</p>
<p><b>DESOUSA, MICHELLE M</b>                      Provider ID: 227469                      Provider Gender: Female                      License number: PT294313                      NPI: 1912443649                      Provider English Spoken: Yes                      Provider Language(s) Spoken:                      Cultural Competency: No                      Hospital Affiliation:                      Board Certified Specialty: No                      IHP OF SOUTHERN                      CALIFORNIA                      3364 BEYER BLVD                      SAN YSIDRO, CA 92173-1322                      Phone: (619) 662-4100                      Fax:                      After Hours Phone: (619)                      662-4100                      Website: www.ihpsocal.org                      Email:                      Medi-Cal Open Panel: Yes                      Min/Max Age: None                      American Sign Language (ASL):                      No                      ♿ Accessibility: W                      Hours: M-F 8AM-5PM, SA                      9AM-5PM</p>	<p><b>SANTEE</b></p>	
<p><b>SURGERY GENERAL</b></p>	<p><b>CERTIFIED NURSE                      PRACTITIONER</b></p>	<p><b>CHIROPRACTOR</b>  <b>KELCHNER, MATTHEW O</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

*Provider ID:* 520609  
*Provider Gender:* Male  
*License number:* DC22733  
*NPI:* 1174656755  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 120 TOWN CENTER PKWY  
 SANTEE, CA 92071-5801  
*Phone:* (619) 445-6687  
*Fax:*  
*After Hours Phone:* (619)  
 445-6687  
*Website:*  
<https://www.southbayhearing.com/>  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E  
*Hours:* M 10:30AM-11:45AM,  
 TU-SA 9AM-5PM

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### FAMILY PRACTICE

---

#### SAURIOL, TAWNY R

*Provider ID:* 520609  
*Provider Gender:* Female

*License number:* A135955  
*NPI:* 1164780219  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Grossmont Hospital, Scripps  
 Memorial Hospital  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 120 TOWN CENTER PKWY  
 SANTEE, CA 92071-5801  
*Phone:* (619) 445-6687  
*Fax:*  
*After Hours Phone:* (619)  
 445-6687  
*Website:*  
<https://www.southbayhearing.com/>  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E  
*Hours:* M 10:30AM-11:45AM,  
 TU-SA 9AM-5PM

---

### FQHC

---

**SAN YSIDRO HEALTH SANTEE  
 FAMILY MEDICINE,**

*Provider ID:* 520609  
*Provider Gender:*  
*License number:* 550003575  
*NPI:* 1376184911  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 IHP OF SOUTHERN  
 CALIFORNIA  
 120 TOWN CENTER PKWY  
 SANTEE, CA 92071-5801  
*Phone:* (619) 445-6687  
*Fax:* (619) 873-3477  
*After Hours Phone:* (619)  
 445-6687  
*Website:*  
<https://www.southbayhearing.com/>  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E  
*Hours:* M 10:30AM-11:45AM,  
 TU-SA 9AM-5PM

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### INTERNAL MEDICINE

---

#### GUERRA, JACQUELINE C

*Provider ID:* 520609  
*Provider Gender:* Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

License number: A151449  
 NPI: 1649685074  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Goleta  
 Valley Cottage Hosp  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 120 TOWN CENTER PKWY  
 SANTEE, CA 92071-5801  
 Phone: (619) 445-6687  
 Fax:  
 After Hours Phone: (619)  
 445-6687  
 Website:  
<https://www.southbayhearing.com/>  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E  
 Hours: M 10:30AM-11:45AM,  
 TU-SA 9AM-5PM

### PEDIATRICS

#### FINK, REBECCA

Provider ID: 502786  
 Provider Gender: Female  
 License number: A159345

NPI: 1659725562  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 9600 CUYAMACA ST STE 101  
 SANTEE, CA 92071-2692  
 Phone: (619) 749-2150  
 Fax: (619) 456-9744  
 After Hours Phone: (619)  
 749-2150  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

#### MANGINE, REGINA M

Provider ID: 366456  
 Provider Gender: Female  
 License number: A101261  
 NPI: 1417177577  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady

Childrens Hospital San Diego,  
 Grossmont Hospital, Sharp  
 Mary Birch Hosp For Women  
 And Newborns  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 9600 CUYAMACA ST STE 101  
 SANTEE, CA 92071-2692  
 Phone: (619) 749-2150  
 Fax: (619) 456-9744  
 After Hours Phone: (619)  
 749-2150  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### SPRING VALLEY

#### CERTIFIED NURSE PRACTITIONER

#### LEONARD, BEVERLY S

Provider ID: 206361  
 Provider Gender: Female  
 License number: NP10943  
 NPI: 1285772392  
 Provider English Spoken: Yes

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## C. Directorio de proveedores de atención primaria

<p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8788 JAMACHA RD SPRING VALLEY, CA 91977-4035</p> <p><i>Phone:</i> (619) 515-2555</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2555</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> ME</p> <p><i>Hours:</i> M-SA 9AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8788 JAMACHA RD SPRING VALLEY, CA 91977-4035</p> <p><i>Phone:</i> (619) 515-2555</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2555</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> ME</p> <p><i>Hours:</i> M-SA 9AM-5PM</p>	<p>SPRING VALLEY, CA 91977-4035</p> <p><i>Phone:</i> (619) 515-2555</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2555</p> <p><i>Website:</i> www.fhcsd.org</p> <p><i>Email:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> ME</p> <p><i>Hours:</i> M-SA 9AM-5PM</p>
<hr/>		
<b>FAMILY PRACTICE</b>		
<p><b>WILLIAMS, TAKISHA K</b></p> <p><i>Provider ID:</i> 206361</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> NP95013978</p> <p><i>NPI:</i> 1881727386</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Board Certified Specialty:</i> No</p>	<p><b>BACHARACH, REBECCA E</b></p> <p><i>Provider ID:</i> 206361</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 20A15459</p> <p><i>NPI:</i> 1225442643</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8788 JAMACHA RD SPRING VALLEY, CA 91977-4035</p>	<p><b>CARDONES, ARTHUR J</b></p> <p><i>Provider ID:</i> 206361</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A55932</p> <p><i>NPI:</i> 1962436451</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Tagalog</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8788 JAMACHA RD SPRING VALLEY, CA 91977-4035</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (619) 515-2555	Website: www.fhcsd.org	No
Fax:	Email:	♿ Accessibility: ME
After Hours Phone: (619) 515-2555	Medi-Cal Open Panel: Yes	Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM
Website: www.fhcsd.org	Min/Max Age: None	
Email:	American Sign Language (ASL):	
Medi-Cal Open Panel: Yes	No	<b>FQHC</b>
Min/Max Age: None	♿ Accessibility: ME	
American Sign Language (ASL):	Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM	<b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,</b>
No		Provider ID: 206361
♿ Accessibility: ME	<b>ROSE, PATRICIA A</b>	Provider Gender:
Hours: M-SA 9AM-5PM	Provider ID: 206361	License number:
	Provider Gender: Female	NPI: 1508801069
<b>CONSTANTINO, STEPHANIE L</b>	License number: A76059	Provider English Spoken: Yes
Provider ID: 206361	NPI: 1588677314	Provider Language(s) Spoken:
Provider Gender: Female	Provider English Spoken: Yes	Cultural Competency: No
License number: A149063	Provider Language(s) Spoken:	Hospital Affiliation:
NPI: 1366824971	Cultural Competency: No	Board Certified Specialty:
Provider English Spoken: Yes	Hospital Affiliation:	FAMILY HEALTH CENTERS OF SAN DIEGO
Provider Language(s) Spoken: Mandarin	Board Certified Specialty: No	8788 JAMACHA RD
Cultural Competency: No	FAMILY HEALTH CENTERS OF SAN DIEGO	SPRING VALLEY, CA
Hospital Affiliation: Scripps Mercy Hospital	8788 JAMACHA RD	91977-4035
Board Certified Specialty: No	SPRING VALLEY, CA	Phone: (619) 515-2555
FAMILY HEALTH CENTERS OF SAN DIEGO	91977-4035	Fax: (619) 462-5584
8788 JAMACHA RD	Phone: (619) 515-2555	After Hours Phone: (619) 515-2555
SPRING VALLEY, CA	Fax:	
91977-4035	After Hours Phone: (619) 515-2555	Website: www.fhcsd.org
Phone: (619) 515-2555	Website: www.fhcsd.org	Email:
Fax:	Email:	Medi-Cal Open Panel: Yes
After Hours Phone: (619) 515-2555	Medi-Cal Open Panel: Yes	Min/Max Age: None
	Min/Max Age: None	American Sign Language (ASL):
	American Sign Language (ASL):	No
		♿ Accessibility: ME

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## C. Directorio de proveedores de atención primaria

Hours: M-SA 9AM-5PM

TU 8:30AM-7PM, SA 9AM-5PM

Hours: M-SA 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI A**

Provider ID: 206361

Provider Gender: Female

License number: 20A14919

NPI: 1619397031

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy  
Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

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

#### **BUECHNER, CHARLENE A**

Provider ID: 206361

Provider Gender: Female

License number: A68463

NPI: 1376663831

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp  
Mary Birch Hosp For Women  
And Newborns

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

#### **CARTER, KHALIL J**

Provider ID: 206361

Provider Gender: Male

License number: A113001

NPI: 1225231582

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Grossmont  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

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

TU 8:30AM-7PM, SA 9AM-5PM

#### **CERVANTES, SANDRA M**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

*Provider ID:* 206361  
*Provider Gender:* Female  
*License number:* A118095  
*NPI:* 1073701041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2555  
*Fax:*  
*After Hours Phone:* (619) 515-2555  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

### **CHAKRABARTI, PRIYA**

*Provider ID:* 206361

*Provider Gender:* Female  
*License number:* A163464  
*NPI:* 1326531401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2555  
*Fax:*  
*After Hours Phone:* (619) 515-2555  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **DE MIK, TRAVIS J**

*Provider ID:* 206361  
*Provider Gender:* Male  
*License number:* A108228  
*NPI:* 1629277322

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2555  
*Fax:*  
*After Hours Phone:* (619) 515-2555  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **DORUELO, ASHLEY L**

*Provider ID:* 206361  
*Provider Gender:* Female  
*License number:* A178499  
*NPI:* 1033613732  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Grossmont Hospital <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2555 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2555 <i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> ME <i>Hours:</i> M-SA 9AM-5PM	FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2555 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2555 <i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> ME <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM	8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2555 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2555 <i>Website:</i> www.fhcsd.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> ME <i>Hours:</i> M-SA 9AM-5PM
<b>FOLCH TORRES-AGUIAR, BEATRIZ M</b> <i>Provider ID:</i> 206361 <i>Provider Gender:</i> Female <i>License number:</i> A148014 <i>NPI:</i> 1457794752 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital <i>Board Certified Specialty:</i> No	<b>HANLEY, LAUREN E</b> <i>Provider ID:</i> 206361 <i>Provider Gender:</i> Female <i>License number:</i> C174771 <i>NPI:</i> 1053392035 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Grossmont Hospital <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO	<b>LIPSCHITZ, LISA S</b> <i>Provider ID:</i> 206361 <i>Provider Gender:</i> Female <i>License number:</i> A72005 <i>NPI:</i> 1649208711 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital <i>Board Certified Specialty:</i> No FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

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

TU 8:30AM-7PM, SA 9AM-5PM

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

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

TU 8:30AM-7PM, SA 9AM-5PM

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

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

TU 8:30AM-7PM, SA 9AM-5PM

### LOEFFLER, ALLISON M

Provider ID: 206361

Provider Gender: Female

License number: A116680

NPI: 1700073962

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy

Hospital, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

### MELLENDEZ BERRIOS, IARA DEL M

Provider ID: 206361

Provider Gender: Female

License number: A114181

NPI: 1740514249

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Grossmont

Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

### RODRIGUEZ JEREZ, ROBERTO D

Provider ID: 206361

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare

Ctr, Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<p>SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2555 Fax: After Hours Phone: (619) 515-2555 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p>Phone: (619) 515-2555 Fax: After Hours Phone: (619) 515-2555 Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-SA 9AM-5PM</p>	<p>Website: www.fhcsd.org Email: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-SA 9AM-5PM</p>
<p><b>SAPRA, SONIA V</b> Provider ID: 206361 Provider Gender: Female License number: A164859 NPI: 1952751711 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035</p>	<p><b>SINGH, RASHMI</b> Provider ID: 206361 Provider Gender: Female License number: A168236 NPI: 1679937619 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2555 Fax: After Hours Phone: (619) 515-2555</p>	<p><b>WINESBURG, JENNIFER J</b> Provider ID: 206361 Provider Gender: Female License number: 20A11535 NPI: 1811162456 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2555 Fax: After Hours Phone: (619) 515-2555 Website: www.fhcsd.org</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Email: Medi-Cal Open Panel: Yes No  
 Medi-Cal Open Panel: Yes Min/Max Age: None ☯ Accessibility: ME  
 Min/Max Age: None American Sign Language (ASL): Hours: M-SA 9AM-5PM  
 American Sign Language (ASL): No  
 No ☯ Accessibility: ME  
 Hours: M,W-F 8:30AM-5:30PM, 9AM-5PM  
 TU 8:30AM-7PM, SA 9AM-5PM

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### PHYSICIANS ASSISTANT

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#### LOPEZ, MARIO A

Provider ID: 206361  
 Provider Gender: Male  
 License number: PA21385  
 NPI: 1932335080  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2555  
 Fax:  
 After Hours Phone: (619)  
 515-2555  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: ME  
 Hours: M,W-F 8:30AM-5:30PM,  
 TU,SA 9AM-5PM

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### PEDIATRICS

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#### ZIEG, ALAN J

Provider ID: 206361  
 Provider Gender: Male  
 License number: G78814  
 NPI: 1699790634  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Scripps Mercy  
 Hospital, Sharp Coronado Hosp  
 And Healthcare Ctr, Scripps  
 Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2555  
 Fax:  
 After Hours Phone: (619)  
 515-2555  
 Website: www.fhcsd.org  
 Email:

#### GONZALEZ, AMANDA R

Provider ID: 206361  
 Provider Gender: Female  
 License number: A169342  
 NPI: 1750745493  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2555  
 Fax:  
 After Hours Phone: (619)  
 515-2555  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

### TRAN, TU-UYEN T

Provider ID: 206361  
 Provider Gender: Female  
 License number: PA54588  
 NPI: 1598293748  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2555  
 Fax:  
 After Hours Phone: (619) 515-2555  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: ME  
 Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

### TURNER, ERIC M

Provider ID: 206361  
 Provider Gender: Male  
 License number: PA55067

NPI: 1669756128  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2555  
 Fax:  
 After Hours Phone: (619) 515-2555  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: ME  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

#### VALLEY CENTER

#### PEDIATRICS

### CRAYCHEE, LEO C

Provider ID: 71887  
 Provider Gender: Male  
 License number: G59127  
 NPI: 1265432710

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 28714 VALLEY CENTER RD STE L  
 VALLEY CENTER, CA  
 92082-6554  
 Phone: (760) 749-7770  
 Fax: (760) 751-9988  
 After Hours Phone: (760) 749-7770  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM

#### VISTA

#### CARDIOLOGY

### DO, HULBERT N

Provider ID: 206338  
 Provider Gender: Male

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## C. Directorio de proveedores de atención primaria

License number: C162072  
 NPI: 1679733760  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability: P, EB, IB, E, T, W, ME  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

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**CERTIFIED NURSE  
 PRACTITIONER**

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**BAEK, KILHYO K**

Provider ID: 206338

Provider Gender: Female  
 License number: NP95003571  
 NPI: 1053776914  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability: P, EB, IB, E, T, W, ME  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**BROMAN, GRETCHEN L**

Provider ID: 206338  
 Provider Gender: Female  
 License number: NP95007885  
 NPI: 1922421288  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability: P, EB, IB, E, T, W, ME  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**DO, JACKIE V**

Provider ID: 206338  
 Provider Gender: Male  
 License number: NP95016368  
 NPI: 1356925283  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No

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## C. Directorio de proveedores de atención primaria

IHP OF SOUTHERN CALIFORNIA 1000 VALE TERRACE DR VISTA, CA 92084-5218 Phone: (760) 631-5000 Fax: After Hours Phone: (760) 631-5000 Website: www.vistacommunityclinic.org Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No Ⓜ Accessibility: P, EB, IB, E, T, W, ME Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM	VISTA, CA 92084-5218 Phone: (760) 631-5000 Fax: After Hours Phone: (760) 631-5000 Website: www.vistacommunityclinic.org Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No Ⓜ Accessibility: P, EB, IB, E, T, W, ME Hours: M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM	Phone: (760) 631-5000 Fax: After Hours Phone: (760) 631-5000 Website: Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No Ⓜ Accessibility: W Hours: M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM
<b>HALGEDAHL, YI T</b> Provider ID: 206338 Provider Gender: Female License number: NP95006826 NPI: 1619246907 Provider English Spoken: Yes Provider Language(s) Spoken: Mandarin Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1000 VALE TERRACE DR	<b>HALGEDAHL, YI T</b> Provider ID: 400339 Provider Gender: Female License number: NP95006826 NPI: 1619246907 Provider English Spoken: Yes Provider Language(s) Spoken: Mandarin Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 134 GRAPEVINE RD VISTA, CA 92083-4004	<b>KAYE, ALYSON R</b> Provider ID: 206338 Provider Gender: Female License number: NP23217 NPI: 1457668840 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1000 VALE TERRACE DR VISTA, CA 92084-5218 Phone: (760) 414-3892 Fax: After Hours Phone: (760) 414-3892 Website: www.vistacommunityclinic.org

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

<i>Email:</i>	<i>Min/Max Age: 0/999</i>	<i>♿ Accessibility: W</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>American Sign Language (ASL): No</i>	<i>Hours: M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM</i>
<i>Min/Max Age: 0/999</i>	<i>♿ Accessibility: P, EB, IB, E, T, W, ME</i>	<b>MAOKHAMPHIOU, DEBBIE W</b>
<i>American Sign Language (ASL): No</i>	<i>Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM</i>	<i>Provider ID: 206338</i>
<i>♿ Accessibility: P, EB, IB, E, T, W, ME</i>	<b>KELLEHER, BRIDGET M</b>	<i>Provider Gender: Female</i>
<i>Hours: M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM</i>	<i>Provider ID: 400339</i>	<i>License number: NP95009149</i>
<b>KELLEHER, BRIDGET M</b>	<i>Provider Gender: Female</i>	<i>NPI: 1275025827</i>
<i>Provider ID: 206338</i>	<i>License number: NP95003447</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Gender: Female</i>	<i>NPI: 1245695006</i>	<i>Provider Language(s) Spoken: Cultural Competency: No</i>
<i>License number: NP95003447</i>	<i>Provider English Spoken: Yes</i>	<i>Hospital Affiliation: Tri City Medical Ctr</i>
<i>NPI: 1245695006</i>	<i>Provider Language(s) Spoken: Spanish</i>	<i>Board Certified Specialty: No</i>
<i>Provider English Spoken: Yes</i>	<i>Cultural Competency: No</i>	<i>IHP OF SOUTHERN CALIFORNIA</i>
<i>Provider Language(s) Spoken: Spanish</i>	<i>Hospital Affiliation: Tri City Medical Ctr</i>	<i>1000 VALE TERRACE DR</i>
<i>Cultural Competency: No</i>	<i>Board Certified Specialty: No</i>	<i>VISTA, CA 92084-5218</i>
<i>Hospital Affiliation: Tri City Medical Ctr</i>	<i>IHP OF SOUTHERN CALIFORNIA</i>	<i>Phone: (760) 631-5000</i>
<i>Board Certified Specialty: No</i>	<i>134 GRAPEVINE RD</i>	<i>Fax:</i>
<i>IHP OF SOUTHERN CALIFORNIA</i>	<i>VISTA, CA 92083-4004</i>	<i>After Hours Phone: (760) 631-5000</i>
<i>1000 VALE TERRACE DR</i>	<i>Phone: (760) 631-5000</i>	<i>Website:</i>
<i>VISTA, CA 92084-5218</i>	<i>Fax:</i>	<i>www.vistacommunityclinic.org</i>
<i>Phone: (760) 631-5000</i>	<i>After Hours Phone: (760) 631-5000</i>	<i>Email:</i>
<i>Fax:</i>	<i>Website:</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>After Hours Phone: (760) 631-5000</i>	<i>Email:</i>	<i>Min/Max Age: 0/999</i>
<i>Website:</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>American Sign Language (ASL): No</i>
<i>www.vistacommunityclinic.org</i>	<i>Min/Max Age: 0/999</i>	<i>♿ Accessibility: P, EB, IB, E, T, W, ME</i>
<i>Email:</i>	<i>American Sign Language (ASL): No</i>	<i>Hours: M-SA 9AM-5PM</i>
<i>Medi-Cal Open Panel: Yes</i>		<b>NICHOLAS, ESTELA M</b>

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## C. Directorio de proveedores de atención primaria

<i>Provider ID:</i> 206338	<i>NPI:</i> 1205859444	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>
<i>License number:</i> NP11448	<i>Provider Language(s) Spoken:</i>	<i>Board Certified Specialty:</i> No
<i>NPI:</i> 1558384792	Spanish	IHP OF SOUTHERN
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	CALIFORNIA
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i>	134 GRAPEVINE RD
Spanish	<i>Board Certified Specialty:</i> No	VISTA, CA 92083-4004
<i>Cultural Competency:</i> No	IHP OF SOUTHERN	<i>Phone:</i> (760) 631-5000
<i>Hospital Affiliation:</i>	CALIFORNIA	<i>Fax:</i>
<i>Board Certified Specialty:</i> No	1000 VALE TERRACE DR	<i>After Hours Phone:</i> (760)
IHP OF SOUTHERN	VISTA, CA 92084-5218	631-5000
CALIFORNIA	<i>Phone:</i> (760) 631-5000	<i>Website:</i>
1000 VALE TERRACE DR	<i>Fax:</i>	<i>Email:</i>
VISTA, CA 92084-5218	<i>After Hours Phone:</i> (760)	<i>Medi-Cal Open Panel:</i> Yes
<i>Phone:</i> (844) 308-5003	631-5000	<i>Min/Max Age:</i> 0/999
<i>Fax:</i>	<i>Website:</i>	<i>American Sign Language (ASL):</i>
<i>After Hours Phone:</i> (844)	www.vistacommunityclinic.org	No
308-5003	<i>Email:</i>	♿ <i>Accessibility:</i> W
<i>Website:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M,W-F 8AM-5PM, TU
www.vistacommunityclinic.org	<i>Min/Max Age:</i> 0/999	10:30AM-7:30PM, SA 9AM-5PM
<i>Email:</i>	<i>American Sign Language (ASL):</i>	<b>SCHAEPE, RHODORA A</b>
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Provider ID:</i> 400339
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i> P, EB, IB, E, T, W,	<i>Provider Gender:</i> Female
<i>American Sign Language (ASL):</i>	ME	<i>License number:</i> RN410247
No	<i>Hours:</i> M-TH 9AM-8PM, F	<i>NPI:</i> 1700974789
♿ <i>Accessibility:</i> P, EB, IB, E, T, W,	9AM-5PM, SA 9AM-4PM	<i>Provider English Spoken:</i> Yes
ME	<b>SCHAEPE, RHODORA A</b>	<i>Provider Language(s) Spoken:</i>
<i>Hours:</i> M-TH 8AM-8PM, F	<i>Provider ID:</i> 400339	<i>Cultural Competency:</i> No
8AM-5PM, SA 9AM-4PM	<i>Provider Gender:</i> Female	<i>Hospital Affiliation:</i>
<b>PATEMAN, CAROLYN U</b>	<i>License number:</i> NP7791	<i>Board Certified Specialty:</i> No
<i>Provider ID:</i> 206338	<i>NPI:</i> 1700974789	IHP OF SOUTHERN
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	CALIFORNIA
<i>License number:</i> NP10896	<i>Provider Language(s) Spoken:</i>	134 GRAPEVINE RD

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

VISTA, CA 92083-4004  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, T, W, ME  
 Hours: M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM

Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, T, W, ME  
 Hours: M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM

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**CERTIFIED REGISTERED NURSE  
 MIDWIFE**

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**CHIROPRACTOR**

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**YOUNG, JENNIFER A**  
 Provider ID: 206338  
 Provider Gender: Female  
 License number: NP95003087  
 NPI: 1558701094  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 414-3892  
 Fax:  
 After Hours Phone: (760) 414-3892

**ZAMORA-FLYR, MARIA M**  
 Provider ID: 206338  
 Provider Gender: Female  
 License number: NM1634  
 NPI: 1194938647  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000

**CORTEZ, JAIME**  
 Provider ID: 206338  
 Provider Gender: Male  
 License number: DC31392  
 NPI: 1508195348  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 414-3892  
 Fax:  
 After Hours Phone: (760) 414-3892  
 Website:  
 www.vistacommunityclinic.org

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<i>Email:</i>	<i>American Sign Language (ASL):</i>	<b>FAMILY PRACTICE</b>
<i>Medi-Cal Open Panel:</i> Yes	No	<b>ESPINOSA-SILVA, YAMINAH</b>
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i> P, EB, IB, E, T, W, ME	<i>Provider ID:</i> 206338
<i>American Sign Language (ASL):</i>	ME	<i>Provider Gender:</i> Female
No	<i>Hours:</i> M-SA 9AM-5PM	<i>License number:</i> 20A12958
♿ <i>Accessibility:</i> P, EB, IB, E, T, W, ME	<b>JU, NATHANIEL</b>	<i>NPI:</i> 1003172016
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Provider ID:</i> 400339	<i>Provider English Spoken:</i> Yes
	<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i> Spanish
<b>JU, NATHANIEL</b>	<i>License number:</i> DC32054	<i>Cultural Competency:</i> No
<i>Provider ID:</i> 206338	<i>NPI:</i> 1972883882	<i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>Board Certified Specialty:</i> No
<i>License number:</i> DC32054	<i>Provider Language(s) Spoken:</i> Chinese	IHP OF SOUTHERN CALIFORNIA
<i>NPI:</i> 1972883882	<i>Cultural Competency:</i> No	1000 VALE TERRACE DR
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>	VISTA, CA 92084-5218
<i>Provider Language(s) Spoken:</i> Chinese	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (760) 631-5000
<i>Cultural Competency:</i> No	IHP OF SOUTHERN CALIFORNIA	<i>Fax:</i>
<i>Hospital Affiliation:</i>	134 GRAPEVINE RD	<i>After Hours Phone:</i> (760) 631-5000
<i>Board Certified Specialty:</i> No	VISTA, CA 92083-4004	<i>Website:</i>
IHP OF SOUTHERN CALIFORNIA	<i>Phone:</i> (760) 631-5000	www.vistacommunityclinic.org
1000 VALE TERRACE DR	<i>Fax:</i>	<i>Email:</i>
VISTA, CA 92084-5218	<i>After Hours Phone:</i> (760) 631-5000	<i>Medi-Cal Open Panel:</i> Yes
<i>Phone:</i> (760) 631-5000	<i>Website:</i>	<i>Min/Max Age:</i> 0/999
<i>Fax:</i>	<i>Email:</i>	<i>American Sign Language (ASL):</i>
<i>After Hours Phone:</i> (760) 631-5000	<i>Medi-Cal Open Panel:</i> Yes	No
<i>Website:</i>	<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i> P, EB, IB, E, T, W, ME
www.vistacommunityclinic.org	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-TH 9AM-8PM, F
<i>Email:</i>	No	
<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i> W	
<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-SA 9AM-5PM	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

9AM-5PM, SA 9AM-4PM

### **ESPINOSA-SILVA, YAMINAH**

Provider ID: 400339

Provider Gender: Female

License number: 20A12958

NPI: 1003172016

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas, Tri  
City Medical Ctr

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

134 GRAPEVINE RD

VISTA, CA 92083-4004

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **FATLAND, SARAH E**

Provider ID: 206338

Provider Gender: Female

License number: 20A18374

NPI: 1831354026

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T, W,  
ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

### **KETCHEL, CLINT**

Provider ID: 206338

Provider Gender: Male

License number: A135564

NPI: 1699038125

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Spanish, Syriac

Cultural Competency: No

Hospital Affiliation: Southwest

Healthcare System Murrieta,

Southwest Healthcare System

Wildomar, Scripps Memorial

Hospital Encinitas, Tri City

Medical Ctr, Whittier Hospital

Medical Center

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T, W,  
ME

Hours: M-SA 9AM-5PM

### **KETCHEL, CLINT**

Provider ID: 400339

Provider Gender: Male

License number: A135564

NPI: 1699038125

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, Spanish, Syriac  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center  <i>Board Certified Specialty:</i> No                      IHP OF SOUTHERN CALIFORNIA                      134 GRAPEVINE RD                      VISTA, CA 92083-4004  <i>Phone:</i> (760) 631-5000  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 631-5000  <i>Website:</i>  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i> W  <i>Hours:</i> M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM</p>	<p><i>NPI:</i> 1124500012  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No                      IHP OF SOUTHERN CALIFORNIA                      1000 VALE TERRACE DR                      VISTA, CA 92084-5218  <i>Phone:</i> (760) 631-5000  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 631-5000  <i>Website:</i>                      www.vistacommunityclinic.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i> P, EB, IB, E, T, W, ME  <i>Hours:</i> M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM</p>	<p><i>Hospital Affiliation:</i>  <i>Board Certified Specialty:</i> No                      IHP OF SOUTHERN CALIFORNIA                      1000 VALE TERRACE DR                      VISTA, CA 92084-5218  <i>Phone:</i> (760) 631-5000  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 631-5000  <i>Website:</i>                      www.vistacommunityclinic.org  <i>Email:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i> P, EB, IB, E, T, W, ME  <i>Hours:</i> M-F 8AM-7PM, SA 9AM-4PM</p>
<p><b>KNAPP, GEORGE S</b>  <i>Provider ID:</i> 206338  <i>Provider Gender:</i> Male  <i>License number:</i> NP95009284</p>	<p><b>LAROCQUE, MICHAEL A</b>  <i>Provider ID:</i> 206338  <i>Provider Gender:</i> Male  <i>License number:</i> C34614  <i>NPI:</i> 1306879549  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No</p>	<p><b>LEONARD, LISA A</b>  <i>Provider ID:</i> 206338  <i>Provider Gender:</i> Female  <i>License number:</i> G79676  <i>NPI:</i> 1477588598  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> French, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Tri City Medical Ctr, Palomar Medical Center</p>

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## C. Directorio de proveedores de atención primaria

<p><i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 1000 VALE TERRACE DR VISTA, CA 92084-5218 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000 <i>Website:</i> www.vistacommunityclinic.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No Ⓜ <i>Accessibility:</i> P, EB, IB, E, T, W, ME <i>Hours:</i> M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM</p> <p><b>PANICKER, CIBU</b> <i>Provider ID:</i> 206338 <i>Provider Gender:</i> Male <i>License number:</i> A149340 <i>NPI:</i> 1235492760 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Tri City Medical Ctr <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA</p>	<p>1000 VALE TERRACE DR VISTA, CA 92084-5218 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> <i>After Hours Phone:</i> (760) 631-5000 <i>Website:</i> www.vistacommunityclinic.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No Ⓜ <i>Accessibility:</i> P, EB, IB, E, T, W, ME <i>Hours:</i> M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM</p> <p><b>SIMATI, BETH L</b> <i>Provider ID:</i> 206338 <i>Provider Gender:</i> Female <i>License number:</i> C156596 <i>NPI:</i> 1417187618 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Whittier Hospital Medical Center, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 1000 VALE TERRACE DR</p>	<p>VISTA, CA 92084-5218 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> <i>After Hours Phone:</i> (760) 631-5000 <i>Website:</i> www.vistacommunityclinic.org <i>Email:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No Ⓜ <i>Accessibility:</i> P, EB, IB, E, T, W, ME <i>Hours:</i> M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM</p> <p><b>SIMATI, BETH L</b> <i>Provider ID:</i> 400339 <i>Provider Gender:</i> Female <i>License number:</i> C156596 <i>NPI:</i> 1417187618 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Whittier Hospital Medical Center, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 134 GRAPEVINE RD VISTA, CA 92083-4004</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## C. Directorio de proveedores de atención primaria

Phone: (760) 631-5000	Email:	No
Fax:	Medi-Cal Open Panel: Yes	♿ Accessibility: P, EB, IB, E, T, W, ME
After Hours Phone: (760) 631-5000	Min/Max Age: 0/999	Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
Website:	No	
Email:	♿ Accessibility: P, EB, IB, E, T, W, ME	
Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM	<b>FQHC</b>
Min/Max Age: 0/999		
American Sign Language (ASL): No	<b>VIDAL, MONICA M</b>	<b>VCC DURIAN,</b>
♿ Accessibility: W	Provider ID: 206338	Provider ID: 411518
Hours: M-SA 9AM-5PM	Provider Gender: Female	Provider Gender:
	License number: 20A8949	License number: 080000328
<b>THOMPSON, CHERYL E</b>	NPI: 1871791749	NPI: 1851300123
Provider ID: 206338	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Gender: Female	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Cultural Competency: No
License number: A102687	Cultural Competency: No	Hospital Affiliation:
NPI: 1548429863	Hospital Affiliation:	Board Certified Specialty:
Provider English Spoken: Yes	Board Certified Specialty: No	IHP OF SOUTHERN CALIFORNIA
Provider Language(s) Spoken: Spanish	IHP OF SOUTHERN CALIFORNIA	105 DURIAN ST STE A VISTA, CA 92083-6206
Cultural Competency: No	1000 VALE TERRACE DR VISTA, CA 92084-5218	Phone: (844) 308-5003
Hospital Affiliation:	Phone: (760) 631-5000	Fax: (760) 414-3892
Board Certified Specialty: No	Fax:	After Hours Phone: (844) 308-5003
IHP OF SOUTHERN CALIFORNIA	After Hours Phone: (760) 631-5000	Website:
1000 VALE TERRACE DR VISTA, CA 92084-5218	Website:	Email:
Phone: (844) 308-5003	www.vistacommunityclinic.org	Medi-Cal Open Panel: Yes
Fax:	Email:	Min/Max Age: 0/999
After Hours Phone: (844) 308-5003	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Website:	Min/Max Age: 0/999	♿ Accessibility:
www.vistacommunityclinic.org	American Sign Language (ASL):	Hours: M-F 8:30AM-5PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

9AM-5PM

### VCC DURIAN,

Provider ID: 411518

Provider Gender:

License number: 1851300123

NPI: 1851300123

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP OF SOUTHERN CALIFORNIA

105 DURIAN ST STE A

VISTA, CA 92083-6206

Phone: (844) 308-5003

Fax: (760) 414-3892

After Hours Phone: (844) 308-5003

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8:30AM-5PM, SA 9AM-5PM

### VISTA COMMUNITY CLINIC GRAPEVINE,

Provider ID: 400339

Provider Gender:

License number: 080000328

NPI: 1851300123

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP OF SOUTHERN CALIFORNIA

134 GRAPEVINE RD

VISTA, CA 92083-4004

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

♿ Accessibility: W

Hours: M,W-F 8AM-5PM, TU

10:30AM-7:30PM, SA 9AM-5PM

### GENERAL PRACTICE

### RONAN, KEVIN J

Provider ID: 206338

Provider Gender: Male

License number: G77176

NPI: 1225017353

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Scripps Memorial

Hospital Encinitas

Board Certified Specialty: No

IHP OF SOUTHERN CALIFORNIA

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

♿ Accessibility: P, EB, IB, E, T, W, ME

Hours: M,W-F 8AM-5PM, TU

10:30AM-7:30PM, SA 9AM-5PM

### INTERNAL MEDICINE

### BOQUIN, ENRIQUE M

Provider ID: 206338

Provider Gender: Male

License number: C52564

NPI: 1891759403

Provider English Spoken: Yes

Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Spanish	<i>Hospital Affiliation:</i> Temecula Valley Hospital Inc	IHP OF SOUTHERN CALIFORNIA
<i>Cultural Competency:</i> No		
<i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Tri City Medical Ctr	<i>Board Certified Specialty:</i> No	134 GRAPEVINE RD VISTA, CA 92083-4004
	IHP OF SOUTHERN CALIFORNIA	<i>Phone:</i> (760) 631-5000
<i>Board Certified Specialty:</i> No	134 GRAPEVINE RD	<i>Fax:</i>
IHP OF SOUTHERN CALIFORNIA	VISTA, CA 92083-4004	<i>After Hours Phone:</i> (760) 631-5000
1000 VALE TERRACE DR	<i>Phone:</i> (760) 631-5000	<i>Website:</i>
VISTA, CA 92084-5218	<i>Fax:</i>	<i>Email:</i>
<i>Phone:</i> (760) 631-5000	<i>After Hours Phone:</i> (760) 631-5000	<i>Medi-Cal Open Panel:</i> Yes
<i>Fax:</i>	<i>Website:</i>	<i>Min/Max Age:</i> 0/999
<i>After Hours Phone:</i> (760) 631-5000	<i>Email:</i>	<i>American Sign Language (ASL):</i>
<i>Website:</i>	<i>Medi-Cal Open Panel:</i> Yes	No
www.vistacommunityclinic.org	<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i> W
<i>Email:</i>	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM
<i>Medi-Cal Open Panel:</i> Yes	No	
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i> W	<b>PARIKH, MILIND D</b>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M,W-F 8AM-5PM, TU 8AM-8PM, SA 9AM-5PM	<i>Provider ID:</i> 206338
No		<i>Provider Gender:</i> Male
♿ <i>Accessibility:</i> P, EB, IB, E, T, W, ME	<b>HASSANI, FARZANEH</b>	<i>License number:</i> 20A13745
<i>Hours:</i> M-SA 9AM-5PM	<i>Provider ID:</i> 400339	<i>NPI:</i> 1194161406
	<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes
<b>DELGADILLO, ALEXANDER</b>	<i>License number:</i> C54458	<i>Provider Language(s) Spoken:</i>
<i>Provider ID:</i> 400339	<i>NPI:</i> 1942204979	Gujarati, Hindi, Spanish
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>License number:</i> G89399	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital
<i>NPI:</i> 1245298769	Arabic, Farsi, Persian, Urdu	<i>Board Certified Specialty:</i> No
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	IHP OF SOUTHERN CALIFORNIA
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Tri City Medical Ctr	1000 VALE TERRACE DR
Spanish		
<i>Cultural Competency:</i> No	<i>Board Certified Specialty:</i> No	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## C. Directorio de proveedores de atención primaria

VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ☒ Accessibility: P, EB, IB, E, T, W, ME  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ☒ Accessibility: P, EB, IB, E, T, W, ME  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

Memorial Hospital  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ☒ Accessibility: P, EB, IB, E, T, W, ME  
 Hours: M-TH 8AM-2PM, F 8AM-5PM, SA 9AM-4PM

### INTERVENTIONAL CARDIOLOGY

#### **RHIANNON, JULIA**

Provider ID: 206338  
 Provider Gender: Female  
 License number: C171929  
 NPI: 1508959347  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

#### **MOUSSAVIAN, MEHRAN**

Provider ID: 206338  
 Provider Gender: Male  
 License number: 20A7241  
 NPI: 1689788234  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps

### OBSTETRICS / GYNECOLOGY

#### **ARRIETA, IRIS R**

Provider ID: 206338  
 Provider Gender: Female  
 License number: A125026  
 NPI: 1659614303  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City

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## C. Directorio de proveedores de atención primaria

Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-SA 9AM-5PM

### FRANCIS, LARRY N

*Provider ID:* 206338  
*Provider Gender:* Male  
*License number:* A34827  
*NPI:* 1215008552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest Healthcare System Murrieta,

Sharp Memorial Hospital, Pomona Valley Hosp Med Ctr  
*Board Certified Specialty:* Yes  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-SA 9AM-5PM

### HAWKINS, MELISSA A

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* A62780  
*NPI:* 1851620447  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr  
*Board Certified Specialty:* No

IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-SA 9AM-5PM

### KARANIKKIS, CHRISTOS A

*Provider ID:* 206338  
*Provider Gender:* Male  
*License number:* 20A9149  
*NPI:* 1235192691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Greek, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

1000 VALE TERRACE DR VISTA, CA 92084-5218 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.vistacommunityclinic.org Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T, W, ME Hours: M-SA 9AM-5PM	Phone: (760) 631-5000 Fax: After Hours Phone: (760) 631-5000 Website: www.vistacommunityclinic.org Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T, W, ME Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM	Phone: (760) 631-5000 Fax: (858) 715-1316 After Hours Phone: (760) 631-5000 Website: www.vistacommunityclinic.org Email: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, T, W, ME Hours: M-SA 9AM-5PM
<b>LEON, JOSUE D</b> Provider ID: 206338 Provider Gender: Male License number: A80635 NPI: 1497799092 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Palomar Medical Center, Tri City Medical Ctr Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1000 VALE TERRACE DR VISTA, CA 92084-5218	<b>LOPEZ, SANDRA</b> Provider ID: 206338 Provider Gender: Female License number: A73316 NPI: 1962421651 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr, Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1000 VALE TERRACE DR VISTA, CA 92084-5218	<b>QUAN, MARIA C</b> Provider ID: 206338 Provider Gender: Female License number: C143703 NPI: 1043281405 Provider English Spoken: Yes Provider Language(s) Spoken: Russian, Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr, Saddleback Memorial Med Ctr, Hoag Memorial Hospital Presbyterian Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1000 VALE TERRACE DR VISTA, CA 92084-5218

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## C. Directorio de proveedores de atención primaria

Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ☒ Accessibility: P, EB, IB, E, T, W, ME  
 Hours: M-SA 9AM-5PM

Phone: (760) 439-4839  
 Fax: (760) 439-4841  
 After Hours Phone: (760) 439-4839  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ☒ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM

Phone: (760) 945-3434  
 Fax: (760) 945-6761  
 After Hours Phone: (760) 945-3434  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ☒ Accessibility: P, EB, IB, E, R, T  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **PEDIATRICS**

#### **AMANI, RAMIN**

Provider ID: 79901  
 Provider Gender: Male  
 License number: A53984  
 NPI: 1659366292  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Persian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 950 CIVIC CENTER DR STE A  
 VISTA, CA 92083-5208

#### **AMBO, STANLEY G**

Provider ID: 52269  
 Provider Gender: Male  
 License number: G77814  
 NPI: 1891735676  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2067 W VISTA WAY STE 180  
 VISTA, CA 92083-6033

#### **BAILEY, ROMANA**

Provider ID: 206338  
 Provider Gender: Female  
 License number: A72224  
 NPI: 1396023685  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Czech, Slovak  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Community Memorial Hosp Of San Buenaventura, St Johns Regional Medical Center, Fountain Valley Regional Hosp And Med Ctr, Saddleback Memorial Med Ctr, Providence Little Co Of Mary Med Ctr  
 Torrance  
 Board Certified Specialty: No

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## C. Directorio de proveedores de atención primaria

IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (844) 308-5003  
 Fax:  
 After Hours Phone: (844) 308-5003  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ☯ Accessibility: P, EB, IB, E, T, W, ME  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **CASTRO, JORGE L**

Provider ID: 100779  
 Provider Gender: Male  
 License number: A41618  
 NPI: 1326082868  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 2067 W VISTA WAY STE 180  
 VISTA, CA 92083-6033  
 Phone: (760) 945-3434  
 Fax: (760) 945-6761  
 After Hours Phone: (760) 945-3434  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ☯ Accessibility: P, EB, IB, E, R, T  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **FREDRICKS, ROBERT E**

Provider ID: 206338  
 Provider Gender: Male  
 License number: G86902  
 NPI: 1073524492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ☯ Accessibility: P, EB, IB, E, T, W, ME  
 Hours: M-SA 9AM-5PM

### **GRANT, COLETTE L**

Provider ID: 328679  
 Provider Gender: Female  
 License number: G65865  
 NPI: 1073638680  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2067 W VISTA WAY STE 180  
 VISTA, CA 92083-6033

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## C. Directorio de proveedores de atención primaria

Phone: (760) 945-3434	Website:	Min/Max Age: 0/999
Fax: (760) 945-6761	www.vistacommunityclinic.org	American Sign Language (ASL):
After Hours Phone: (760) 945-3434	Email:	No
Website:	Medi-Cal Open Panel: Yes	♿ Accessibility: P, EB, IB, E, T, W, ME
Email:	Min/Max Age: 0/999	Hours: M-SA 9AM-5PM
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	
Min/Max Age: 0/18	No	
American Sign Language (ASL):	♿ Accessibility: P, EB, IB, E, T, W, ME	<b>HOKE, EILEEN M</b>
No	Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM	Provider ID: 206338
♿ Accessibility:		Provider Gender: Female
Hours: M-F 8AM-5PM, SA 9AM-5PM		License number: A62558
		NPI: 1528031457
	<b>HARTFORD, NICOLE P</b>	Provider English Spoken: Yes
	Provider ID: 206338	Provider Language(s) Spoken:
	Provider Gender: Female	Cultural Competency: No
	License number: 20A14390	Hospital Affiliation: Tri City Medical Ctr, Naval Medical Ctr Sd Rbe
	NPI: 1346530466	Board Certified Specialty: No
	Provider English Spoken: Yes	IHP OF SOUTHERN CALIFORNIA
	Provider Language(s) Spoken:	1000 VALE TERRACE DR VISTA, CA 92084-5218
	Cultural Competency: No	Phone: (844) 308-5003
	Hospital Affiliation:	Fax:
	Board Certified Specialty: No	After Hours Phone: (844) 308-5003
	IHP OF SOUTHERN CALIFORNIA	Website:
	1000 VALE TERRACE DR VISTA, CA 92084-5218	www.vistacommunityclinic.org
	Phone: (760) 414-3892	Email:
	Fax:	Medi-Cal Open Panel: Yes
	After Hours Phone: (760) 414-3892	Min/Max Age: 0/999
	Website:	American Sign Language (ASL):
	www.vistacommunityclinic.org	No
	Email:	
	Medi-Cal Open Panel: Yes	
	Min/Max Age: 0/999	
	American Sign Language (ASL):	
	No	

### **GUNTA, SUJANA S**

Provider ID: 206338  
 Provider Gender: Female  
 License number: A109056  
 NPI: 1932304342  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Marathi, Spanish, Telugu  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000

### **HARTFORD, NICOLE P**

Provider ID: 206338  
 Provider Gender: Female  
 License number: 20A14390  
 NPI: 1346530466  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: (760) 414-3892  
 Fax:  
 After Hours Phone: (760) 414-3892  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes

### **HOKE, EILEEN M**

Provider ID: 206338  
 Provider Gender: Female  
 License number: A62558  
 NPI: 1528031457  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Naval Medical Ctr Sd Rbe  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: (844) 308-5003  
 Fax:  
 After Hours Phone: (844) 308-5003  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

♿ *Accessibility:* P, EB, IB, E, T, W, ME

*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **KAISER, EMILY S**

*Provider ID:* 206338

*Provider Gender:* Female

*License number:* A173511

*NPI:* 1518371046

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP OF SOUTHERN

CALIFORNIA

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)

631-5000

*Website:*

www.vistacommunityclinic.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, T, W, ME

*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **LUSCHWITZ, BRIAN S**

*Provider ID:* 400339

*Provider Gender:* Male

*License number:* A60517

*NPI:* 1205868510

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr

*Board Certified Specialty:* No

IHP OF SOUTHERN

CALIFORNIA

134 GRAPEVINE RD

VISTA, CA 92083-4004

*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)

631-5000

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

*Hours:* M,W-F 8AM-5PM, TU

10:30AM-7:30PM, SA 9AM-5PM

### **MOVAHHEDIAN, HAMID R**

*Provider ID:* 206338

*Provider Gender:* Male

*License number:* A49253

*NPI:* 1619920816

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr

*Board Certified Specialty:* No

IHP OF SOUTHERN

CALIFORNIA

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)

631-5000

*Website:*

www.vistacommunityclinic.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, T, W, ME

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

### **NAUDIN, VERONICA L**

*Provider ID:* 84118

*Provider Gender:* Female

*License number:* G75489

*NPI:* 1093755878

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2067 W VISTA WAY STE 180 VISTA, CA 92083-6033  
*Phone:* (760) 945-3434  
*Fax:* (760) 945-6761  
*After Hours Phone:* (760) 945-3434  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **PARK, SUE A**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* A64003  
*NPI:* 1538176201  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-SA 9AM-5PM

### **PERTL, URSULA G**

*Provider ID:* 593894  
*Provider Gender:* Female  
*License number:* A89997  
*NPI:* 1609947464  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2067 W VISTA WAY STE 180 VISTA, CA 92083-6033  
*Phone:* (760) 945-3434  
*Fax:* (760) 945-6761  
*After Hours Phone:* (760) 945-3434  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* SU 10AM-2PM, M-F 8AM-5PM, SA 8AM-12PM

### **RAHIMI, NASSRIN**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* A56214  
*NPI:* 1063438166  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## C. Directorio de proveedores de atención primaria

VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760)  
 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, T, W,  
 ME  
 Hours: M-SA 9AM-5PM

VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760)  
 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, T, W,  
 ME  
 Hours: M-TH 9AM-8PM, F  
 9AM-5PM, SA 9AM-4PM

VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760)  
 631-5000  
 Website:  
 www.vistacommunityclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, T, W,  
 ME  
 Hours: M-TH 9AM-8PM, F  
 9AM-5PM, SA 9AM-4PM

### RAYA-MORONES, RUBY A

Provider ID: 206338  
 Provider Gender: Female  
 License number: G51286  
 NPI: 1164467791  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Pih Health  
 Hospital - Whittier, Marian  
 Regional Medical Center,  
 Whittier Hospital Medical  
 Center, Providence St Jude  
 Medical Center  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1000 VALE TERRACE DR

### PHYSICIANS ASSISTANT

#### WALLACE, STEPHANIE C

Provider ID: 206338  
 Provider Gender: Female  
 License number: PA19629  
 NPI: 1518104942  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1000 VALE TERRACE DR

#### WEAVER, APRIL H

Provider ID: 206338  
 Provider Gender: Female  
 License number: PA20775  
 NPI: 1063552800  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## C. Directorio de proveedores de atención primaria

Phone: (844) 308-5003

Fax:

After Hours Phone: (844)  
308-5003

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T, W,  
ME

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

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)  
631-5000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-TH 9AM-2PM, F  
8AM-5PM, SA 8AM-4PM

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)  
631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T, W,  
ME

Hours: M-SA 9AM-5PM

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### PODIATRIST

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#### **WEAVER, APRIL H**

Provider ID: 400339

Provider Gender: Female

License number: PA20775

NPI: 1063552800

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

134 GRAPEVINE RD

VISTA, CA 92083-4004

#### **MILLER, JULIE A**

Provider ID: 206338

Provider Gender: Female

License number: DPM3999

NPI: 1619115664

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas, Tri

City Medical Ctr

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1000 VALE TERRACE DR

VISTA, CA 92084-5218

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## D. Directorio de proveedores de atención especializada

<b>ALPINE</b>	<b>CHIROPRACTOR</b>	<i>Board Certified Specialty: No</i>
<b>CERTIFIED NURSE PRACTITIONER</b>		IHP OF SOUTHERN CALIFORNIA
<p><b>NACE, MICHAEL A , NPA</b>  <i>Provider ID: 240033</i>  <i>Board Certified Specialty: No</i>            COMMUNITY CARE IPA LLC            1620 ALPINE BLVD STE 110            ALPINE, CA 91901-1103  <i>Phone: (619) 445-6200</i>  <i>Fax:</i>  <i>After Hours Phone: (619) 445-6200</i>  <i>Provider Gender: Male</i>  <i>License number: NP11492</i>  <i>NPI: 1912929936</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>♿ Accessibility: P, EB, IB, E, R, T</i>  <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Community Care Ipa Llc</i></p>	<p><b>ABDULRAHIM, AHMED M</b>  <i>Provider ID: 287872</i>  <i>Board Certified Specialty: No</i>            IHP OF SOUTHERN CALIFORNIA            1620 ALPINE BLVD STE 110            ALPINE, CA 91901-1103  <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 205-6305</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Provider Gender: Male</i>  <i>License number: DC28335</i>  <i>NPI: 1619040292</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>♿ Accessibility: P, EB, IB, E, R, T</i>  <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Ihp Of Southern California</i></p> <p><b>KELCHNER, MATTHEW O</b>  <i>Provider ID: 290507</i></p>	<p>1620 ALPINE BLVD STE 110            ALPINE, CA 91901-1103  <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 320-3347</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Provider Gender: Male</i>  <i>License number: DC22733</i>  <i>NPI: 1174656755</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>♿ Accessibility: P, EB, IB, E, R, T</i>  <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Ihp Of Southern California</i></p> <hr/> <p><b>FAMILY PRACTICE</b></p> <p><b>DUBE, BIANCA P</b>  <i>Provider ID: 295477</i>  <i>Board Certified Specialty: No</i>            IHP OF SOUTHERN CALIFORNIA</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

CALIFORNIA  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
 Phone: (619) 662-4100  
 Fax: (619) 320-3347  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Female  
 License number: C172036  
 NPI: 1740535152  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

Phone: (619) 662-4100  
 Fax: (619) 662-4196  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 License number: 20A11088  
 NPI: 1922314145  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 License number: 20A8081  
 NPI: 1205893104  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sutter Tracy  
 Community Hosp, Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-8PM, SA  
 8AM-2PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

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### INTERNAL MEDICINE

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#### WYLIE, BLAKE A

Provider ID: 291649  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103

#### HURST, MICHAEL D

Provider ID: 296013  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103

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#### BINDER, NICHOLAS R , MD

Provider ID: 268753  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103

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### OPHTHALMOLOGY

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## D. Directorio de proveedores de atención especializada

Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Male  
 License number: A124698  
 NPI: 1306076716  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CHANG, TOM S , MD**

Provider ID: 270362  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103

Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Male  
 License number: A69909  
 NPI: 1609848969  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Armenian, Cantonese, Korean, Mandarin, Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: San Gabriel Valley Med Ctr, Providence Little Co Of Mary Med Ctr Torrance, Methodist Hosp Of Southern California, Hollywood Presbyterian Med Ctr, Riverside Community Hosp, Desert Regional Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MILLER, DOUGLAS G**

Provider ID: 262447  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Provider Gender: Male  
 License number: G52627  
 NPI: 1982636031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd  
**MILLER, DOUGLAS G , MD**  
 Provider ID: 268957  
 Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

COMMUNITY CARE IPA LLC  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Provider Gender: Male  
 License number: G52627  
 NPI: 1982636031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

### MORRISON-REYES, JOSHUA A

Provider ID: 108009  
 Board Certified Specialty: No  
 WEST COAST EYE CARE  
 ASSOCS MED GRP  
 1620 ALPINE BLVD STE 117

ALPINE, CA 91901-1103  
 Phone: (619) 445-2687  
 Fax: (619) 697-2410  
 After Hours Phone: (619) 445-2687  
 Provider Gender: Male  
 License number: A125435  
 NPI: 1235366782  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

### PATEL, GITANE

Provider ID: 262317  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Male  
 License number: A108603  
 NPI: 1710171434  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Gujarati, Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-W,F,SA 9AM-5PM, TH 8AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

### PATEL, GITANE, MD

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 268739  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  1620 ALPINE BLVD STE 117  ALPINE, CA 91901-1103  Phone: (800) 898-2020  Fax: (844) 897-3788  After Hours Phone: (800) 898-2020  Provider Gender: Male  License number: A108603  NPI: 1710171434  Provider English Spoken: Yes  Provider Language(s) Spoken: Arabic, Gujarati, Spanish, Tagalog, Vietnamese  Cultural Competency: No  Hospital Affiliation: Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-W,F,SA 9AM-5PM, TH 8AM-4PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Imperial Health Holdings  Medical Group-Sd</p>	<p><b>PATEL, SARJAN H</b>  Provider ID: 262408  Board Certified Specialty: No  IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  1620 ALPINE BLVD STE 117  ALPINE, CA 91901-1103  Phone: (800) 898-2020  Fax: (844) 897-3788  After Hours Phone: (800) 898-2020  Provider Gender: Male  License number: A114976  NPI: 1316199326  Provider English Spoken: Yes  Provider Language(s) Spoken: Gujarati, Hindi, Spanish, Tagalog, Vietnamese  Cultural Competency: No  Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:</p>	<p>Medical Group(s):  IPA: Community Care Ipa Llc, Imperial Health Holdings  Medical Group-Sd    <b>PATEL, SARJAN H , MD</b>  Provider ID: 268803  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  1620 ALPINE BLVD STE 117  ALPINE, CA 91901-1103  Phone: (800) 898-2020  Fax: (844) 897-3788  After Hours Phone: (800) 898-2020  Provider Gender: Male  License number: A114976  NPI: 1316199326  Provider English Spoken: Yes  Provider Language(s) Spoken: Gujarati, Hindi, Spanish, Tagalog, Vietnamese  Cultural Competency: No  Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA</p>
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## D. Directorio de proveedores de atención especializada

9AM-5PM	<i>American Sign Language (ASL):</i> Hospital	
<i>Website:</i>	No	<i>Medi-Cal Open Panel:</i> Yes
<i>Email:</i>	♿ <i>Accessibility:</i>	<i>Min/Max Age:</i> 0/999
<i>Medical Group(s):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>American Sign Language (ASL):</i>
<i>IPA:</i> Community Care Ipa Llc,	9AM-5PM	No
Imperial Health Holdings	<i>Website:</i>	♿ <i>Accessibility:</i>
Medical Group-Sd	<i>Email:</i>	<i>Hours:</i> M-F 8AM-5PM, SA
	<i>Medical Group(s):</i>	9AM-5PM
<b>PRABHU, SUJATA P</b>	<i>IPA:</i> Community Care Ipa Llc,	<i>Website:</i>
<i>Provider ID:</i> 262391	Imperial Health Holdings	<i>Email:</i>
<i>Board Certified Specialty:</i> No	Medical Group-Sd	<i>Medical Group(s):</i>
IMPERIAL HEALTH HOLDINGS		<i>IPA:</i> Community Care Ipa Llc,
MEDICAL GROUP-SD	<b>PRABHU, SUJATA P , MD</b>	Imperial Health Holdings
1620 ALPINE BLVD STE 117	<i>Provider ID:</i> 268918	Medical Group-Sd
ALPINE, CA 91901-1103	<i>Board Certified Specialty:</i> No	
<i>Phone:</i> (800) 898-2020	COMMUNITY CARE IPA LLC	<b>WAINESS, REID M , MD</b>
<i>Fax:</i> (844) 897-3788	1620 ALPINE BLVD STE 117	<i>Provider ID:</i> 254761
<i>After Hours Phone:</i> (800)	ALPINE, CA 91901-1103	<i>Board Certified Specialty:</i> No
898-2020	<i>Phone:</i> (800) 898-2020	COMMUNITY CARE IPA LLC
<i>Provider Gender:</i> Female	<i>Fax:</i> (844) 897-3788	1620 ALPINE BLVD STE 117
<i>License number:</i> A115965	<i>After Hours Phone:</i> (800)	ALPINE, CA 91901-1103
<i>NPI:</i> 1982872552	898-2020	<i>Phone:</i> (800) 898-2020
<i>Provider English Spoken:</i> Yes	<i>Provider Gender:</i> Female	<i>Fax:</i> (844) 897-3788
<i>Provider Language(s) Spoken:</i>	<i>License number:</i> A115965	<i>After Hours Phone:</i> (800)
Spanish, Tagalog, Telugu,	<i>NPI:</i> 1982872552	898-2020
Vietnamese	<i>Provider English Spoken:</i> Yes	<i>Provider Gender:</i> Male
<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>	<i>License number:</i> A108766
<i>Hospital Affiliation:</i> Paradise	Spanish, Tagalog, Telugu,	<i>NPI:</i> 1396935979
Valley Hospital, Alvarado	Vietnamese	<i>Provider English Spoken:</i> Yes
Community Hospital, Scripps	<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>
Memorial Hospital, Grossmont	<i>Hospital Affiliation:</i> Paradise	Armenian, Hebrew, Mandarin,
Hospital	Valley Hospital, Alvarado	Spanish, Vietnamese, Yue
<i>Medi-Cal Open Panel:</i> Yes	Community Hospital, Scripps	Chinese
<i>Min/Max Age:</i> 0/999	Memorial Hospital, Grossmont	<i>Cultural Competency:</i> No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Hospital Affiliation:</i> San Gabriel Valley Med Ctr, Desert Regional Med Ctr	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> 5/99	<i>Hospital Affiliation:</i>	<i>Min/Max Age:</i> 0/999
<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No
<i>Accessibility:</i>	<i>Min/Max Age:</i> 0/999	<i>Accessibility:</i>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Website:</i>	<i>Accessibility:</i>	<i>Website:</i>
<i>Email:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>IPA:</i> Community Care Ipa Llc	<i>Email:</i>	<i>IPA:</i>
	<i>Medical Group(s):</i>	
	<i>IPA:</i> Community Care Ipa Llc	

### CAMPO

### FAMILY PRACTICE

#### CERTIFIED NURSE PRACTITIONER

#### **NACE, MICHAEL A , NPA**

*Provider ID:* 240032  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1388 BUCKMAN SPRINGS RD  
 CAMPO, CA 91906-2028  
*Phone:* (619) 445-6200  
*Fax:*  
*After Hours Phone:* (619) 445-6200  
*Provider Gender:* Male  
*License number:* NP11492  
*NPI:* 1912929936  
*Provider English Spoken:* Yes

#### **JAINCHILL, AMANDA L**

*Provider ID:* 293472  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1388 BUCKMAN SPRINGS RD  
 CAMPO, CA 91906-2028  
*Phone:* (619) 662-4100  
*Fax:* (619) 824-9071  
*After Hours Phone:* (619) 662-4100  
*Provider Gender:* Female  
*License number:* A141541  
*NPI:* 1720426901  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

#### **ROGERS, MATTHEW W**

*Provider ID:* 294843  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1388 BUCKMAN SPRINGS RD  
 CAMPO, CA 91906-2028  
*Phone:* (619) 662-4100  
*Fax:* (619) 824-9071  
*After Hours Phone:* (619) 662-4100  
*Provider Gender:* Male  
*License number:* 20A18400  
*NPI:* 1639606130  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p>Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Mercy Hospital Chula Vista          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL): No          No          ♿ Accessibility:          Hours: M,W 8AM-5PM, TU,TH          7AM-3:30PM, F,SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>
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### CARLSBAD

#### CERTIFIED BEHAVIORAL ANALYST MASTERS

##### **EVANS, MELISSA**

Provider ID: 122850  
 Board Certified Specialty: No  
 MAXIM HEALTHCARE SERVICES INC  
 2141 PALOMAR AIRPORT RD STE 350  
 CARLSBAD, CA 92011-1451  
 Phone: (760) 438-0078  
 Fax: (877) 839-6751  
 After Hours Phone: (760) 438-0078  
 Provider Gender: Female  
 License number: BCBA16189  
 NPI: 1194130484  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:

#### CERTIFIED NURSE PRACTITIONER

##### **BATAC, NADINE M**

Provider ID: 295362  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 6010 HIDDEN VALLEY RD STE 110  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 607-5350  
 Fax: (760) 607-5365  
 After Hours Phone: (760) 607-5350  
 Provider Gender: Female  
 License number: NP21763  
 NPI: 1942657937  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps

##### **BIERMAN, ANDREW, NPA**

Provider ID: 247291  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3007  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Male  
 License number: NP95011909  
 NPI: 1306408505  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Medical Center, Pomerado

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## D. Directorio de proveedores de atención especializada

<p>Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 18/200            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>BINAVI, HOWNAZ Z , NPA</b>            Provider ID: 265369            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            6010 HIDDEN VALLEY RD STE            120            CARLSBAD, CA 92011-4219            Phone: (760) 884-5990            Fax: (760) 448-4404            After Hours Phone: (760)            884-5990            Provider Gender: Female            License number: NP95010956            NPI: 1083276273            Provider English Spoken: Yes            Provider Language(s) Spoken:            Kurdish, Spanish            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999</p>	<p>American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>BISHOP, LESLIE A , NPA</b>            Provider ID: 243217            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            6010 HIDDEN VALLEY RD STE            200            CARLSBAD, CA 92011-4219            Phone: (760) 631-3000            Fax: (760) 631-3016            After Hours Phone: (760)            631-3000            Provider Gender: Female            License number: NP95010047            NPI: 1669941878            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Palomar            Health, Tri City Medical Ctr,            Palomar Medical Center,            Scripps Memorial Hospital            Encinitas            Medi-Cal Open Panel: Yes            Min/Max Age: 18/200</p>	<p>American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>HOOPER, BONNIE J , NPA</b>            Provider ID: 275252            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            6010 HIDDEN VALLEY RD STE            120            CARLSBAD, CA 92011-4219            Phone: (760) 884-5990            Fax: (760) 448-4404            After Hours Phone: (760)            884-5990            Provider Gender: Female            License number: NP6495            NPI: 1821062878            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA</p>
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## D. Directorio de proveedores de atención especializada

9AM-5PM	<i>Medical Group(s):</i>	<i>Provider ID:</i> 115263
<i>Website:</i>	<i>IPA:</i> Rady Childrens Health	<i>Board Certified Specialty:</i> No
<i>Email:</i>	Network	UCSD MEDICAL GROUP
<i>Medical Group(s):</i>		6010 HIDDEN VALLEY RD STE
<i>IPA:</i> Community Care Ipa Llc	<b>MCNALLY, PAUL D</b>	200
<b>KASTNER, NICOLE D</b>	<i>Provider ID:</i> 115263	CARLSBAD, CA 92011-4219
<i>Provider ID:</i> 289744	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 543-5540
<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP	<i>Fax:</i>
RADY CHILDRENS HEALTH	6010 HIDDEN VALLEY RD STE	<i>After Hours Phone:</i> (619)
NETWORK	200	543-5540
3257 CAMINO DE LOS COCHES	CARLSBAD, CA 92011-4219	<i>Provider Gender:</i> Male
STE 202	<i>Phone:</i> (619) 543-5540	<i>License number:</i> NP19028
CARLSBAD, CA 92009-8915	<i>Fax:</i>	<i>NPI:</i> 1588893788
<i>Phone:</i> (760) 633-3640	<i>After Hours Phone:</i> (619)	<i>Provider English Spoken:</i> Yes
<i>Fax:</i> (760) 633-3644	543-5540	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (760)	<i>Provider Gender:</i> Male	<i>Cultural Competency:</i> No
633-3640	<i>License number:</i> RN706288	<i>Hospital Affiliation:</i> Paradise
<i>Provider Gender:</i> Female	<i>NPI:</i> 1588893788	Valley Hospital
<i>License number:</i> NP14131	<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> No
<i>NPI:</i> 1023051869	<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> None
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i>
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Paradise	No
<i>Cultural Competency:</i> No	Valley Hospital	<i>Accessibility:</i>
<i>Hospital Affiliation:</i>	<i>Medi-Cal Open Panel:</i> No	<i>Hours:</i> M-SA 9AM-5PM
<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> None	<i>Website:</i>
<i>Min/Max Age:</i> 0/18	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>American Sign Language (ASL):</i>	No	<i>Medical Group(s):</i>
No	<i>Accessibility:</i>	<i>IPA:</i>
<i>Accessibility:</i>	<i>Hours:</i> M-SA 9AM-5PM	<b>MOURADIAN, KRISTINA P</b>
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Website:</i>	<i>Provider ID:</i> 294915
9AM-5PM	<i>Email:</i>	<i>Board Certified Specialty:</i> No
<i>Website:</i>	<i>Medical Group(s):</i>	IHP OF SOUTHERN
<i>Email:</i>	<i>IPA:</i>	CALIFORNIA
	<b>MCNALLY, PAUL D</b>	

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## D. Directorio de proveedores de atención especializada

<p>1295 CARLSBAD VILLAGE DR STE 100 CARLSBAD, CA 92008-1950 Phone: (760) 736-6767 Fax: (760) 566-1501 After Hours Phone: (760) 736-6767 Provider Gender: Female License number: NP95006040 NPI: 1891234464 Provider English Spoken: Yes Provider Language(s) Spoken: German Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 13/999 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California</p> <p><b>POLIZZI, BRITTANY</b> Provider ID: 289718 Board Certified Specialty: No COMMUNITY CARE IPA LLC 6010 HIDDEN VALLEY RD STE 120 CARLSBAD, CA 92011-4219</p>	<p>Phone: (760) 448-4484 Fax: (760) 448-4404 After Hours Phone: (760) 448-4484 Provider Gender: Female License number: NP95018533 NPI: 1821692336 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>ROSS, JESSICA L</b> Provider ID: 285921 Board Certified Specialty: No COMMUNITY CARE IPA LLC 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011-4219 Phone: (760) 631-3000 Fax: (760) 631-3016 After Hours Phone: (760) 631-3000</p>	<p>Provider Gender: Female License number: NP95014065 NPI: 1265082838 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr, Palomar Medical Center, Pomerado Hospital, Scripps Memorial Hospital Encinitas Medi-Cal Open Panel: Yes Min/Max Age: 18/200 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <hr/> <p style="text-align: center;"><b>CLINICAL NEUROPSYCHOLOGIST</b></p> <hr/> <p><b>ALASANTRO, LORI H</b> Provider ID: 103426 Board Certified Specialty: No NORTH COUNTY NEUROLOGY ASSOCS MED GRP 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011-4219</p>
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## D. Directorio de proveedores de atención especializada

Phone: (760) 631-3000  
 Fax:  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 License number: PSY25817  
 NPI: 1669807111  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM  
 Website: www.neurocenter.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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### DERMATOLOGY

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#### **BROUHA, BROOK L , MD**

Provider ID: 267945  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 120  
 CARLSBAD, CA 92011-4219

Phone: (760) 884-5990  
 Fax: (760) 448-4404  
 After Hours Phone: (760) 884-5990  
 Provider Gender: Male  
 License number: A97902  
 NPI: 1114173937  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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### FAMILY PRACTICE

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#### **MADHAV, KINJAL S , MD**

Provider ID: 244004  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3007  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 License number: A132338  
 NPI: 1124385182  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Gujarati, Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/200  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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### HEARING AID DEALER / SUPPLIER

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#### **DAVIS, KELLE L , MD**

Provider ID: 268654

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## D. Directorio de proveedores de atención especializada

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1820 MARRON RD STE 102  
 CARLSBAD, CA 92008-1177  
 Phone: (760) 434-0125  
 Fax: (760) 434-4531  
 After Hours Phone: (760)  
 434-0125  
 Provider Gender: Female  
 License number: HA6083  
 NPI: 1902853344  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### NEUROLOGY

#### CHOUdry, BILAL A, MD

Provider ID: 85292  
 Board Certified Specialty: No  
 NORTH COUNTY NEUROLOGY  
 ASSOCS MED GRP

6010 HIDDEN VALLEY RD STE  
 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Male  
 License number: A114607  
 NPI: 1396921144  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Pomerado  
 Hospital, Scripps Memorial  
 Hospital Encinitas, Scripps  
 Memorial Hospital, Palomar  
 Medical Center, Scripps Mercy  
 Hospital Chula Vista, Temecula  
 Valley Hospital Inc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M 8AM-6PM, TU-TH  
 8AM-5PM, F, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### CHOUdry, BILAL A

Provider ID: 85292  
 Board Certified Specialty: No  
 NORTH COUNTY NEUROLOGY  
 ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE  
 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax:  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Male  
 License number: A114607  
 NPI: 1396921144  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Pomerado  
 Hospital, Scripps Memorial  
 Hospital Encinitas, Scripps  
 Memorial Hospital, Palomar  
 Medical Center, Scripps Mercy  
 Hospital Chula Vista, Temecula  
 Valley Hospital Inc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 7:30AM-4:30PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM  
 Website: www.neurocenter.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **DELANEY, MICHAEL W**

Provider ID: 269103  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE  
 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Male  
 License number: C146015  
 NPI: 1710157920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Palomar  
 Health, Scripps Memorial  
 Hospital Encinitas, Tri City  
 Medical Ctr, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **DESADIER, LAURA L**

Provider ID: 242451  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE  
 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Female  
 License number: 20A14045  
 NPI: 1245487982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas, Palomar  
 Medical Center, Pomerado  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 12/999  
 American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-W,F 8:30AM-4:30PM,  
 TH 9:30AM-4:30PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **FRISHBERG, BENJAMIN M**

Provider ID: 65471  
 Board Certified Specialty: Yes  
 NORTH COUNTY NEUROLOGY  
 ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE  
 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax:  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Male  
 License number: G43493  
 NPI: 1952346348  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No	No	Medi-Cal Open Panel: No
♿ Accessibility: W	♿ Accessibility:	Min/Max Age: None
Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM	American Sign Language (ASL): No
Website: www.neurocenter.com	Website:	♿ Accessibility: W
Email:	Email:	Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM
Medical Group(s):	Medical Group(s):	Website: www.neurocenter.com
IPA: Community Care Ipa Llc	IPA: Community Care Ipa Llc	Email:
<b>FRISHBERG, BENJAMIN M , MD</b>	<b>GUALBERTO, GARY C</b>	Medical Group(s):
Provider ID: 65471	Provider ID: 103158	IPA: Community Care Ipa Llc
Board Certified Specialty: Yes	Board Certified Specialty: No	<b>GUALBERTO, GARY C , MD</b>
NORTH COUNTY NEUROLOGY ASSOCS MED GRP	NORTH COUNTY NEUROLOGY ASSOCS MED GRP	Provider ID: 103158
6010 HIDDEN VALLEY RD STE 200	6010 HIDDEN VALLEY RD STE 200	Board Certified Specialty: No
CARLSBAD, CA 92011-4219	CARLSBAD, CA 92011-4219	NORTH COUNTY NEUROLOGY ASSOCS MED GRP
Phone: (760) 631-3000	Phone: (760) 631-3000	6010 HIDDEN VALLEY RD STE 200
Fax: (760) 631-3016	Fax:	CARLSBAD, CA 92011-4219
After Hours Phone: (760) 631-3000	After Hours Phone: (760) 631-3000	Phone: (760) 631-3000
Provider Gender: Male	Provider Gender: Male	Fax: (760) 631-3016
License number: G43493	License number: C138319	After Hours Phone: (760) 631-3000
NPI: 1952346348	NPI: 1689875668	Provider Gender: Male
Provider English Spoken: Yes	Provider English Spoken: Yes	License number: C138319
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish	NPI: 1689875668
Cultural Competency: No	Cultural Competency: No	Provider English Spoken: Yes
Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr	Hospital Affiliation: Tri City Medical Ctr, Palomar Medical Center, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista	Provider Language(s) Spoken: Spanish
Medi-Cal Open Panel: Yes		Cultural Competency: No
Min/Max Age: 0/999		Hospital Affiliation: Tri City Medical Ctr, Palomar Medical Center, Pomerado Hospital,
American Sign Language (ASL):		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Scripps Memorial Hospital  
Encinitas, Scripps Mercy  
Hospital Chula Vista  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
No  
**♿ Accessibility:**  
*Hours: M-F 8AM-5PM, SA*  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **LANE, RICHARD A**

*Provider ID: 276889*  
*Board Certified Specialty: No*  
COMMUNITY CARE IPA LLC  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
*Phone: (760) 631-3000*  
*Fax: (760) 631-3007*  
*After Hours Phone: (760)*  
631-3000  
*Provider Gender: Male*  
*License number: A160001*  
*NPI: 1669859443*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Tri City*  
Medical Ctr, Palomar Medical

Center, Pomerado Hospital,  
Scripps Memorial Hospital  
Encinitas  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/200*  
*American Sign Language (ASL):*  
No  
**♿ Accessibility:**  
*Hours: M-F 8AM-5PM, SA*  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **LAWLER, ABIGAIL C , MD**

*Provider ID: 124983*  
*Board Certified Specialty: No*  
NORTH COUNTY NEUROLOGY  
ASSOCS MED GRP  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
*Phone: (760) 631-3000*  
*Fax: (760) 631-3016*  
*After Hours Phone: (760)*  
631-3000  
*Provider Gender: Female*  
*License number: A152080*  
*NPI: 1568789741*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency: No*

*Hospital Affiliation: Scripps*  
Memorial Hospital Encinitas, Tri  
City Medical Ctr, Pomerado  
Hospital, Palomar Medical  
Center  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
No  
**♿ Accessibility:**  
*Hours: M-F 8AM-5:30PM, SA*  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **LOBATZ, MICHAEL A**

*Provider ID: 52424*  
*Board Certified Specialty: No*  
NORTH COUNTY NEUROLOGY  
ASSOCS MED GRP  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
*Phone: (760) 631-3000*  
*Fax:*  
*After Hours Phone: (760)*  
631-3000  
*Provider Gender: Male*  
*License number: G38353*  
*NPI: 1619912078*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Hebrew, Spanish	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps	Memorial Hospital Encinitas, Tri
<i>Hospital Affiliation:</i> Scripps	Memorial Hospital Encinitas	City Medical Ctr, Palomar
Memorial Hospital Encinitas	<i>Medi-Cal Open Panel:</i> Yes	Health, Palomar Medical
<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> 0/100	Center, Scripps Memorial
<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i>	Hospital, Scripps Mercy
<i>American Sign Language (ASL):</i>	No	Hospital Chula Vista
No	<i>Accessibility:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>Accessibility:</i> W	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Min/Max Age:</i> 0/999
<i>Hours:</i> M-F 7:30AM-4:30PM, SA	9AM-5PM	<i>American Sign Language (ASL):</i>
9AM-5PM	<i>Website:</i>	No
<i>Website:</i> www.neurocenter.com	<i>Email:</i>	<i>Accessibility:</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc	9AM-5PM
<i>IPA:</i> Community Care Ipa Llc		<i>Website:</i>
	<b>NIELSEN, AMY C</b>	<i>Email:</i>
	<i>Provider ID:</i> 74893	<i>Medical Group(s):</i>
	<i>Board Certified Specialty:</i> No	<i>IPA:</i> Community Care Ipa Llc
<b>LOBATZ, MICHAEL A</b>	NORTH COUNTY NEUROLOGY	
<i>Provider ID:</i> 52424	ASSOCS MED GRP	
<i>Board Certified Specialty:</i> No	6010 HIDDEN VALLEY RD STE	
NORTH COUNTY NEUROLOGY	200	
ASSOCS MED GRP	CARLSBAD, CA 92011-4219	
6010 HIDDEN VALLEY RD STE	<i>Phone:</i> (760) 631-3000	
200	<i>Fax:</i> (760) 631-3016	
CARLSBAD, CA 92011-4219	<i>After Hours Phone:</i> (760)	
<i>Phone:</i> (760) 631-3000	631-3000	
<i>Fax:</i> (760) 631-3016	<i>Provider Gender:</i> Female	
<i>After Hours Phone:</i> (760)	<i>License number:</i> 20A11494	
631-3002	<i>NPI:</i> 1730110529	
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	
<i>License number:</i> G38353	<i>Provider Language(s) Spoken:</i>	
<i>NPI:</i> 1619912078	Spanish	
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	
<i>Provider Language(s) Spoken:</i>		
Hebrew, Spanish		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM          Website: www.neurocenter.com          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Provider Gender: Female          License number: A106450          NPI: 1306089008          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Phone: (760) 631-3000          Fax: (760) 631-3016          After Hours Phone: (760) 631-3000          Provider Gender: Female          License number: A106450          NPI: 1306089008          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM          Website: www.neurocenter.com          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>
<p><b>OH, IRENE J , MD</b>          Provider ID: 52430          Board Certified Specialty: No          NORTH COUNTY NEUROLOGY ASSOCS MED GRP          6010 HIDDEN VALLEY RD STE 200          CARLSBAD, CA 92011-4219          Phone: (760) 631-3000          Fax: (760) 631-3016          After Hours Phone: (760) 631-3000</p>	<p><b>OH, IRENE J</b>          Provider ID: 52430          Board Certified Specialty: No          NORTH COUNTY NEUROLOGY ASSOCS MED GRP          6010 HIDDEN VALLEY RD STE 200          CARLSBAD, CA 92011-4219</p>	<p><b>OMURO, ARTHUR K</b>          Provider ID: 276907          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          6010 HIDDEN VALLEY RD STE 200</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

CARLSBAD, CA 92011-4219 Phone: (760) 631-3000 Fax: (760) 631-3016 After Hours Phone: (760) 631-3000 Provider Gender: Male License number: 20A15164 NPI: 1851785505 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Palomar Health, Palomar Medical Center, Tri City Medical Ctr, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011-4219 Phone: (760) 631-3000 Fax: (760) 631-3016 After Hours Phone: (760) 631-3000 Provider Gender: Female License number: A113451 NPI: 1194933853 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Health, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-W 8:30AM-4:30PM, TH 9AM-4:30PM, F 8AM-4:30PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	NORTH COUNTY NEUROLOGY ASSOCS MED GRP 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011-4219 Phone: (760) 631-3000 Fax: After Hours Phone: (760) 631-3000 Provider Gender: Female License number: A113451 NPI: 1194933853 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM Website: www.neurocenter.com Email: Medical Group(s): IPA: Community Care Ipa Llc
<b>PADUGA, REMIA S , MD</b> Provider ID: 57065 Board Certified Specialty: No NORTH COUNTY NEUROLOGY ASSOCS MED GRP	<b>PADUGA, REMIA S</b> Provider ID: 57065 Board Certified Specialty: No	<b>PHAM, ALISE K</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>Provider ID: 276490          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          6010 HIDDEN VALLEY RD STE          200          CARLSBAD, CA 92011-4219          Phone: (760) 631-3000          Fax: (760) 631-3007          After Hours Phone: (760)          631-3000          Provider Gender: Female          License number: 20A18259          NPI: 1184011363          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Tri City          Medical Ctr, Palomar Health,          Palomar Medical Center,          Scripps Memorial Hospital          Encinitas, Scripps Mercy          Hospital Chula Vista          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p><b>QUESNELL, TARA A</b>          Provider ID: 109393          Board Certified Specialty: No          NORTH COUNTY NEUROLOGY          ASSOCS MED GRP          6010 HIDDEN VALLEY RD STE          200          CARLSBAD, CA 92011-4219          Phone: (760) 631-3000          Fax:          After Hours Phone: (760)          631-3000          Provider Gender: Female          License number: 20A13609          NPI: 1619288172          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Tri City          Medical Ctr, Scripps Memorial          Hospital Encinitas, Palomar          Medical Center, Pomerado          Hospital          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-F 7:30AM-4:30PM, SA          9AM-5PM          Website: www.neurocenter.com          Email:</p>	<p>Medical Group(s):          IPA: Community Care Ipa Llc    <b>QUESNELL, TARA A</b>          Provider ID: 109393          Board Certified Specialty: Yes          NORTH COUNTY NEUROLOGY          ASSOCS MED GRP          6010 HIDDEN VALLEY RD STE          200          CARLSBAD, CA 92011-4219          Phone: (760) 631-3000          Fax: (760) 631-3016          After Hours Phone: (760)          631-3000          Provider Gender: Female          License number: 20A13609          NPI: 1619288172          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Tri City          Medical Ctr, Scripps Memorial          Hospital Encinitas, Palomar          Medical Center, Palomar Health          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Website:</i>	<i>Hours: M-F 7:30AM-4:30PM, SA</i>
<i>Medical Group(s):</i>	<i>Email:</i>	<i>9AM-5PM</i>
<i>IPA: Community Care Ipa Llc</i>	<i>Medical Group(s):</i>	<i>Website: www.neurocenter.com</i>
	<i>IPA: Community Care Ipa Llc</i>	<i>Email:</i>
<b>ROSENBERG, JAY H</b>	<b>SADOFF, MARK N</b>	<i>Medical Group(s):</i>
<i>Provider ID: 31935</i>	<i>Provider ID: 40012</i>	<i>IPA: Community Care Ipa Llc</i>
<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>	<b>SADOFF, MARK N , MD</b>
<i>NORTH COUNTY NEUROLOGY</i>	<i>NORTH COUNTY NEUROLOGY</i>	<i>Provider ID: 40012</i>
<i>ASSOCS MED GRP</i>	<i>ASSOCS MED GRP</i>	<i>Board Certified Specialty: Yes</i>
<i>6010 HIDDEN VALLEY RD STE</i>	<i>6010 HIDDEN VALLEY RD STE</i>	<i>NORTH COUNTY NEUROLOGY</i>
<i>200</i>	<i>200</i>	<i>ASSOCS MED GRP</i>
<i>CARLSBAD, CA 92011-4219</i>	<i>CARLSBAD, CA 92011-4219</i>	<i>6010 HIDDEN VALLEY RD STE</i>
<i>Phone: (760) 631-3000</i>	<i>Phone: (760) 631-3000</i>	<i>200</i>
<i>Fax: (760) 631-3016</i>	<i>Fax: (760) 631-3016</i>	<i>CARLSBAD, CA 92011-4219</i>
<i>After Hours Phone: (760)</i>	<i>After Hours Phone: (760)</i>	<i>Phone: (760) 631-3000</i>
<i>631-3000</i>	<i>631-3000</i>	<i>Fax: (760) 631-3016</i>
<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>	<i>After Hours Phone: (760)</i>
<i>License number: G17059</i>	<i>License number: G42818</i>	<i>631-3000</i>
<i>NPI: 1609804848</i>	<i>NPI: 1497784946</i>	<i>Provider Gender: Male</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>License number: G42818</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>NPI: 1497784946</i>
<i>Spanish</i>	<i>Spanish</i>	<i>Provider English Spoken: Yes</i>
<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>	<i>Provider Language(s) Spoken:</i>
<i>Hospital Affiliation: Tri City</i>	<i>Hospital Affiliation: Tri City</i>	<i>Spanish</i>
<i>Medical Ctr, Scripps Memorial</i>	<i>Medical Ctr, Pomerado</i>	<i>Cultural Competency: No</i>
<i>Hospital Encinitas, Riverside</i>	<i>Hospital, Scripps Memorial</i>	<i>Hospital Affiliation: Tri City</i>
<i>Community Hosp</i>	<i>Hospital Encinitas, Palomar</i>	<i>Medical Ctr, Pomerado</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Medical Center</i>	<i>Hospital, Scripps Memorial</i>
<i>Min/Max Age: 0/999</i>	<i>Medi-Cal Open Panel: No</i>	<i>Hospital Encinitas, Palomar</i>
<i>American Sign Language (ASL):</i>	<i>Min/Max Age: None</i>	<i>Medical Center</i>
<i>No</i>	<i>American Sign Language (ASL):</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>♿ Accessibility:</i>	<i>No</i>	<i>Min/Max Age: 0/999</i>
<i>Hours: M-F 7:30AM-4:30PM, SA</i>	<i>♿ Accessibility: W</i>	<i>American Sign Language (ASL):</i>
<i>9AM-5PM</i>		

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

No	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
♿ Accessibility:	Min/Max Age: 0/999	Min/Max Age: 0/999
Hours: M-F 8AM-5PM, SA 9AM-5PM	American Sign Language (ASL): No	American Sign Language (ASL): No
Website:	♿ Accessibility:	♿ Accessibility:
Email:	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
Medical Group(s):	Website:	Website:
IPA: Community Care Ipa Llc	Email:	Email:
<b>SAHAGIAN, GREGORY A , MD</b>	Medical Group(s):	Medical Group(s):
Provider ID: 65995	IPA: Community Care Ipa Llc	IPA: Community Care Ipa Llc
Board Certified Specialty: No COMMUNITY CARE IPA LLC 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011-4219 Phone: (760) 631-3000 Fax: (760) 631-3016 After Hours Phone: (760) 631-3000 Provider Gender: Male License number: A62263 NPI: 1831132109 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center, Rady Childrens Hospital San Diego	<b>SCHIM, JACK D , MD</b> Provider ID: 52446 Board Certified Specialty: Yes NORTH COUNTY NEUROLOGY ASSOCS MED GRP 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011-4219 Phone: (760) 631-3000 Fax: (760) 631-3016 After Hours Phone: (760) 631-3000 Provider Gender: Male License number: G48807 NPI: 1346276375 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr	<b>SCHIM, JACK D</b> Provider ID: 52446 Board Certified Specialty: No NORTH COUNTY NEUROLOGY ASSOCS MED GRP 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011-4219 Phone: (760) 631-3000 Fax: (760) 631-3016 After Hours Phone: (760) 631-3000 Provider Gender: Male License number: G48807 NPI: 1346276375 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            No            Accessability: W            Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM            Website: www.neurocenter.com            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Hospital, Palomar Medical Center            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            Accessability: W            Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM            Website: www.neurocenter.com            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessability:            Hours: M,TH,F 8AM-5PM, TU,W,SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>
<p><b>WANG, ANCHI</b>            Provider ID: 52465            Board Certified Specialty: No            NORTH COUNTY NEUROLOGY ASSOCS MED GRP            6010 HIDDEN VALLEY RD STE 200            CARLSBAD, CA 92011-4219            Phone: (760) 631-3000            Fax: (760) 631-3016            After Hours Phone: (760) 631-3000            Provider Gender: Female            License number: A79381            NPI: 1093744542            Provider English Spoken: Yes            Provider Language(s) Spoken: Mandarin, Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado</p>	<p><b>WANG, ANCHI, MD</b>            Provider ID: 52465            Board Certified Specialty: No            NORTH COUNTY NEUROLOGY ASSOCS MED GRP            6010 HIDDEN VALLEY RD STE 200            CARLSBAD, CA 92011-4219            Phone: (760) 631-3000            Fax: (760) 631-3016            After Hours Phone: (760) 631-3000            Provider Gender: Female            License number: A79381            NPI: 1093744542            Provider English Spoken: Yes            Provider Language(s) Spoken: Mandarin, Spanish            Cultural Competency: No            Hospital Affiliation: Scripps</p>	<p><b>WANG, CHUNYANG T</b>            Provider ID: 84398            Board Certified Specialty: No            NORTH COUNTY NEUROLOGY ASSOCS MED GRP            6010 HIDDEN VALLEY RD STE 200            CARLSBAD, CA 92011-4219            Phone: (760) 631-3000            Fax: (760) 631-3007            After Hours Phone: (760) 631-3000            Provider Gender: Female            License number: A105660            NPI: 1386890770            Provider English Spoken: Yes            Provider Language(s) Spoken: Mandarin, Spanish</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Health, Scripps Memorial Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 🗑️ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **WANG, CHUNYANG T**

*Provider ID:* 84398  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3007  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* A105660  
*NPI:* 1386890770

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Health, Scripps Memorial Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 🗑️ *Accessibility:* W  
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM  
*Website:* www.neurocenter.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NEUROMUSCULAR MEDICINE**

### **SAHAGIAN, GREGORY A**

*Provider ID:* 94241  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219

*Phone:* (760) 631-3000  
*Fax:*  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* A62263  
*NPI:* 1831132109  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health, Palomar Medical Center, Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Tri City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

🗑️ *Accessibility:* W  
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM  
*Website:* www.neurocenter.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **OTOLARYNGOLOGY**

### **CALZADA, AUDREY P**

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## D. Directorio de proveedores de atención especializada

*Provider ID:* 289990  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2390 FARADAY AVE  
 CARLSBAD, CA 92008-7216  
*Phone:* (858) 909-0770  
*Fax:* (858) 909-0880  
*After Hours Phone:* (858) 909-0770  
*Provider Gender:* Female  
*License number:* A107965  
*NPI:* 1619113230  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DONALDSON, CHADWICK J ,**

**MD**  
*Provider ID:* 268146  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2390 FARADAY AVE  
 CARLSBAD, CA 92008-7216  
*Phone:* (858) 909-0770  
*Fax:* (858) 909-0880  
*After Hours Phone:* (858) 909-0770  
*Provider Gender:* Male  
*License number:* A84567  
*NPI:* 1891743910  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Temecula Valley Hospital Inc, Scripps Memorial Hospital, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**MEHTA, RITVIK P**  
*Provider ID:* 293511  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2390 FARADAY AVE  
 CARLSBAD, CA 92008-7216  
*Phone:* (858) 909-0770  
*Fax:* (858) 909-0880  
*After Hours Phone:* (858) 909-0770  
*Provider Gender:* Male  
*License number:* A93336  
*NPI:* 1245393586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Sindhi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<b>PHYSICAL MEDICINE / REHABILITATION</b>	TU,TH,SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
<p><b>MADHAV, SANDIP J , MD</b>  <i>Provider ID:</i> 256381  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            6010 HIDDEN VALLEY RD STE            200            CARLSBAD, CA 92011-4219  <i>Phone:</i> (760) 631-3000  <i>Fax:</i> (760) 631-3016  <i>After Hours Phone:</i> (760)            631-3000  <i>Provider Gender:</i> Male  <i>License number:</i> A128918  <i>NPI:</i> 1780903492  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Gujarati  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Memorial Hospital Encinitas,            Scripps Memorial Hospital, Tri            City Medical Ctr, Scripps Green            Hospital, Palomar Medical            Center, Pomerado Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/200  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M,W,F 8AM-4PM,</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Ihp Of Southern California</p>
	<p><b>TAHAEI, SEYED A</b>  <i>Provider ID:</i> 295867  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN            CALIFORNIA            6010 HIDDEN VALLEY RD STE            110            CARLSBAD, CA 92011-4219  <i>Phone:</i> (760) 607-5350  <i>Fax:</i> (760) 607-5365  <i>After Hours Phone:</i> (760)            607-5350  <i>Provider Gender:</i> Male  <i>License number:</i> A133899  <i>NPI:</i> 1275845133  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Farsi  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital Chula Vista,            Scripps Mercy Hospital,            Palomar Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i></p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>HEINEN, JOHN P , NPA</b>  <i>Provider ID:</i> 241051  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            6010 HIDDEN VALLEY RD STE            200            CARLSBAD, CA 92011-4219  <i>Phone:</i> (760) 631-3000  <i>Fax:</i> (760) 631-3016  <i>After Hours Phone:</i> (760)            631-3000  <i>Provider Gender:</i> Male  <i>License number:</i> PA10565  <i>NPI:</i> 1427096643  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M,W-SA 9AM-5PM, TU            1:30PM-3:30PM</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Website:	IPA: Community Care Ipa Llc	COMMUNITY CARE IPA LLC
Email:		6010 HIDDEN VALLEY RD STE
Medical Group(s):	<b>HUANG, STEPHANIE K</b>	200
IPA: Community Care Ipa Llc	Provider ID: 294240	CARLSBAD, CA 92011-4219
<b>HERMANSON, KATHLEEN H , NPA</b>	Board Certified Specialty: No	Phone: (760) 631-3000
Provider ID: 269004	COMMUNITY CARE IPA LLC	Fax: (760) 631-3016
Board Certified Specialty: No	6010 HIDDEN VALLEY RD STE	After Hours Phone: (760)
COMMUNITY CARE IPA LLC	200	631-3000
6010 HIDDEN VALLEY RD STE	CARLSBAD, CA 92011-4219	Provider Gender: Male
200	Phone: (760) 631-3000	License number: PA19207
CARLSBAD, CA 92011-4219	Fax: (760) 631-3007	NPI: 1497950208
Phone: (760) 631-3000	After Hours Phone: (760)	Provider English Spoken: Yes
Fax: (760) 631-3016	631-3000	Provider Language(s) Spoken:
After Hours Phone: (760)	Provider Gender: Female	Cultural Competency: No
631-3000	License number: PA21008	Hospital Affiliation:
Provider Gender: Female	NPI: 1073826210	Medi-Cal Open Panel: Yes
License number: PA51880	Provider English Spoken: Yes	Min/Max Age: 0/999
NPI: 1598160343	Provider Language(s) Spoken:	American Sign Language (ASL):
Provider English Spoken: Yes	Cultural Competency: No	No
Provider Language(s) Spoken:	Hospital Affiliation:	♿ Accessibility:
Cultural Competency: No	Medi-Cal Open Panel: Yes	Hours: M-F 8AM-5PM, SA
Hospital Affiliation:	Min/Max Age: 0/999	9AM-5PM
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	Website:
Min/Max Age: 0/999	No	Email:
American Sign Language (ASL):	♿ Accessibility:	Medical Group(s):
No	Hours: M,TU,TH-SA 9AM-5PM,	IPA: Community Care Ipa Llc
♿ Accessibility:	W 8AM-5PM	
Hours: M-F 8AM-4PM, SA	Website:	<b>LEE, JISOO</b>
9AM-5PM	Email:	Provider ID: 289451
Website:	Medical Group(s):	Board Certified Specialty: No
Email:	IPA: Community Care Ipa Llc	COMMUNITY CARE IPA LLC
Medical Group(s):		6010 HIDDEN VALLEY RD STE
	<b>INOCELDA, ANDREW G , NPA</b>	200
	Provider ID: 269089	CARLSBAD, CA 92011-4219
	Board Certified Specialty: No	

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## D. Directorio de proveedores de atención especializada

Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 License number: PA60693  
 NPI: 1891456885  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/200  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **PADDOCK, DIANA L**

Provider ID: 295967  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008-1950

Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Provider Gender: Female  
 License number: PA52175  
 NPI: 1447657804  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California, Ucsd Medical Group

### **PULMONARY DISEASES**

### **HSING, ANDREW Y**

Provider ID: 125301  
 Board Certified Specialty: No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP

6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Male  
 License number: A127271  
 NPI: 1790769131  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **RADIOLOGY DIAGNOSTIC**

#### **X-RAY**

### **BIGONI, BRIAN J**

Provider ID: 26550  
 Board Certified Specialty: No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

CARLSBAD IMAGING CTR  
6010 HIDDEN VALLEY RD STE  
125  
CARLSBAD, CA 92011-4219  
Phone: (760) 730-3536  
Fax: (760) 720-4833  
After Hours Phone: (760)  
730-3536  
Provider Gender: Male  
License number: A55249  
NPI: 1083713002  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Scripps Green Hospital,  
Providence Mission Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
<https://carlsbadimaging.com/>  
Email:  
Medical Group(s):  
IPA:

**MAGHSOUDY, AFSANEH**  
Provider ID: 27175

Board Certified Specialty: No  
CARLSBAD IMAGING CTR  
6010 HIDDEN VALLEY RD STE  
125  
CARLSBAD, CA 92011-4219  
Phone: (760) 730-3536  
Fax: (760) 720-4833  
After Hours Phone: (760)  
730-3536  
Provider Gender: Female  
License number: A60622  
NPI: 1386742401  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
<https://carlsbadimaging.com/>  
Email:  
Medical Group(s):  
IPA:

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**REGISTERED PHYSICAL  
THERAPIST**

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**ALABY, AMY L**  
Provider ID: 269217  
Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
3070 MADISON ST  
CARLSBAD, CA 92008-2310  
Phone: (760) 591-7750  
Fax:  
After Hours Phone: (760)  
591-7750  
Provider Gender: Female  
License number: PT42087  
NPI: 1003202862  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**AMBROSE, CHRISTOPHER S**  
Provider ID: 248010  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3070 MADISON ST  
CARLSBAD, CA 92008-2310

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 434-6100  
 Fax: (760) 471-5139  
 After Hours Phone: (760) 591-7750  
 Provider Gender: Male  
 License number: PT26311  
 NPI: 1114977535  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 8/125  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M,W,F 7AM-7PM, TU,TH  
 7AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BAKER, LISA J**

Provider ID: 269094  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3070 MADISON ST  
 CARLSBAD, CA 92008-2310  
 Phone: (760) 591-7750  
 Fax:  
 After Hours Phone: (760) 591-7750  
 Provider Gender: Female

License number: PT22824  
 NPI: 1346200045  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BOUTELLE, BARBARA J**

Provider ID: 246318  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3070 MADISON ST  
 CARLSBAD, CA 92008-2310  
 Phone: (760) 434-6100  
 Fax: (760) 471-5139  
 After Hours Phone: (760) 434-6100  
 Provider Gender: Female  
 License number: PT12716  
 NPI: 1437107711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M,W,F 7AM-7PM, TU,TH  
 7AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BOUTELLE, DAVID C**

Provider ID: 248307  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3070 MADISON ST  
 CARLSBAD, CA 92008-2310  
 Phone: (760) 434-6100  
 Fax: (760) 471-5139  
 After Hours Phone: (760) 434-6100  
 Provider Gender: Male  
 License number: PT12422  
 NPI: 1063461101  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **MC GEE, JACQUELINE M**

Provider ID: 252472

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3070 MADISON ST

CARLSBAD, CA 92008-2310

Phone: (760) 434-6100

Fax: (760) 434-4583

After Hours Phone: (760)

434-6100

Provider Gender: Female

License number: PT294790

NPI: 1194217133

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 8/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 7AM-6PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **OLIVEROS, YUNNUEN**

Provider ID: 277464

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3070 MADISON ST

CARLSBAD, CA 92008-2310

Phone: (760) 434-6100

Fax: (760) 434-4583

After Hours Phone: (760)

434-6100

Provider Gender: Female

License number: PT294386

NPI: 1295234987

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M,F 7AM-7PM, TU-TH

7AM-5PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

Provider ID: 110723

Board Certified Specialty: No

UCSD MEDICAL GROUP

6010 HIDDEN VALLEY RD STE  
200

CARLSBAD, CA 92011-4219

Phone: (619) 543-5540

Fax:

After Hours Phone: (619)

543-5540

Provider Gender: Female

License number: A124866

NPI: 1942469663

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hebrew, Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SURGERY NEUROLOGICAL**

### **BEN-HAIM, SHARONA**

### **BEN-HAIM, SHARONA**

Provider ID: 244069

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011-4219 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Female <i>License number:</i> A124866 <i>NPI:</i> 1942469663 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Hebrew, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>BLASKIEWICZ, DONALD J</b> <i>Provider ID:</i> 270283 <i>Board Certified Specialty:</i> No</p>	<p>UCSD MEDICAL GROUP 6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011-4219 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> A109748 <i>NPI:</i> 1215176839 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>OLSON, SCOTT E</b> <i>Provider ID:</i> 244056 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP</p>	<p>6010 HIDDEN VALLEY RD STE 200 CARLSBAD, CA 92011-4219 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> A83715 <i>NPI:</i> 1376568659 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>PHAM, MARTIN H</b> <i>Provider ID:</i> 127139 <i>Board Certified Specialty:</i> No</p>
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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
Phone: (619) 543-5540  
Fax:  
After Hours Phone: (619)  
543-5540  
Provider Gender: Male  
License number: A121590  
NPI: 1609130921  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### PHAM, MARTIN H

Provider ID: 203510  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
6010 HIDDEN VALLEY RD STE  
200

CARLSBAD, CA 92011-4219  
Phone: (619) 543-5540  
Fax:  
After Hours Phone: (619)  
543-5540  
Provider Gender: Male  
License number: A121590  
NPI: 1609130921  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### TUNG, HOWARD

Provider ID: 244085  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: G58235  
NPI: 1538153341  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Scripps Green Hospital, Tri City  
Medical Ctr, Palomar Medical  
Center, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

## CHULA VISTA

### ANESTHESIOLOGY PAIN MANAGEMENT

## BAUMGARTL, WILLIAM H

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Provider ID:* 295860  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 344 F ST STE 203  
 CHULA VISTA, CA 91910-2646  
*Phone:* (858) 571-3630  
*Fax:* (858) 295-3948  
*After Hours Phone:* (858) 571-3630  
*Provider Gender:* Male  
*License number:* G67802  
*NPI:* 1528004496  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Marinhealth And Marinhealth Medical Center, Methodist Hosp Of Sacramento, Uc Davis Medical Ctr, St Josephs Med Center Of Stockton, San Leandro Hospital, Sutter Delta Medical Center, Eden Medical Center, Adventist Health Lodi Memorial  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8:30AM-5PM, SA 8AM-4:30PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California  
**FISHER, CASEY J**  
*Provider ID:* 204415  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 374 H ST STE 103  
 CHULA VISTA, CA 91910-5547  
*Phone:* (619) 625-1144  
*Fax:*  
*After Hours Phone:* (619) 625-1144  
*Provider Gender:* Male  
*License number:* A118592  
*NPI:* 1275780686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Palomar Health, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 9AM-4PM, SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California  
**GLASSER, MARGA R**  
*Provider ID:* 295901  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 2452 FENTON ST STE C203  
 CHULA VISTA, CA 91914-3599  
*Phone:* (619) 600-5309  
*Fax:* (619) 655-4700  
*After Hours Phone:* (619) 600-5309  
*Provider Gender:* Female  
*License number:* A134166  
*NPI:* 1407298789  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc,  
Ihp Of Southern California

### **GLASSER, MARGA R**

Provider ID: 295902  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
2452 FENTON ST STE C101  
CHULA VISTA, CA 91914-3599  
Phone: (619) 600-5309  
Fax: (619) 655-4700  
After Hours Phone: (619) 600-5309  
Provider Gender: Female  
License number: A134166  
NPI: 1407298789  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Ihp Of Southern California

### **NAVARRO, ROSA M**

Provider ID: 262220  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
2452 FENTON ST STE C101  
CHULA VISTA, CA 91914-3599  
Phone: (619) 600-5309  
Fax: (619) 655-4700  
After Hours Phone: (619) 600-5309  
Provider Gender: Female  
License number: C53858  
NPI: 1083691802  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA: Community Care Ipa Llc,  
Ihp Of Southern California,  
Imperial Health Holdings  
Medical Group-Sd

### **NAVARRO, ROSA M**

Provider ID: 262221  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
2452 FENTON ST STE C203  
CHULA VISTA, CA 91914-3599  
Phone: (619) 600-5309  
Fax: (619) 655-4700  
After Hours Phone: (619) 600-5309  
Provider Gender: Female  
License number: C53858  
NPI: 1083691802  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

9AM-5PM	No	Medi-Cal Open Panel: Yes
Website:	♿ Accessibility:	Min/Max Age: 0/999
Email:	Hours: M-F 8AM-5PM, SA	American Sign Language (ASL):
Medical Group(s):	9AM-5PM	No
IPA: Community Care Ipa Llc,	Website:	♿ Accessibility:
Ihp Of Southern California,	Email:	Hours: M-F 8AM-5PM, SA
Imperial Health Holdings	Medical Group(s):	9AM-5PM
Medical Group-Sd	IPA: Community Care Ipa Llc,	Website:
	Ihp Of Southern California,	Email:
	Imperial Health Holdings	Medical Group(s):
	Medical Group-Sd	IPA: Community Care Ipa Llc,
		Ihp Of Southern California,
		Imperial Health Holdings
		Medical Group-Sd
<b>NAVARRO, ROSA M , MD</b>	<b>NAVARRO, ROSA M , MD</b>	<b>NAVARRO, ROSA M</b>
Provider ID: 268792	Provider ID: 268793	Provider ID: 290552
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC	IHP OF SOUTHERN
2452 FENTON ST STE C101	2452 FENTON ST STE C203	CALIFORNIA
CHULA VISTA, CA 91914-3599	CHULA VISTA, CA 91914-3599	2452 FENTON ST STE C101
Phone: (619) 600-5309	Phone: (619) 600-5309	CHULA VISTA, CA 91914-3599
Fax: (619) 655-4700	Fax: (619) 655-4700	Phone: (619) 600-5309
After Hours Phone: (619)	After Hours Phone: (619)	Fax: (619) 655-4700
600-5309	600-5309	After Hours Phone: (619)
Provider Gender: Female	Provider Gender: Female	600-5309
License number: C53858	License number: C53858	Provider Gender: Female
NPI: 1083691802	NPI: 1083691802	License number: C53858
Provider English Spoken: Yes	Provider English Spoken: Yes	NPI: 1083691802
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider English Spoken: Yes
Spanish	Spanish	Provider Language(s) Spoken:
Cultural Competency: No	Cultural Competency: No	Spanish
Hospital Affiliation: Sharp Chula	Hospital Affiliation: Sharp Chula	Cultural Competency: No
Vista Med Ctr, Paradise Valley	Vista Med Ctr, Paradise Valley	Hospital Affiliation: Sharp Chula
Hospital, Scripps Mercy	Hospital, Scripps Mercy	
Hospital Chula Vista, Scripps	Hospital Chula Vista, Scripps	
Mercy Hospital	Mercy Hospital	
Medi-Cal Open Panel: Yes		
Min/Max Age: 0/999		
American Sign Language (ASL):		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd	<i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital <i>Provider Language(s) Spoken:</i> Italian, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 16/999 <i>American Sign Language (ASL):</i> No ♿ Accessibility: <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd	<i>License number:</i> A92149 <i>NPI:</i> 1477525657 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Italian, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No ♿ Accessibility: <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc
<b>NAVARRO, ROSA M</b> <i>Provider ID:</i> 296021 <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 2452 FENTON ST STE C203 CHULA VISTA, CA 91914-3599 <i>Phone:</i> (619) 600-5309 <i>Fax:</i> (619) 655-4700 <i>After Hours Phone:</i> (619) 600-5309 <i>Provider Gender:</i> Female <i>License number:</i> C53858 <i>NPI:</i> 1083691802 <i>Provider English Spoken:</i> Yes	<b>VERDOLIN, MICHAEL H , MD</b> <i>Provider ID:</i> 257923 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 2452 FENTON ST STE 205 CHULA VISTA, CA 91914-4551 <i>Phone:</i> (619) 625-1144 <i>Fax:</i> (619) 271-4060 <i>After Hours Phone:</i> (619) 625-1144 <i>Provider Gender:</i> Male	<hr/> <b>ANESTHESIOLOGY</b> <hr/> <b>LEE, INSUN</b> <i>Provider ID:</i> 295919 <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 344 F ST STE 203

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

CHULA VISTA, CA 91910-2646  
 Phone: (858) 571-3630  
 Fax: (858) 295-3948  
 After Hours Phone: (858) 571-3630  
 Provider Gender: Female  
 License number: A119066  
 NPI: 1447499199  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-TH 8:30AM-4:30PM, F 8AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### CARDIOLOGY

#### AIZIN, VITALI

Provider ID: 103813  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 321 E ST STE A

CHULA VISTA, CA 91910-2667  
 Phone: (619) 934-3260  
 Fax: (619) 934-3268  
 After Hours Phone: (619) 934-3260  
 Provider Gender: Male  
 License number: A82761  
 NPI: 1366545733  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Lithuanian  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/100  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

#### AIZIN, VITALI

Provider ID: 295829  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 321 E ST STE A  
 CHULA VISTA, CA 91910-2667  
 Phone: (619) 934-3260  
 Fax: (619) 934-3268  
 After Hours Phone: (619) 934-3260  
 Provider Gender: Male  
 License number: A82761  
 NPI: 1366545733  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Lithuanian  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>IPA: Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p> <p><b>BERMAN, BRETT J , MD</b>  <i>Provider ID:</i> 268466  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  321 E ST STE A  CHULA VISTA, CA 91910-2667  <i>Phone:</i> (619) 934-3260  <i>Fax:</i> (619) 934-3268  <i>After Hours Phone:</i> (619) 934-3260  <i>Provider Gender:</i> Male  <i>License number:</i> A78854  <i>NPI:</i> 1457446684  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p> <p><b>BERMAN, BRETT J</b>  <i>Provider ID:</i> 295826  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  321 E ST STE A  CHULA VISTA, CA 91910-2667  <i>Phone:</i> (619) 934-3260  <i>Fax:</i> (619) 934-3268  <i>After Hours Phone:</i> (619) 934-3260  <i>Provider Gender:</i> Male  <i>License number:</i> A78854  <i>NPI:</i> 1457446684  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p> <p><b>BERMAN, BRETT J</b>  <i>Provider ID:</i> 35528  <i>Board Certified Specialty:</i> No  IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  321 E ST STE A  CHULA VISTA, CA 91910-2667  <i>Phone:</i> (619) 934-3260  <i>Fax:</i> (619) 934-3268  <i>After Hours Phone:</i> (619) 934-3260  <i>Provider Gender:</i> Male  <i>License number:</i> A78854  <i>NPI:</i> 1457446684  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps</p>
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## D. Directorio de proveedores de atención especializada

<p>Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><b>♿ Accessibility:</b></p> <p><i>Hours:</i> M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>	<p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><b>♿ Accessibility:</b> W</p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic, German, Russian, Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><b>♿ Accessibility:</b></p> <p><i>Hours:</i> M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California</p>
<p><b>CEPIN, DANIEL, MD</b></p> <p><i>Provider ID:</i> 268781</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>890 EASTLAKE PKWY STE 205</p> <p>CHULA VISTA, CA 91914-4521</p> <p><i>Phone:</i> (619) 482-0300</p> <p><i>Fax:</i> (619) 482-0959</p> <p><i>After Hours Phone:</i> (619) 482-0300</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G52521</p> <p><i>NPI:</i> 1053320556</p>	<p><b>KAFRI, HASSAN, MD</b></p> <p><i>Provider ID:</i> 265196</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>429 BROADWAY</p> <p>CHULA VISTA, CA 91910-4320</p> <p><i>Phone:</i> (619) 434-0204</p> <p><i>Fax:</i> (619) 337-0191</p> <p><i>After Hours Phone:</i> (619) 434-0204</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A96002</p> <p><i>NPI:</i> 1730258401</p>	<p><b>KAFRI, HASSAN</b></p> <p><i>Provider ID:</i> 295936</p> <p><i>Board Certified Specialty:</i> No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>429 BROADWAY</p> <p>CHULA VISTA, CA 91910-4320</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (619) 434-0204	IHP OF SOUTHERN CALIFORNIA	CALIFORNIA
Fax: (619) 337-0191	CALIFORNIA	754 MEDICAL CENTER CT STE
After Hours Phone: (619) 434-0204	754 MEDICAL CENTER CT STE 101	101
Provider Gender: Male	CHULA VISTA, CA 91911-6655	CHULA VISTA, CA 91911-6655
License number: A96002	Phone: (619) 434-4288	Phone: (619) 434-4288
NPI: 1730258401	Fax: (619) 434-4315	Fax: (619) 434-4315
Provider English Spoken: Yes	After Hours Phone: (619) 434-4288	After Hours Phone: (619) 434-4288
Provider Language(s) Spoken: Arabic, German, Russian, Spanish	Provider Gender: Male	Provider Gender: Female
Cultural Competency: No	License number: A121180	License number: A125595
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr	NPI: 1336378371	NPI: 1295007144
Medi-Cal Open Panel: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Min/Max Age: 0/999	Provider Language(s) Spoken: Korean, Spanish	Provider Language(s) Spoken: Spanish, Vietnamese
American Sign Language (ASL): No	Cultural Competency: No	Cultural Competency: No
Ⓜ Accessibility: Hours: M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM	Hospital Affiliation: Sharp Chula Vista Med Ctr	Hospital Affiliation: Sharp Chula Vista Med Ctr
Website:	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Email:	Min/Max Age: 0/999	Min/Max Age: 0/999
Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California	American Sign Language (ASL): No	American Sign Language (ASL): No
	Ⓜ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM	Ⓜ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM
	Website:	Website:
	Email:	Email:
	Medical Group(s): IPA: Ihp Of Southern California	Medical Group(s): IPA: Ihp Of Southern California
<b>KIM, JAMES T</b>	<b>LY, NANCY L</b>	<b>MOHAMEDALI, BURHAN, MD</b>
Provider ID: 295776	Provider ID: 295688	Provider ID: 245576
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
	IHP OF SOUTHERN CALIFORNIA	COMMUNITY CARE IPA LLC

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911-6600 Phone: (619) 616-2100 Fax: (619) 616-2104 After Hours Phone: (619) 616-2100 Provider Gender: Male License number: A125669 NPI: 1831393289 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Swahili Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	CHULA VISTA, CA 91910-4414 Phone: (619) 656-5252 Fax: (619) 656-5250 After Hours Phone: (619) 656-5252 Provider Gender: Male License number: A40640 NPI: 1619080041 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M,W-F 9AM-6PM, TU 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Imperial Health Holdings Medical Group-Sd	765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911-6600 Phone: (619) 616-2100 Fax: (619) 616-2104 After Hours Phone: (619) 616-2100 Provider Gender: Male License number: 20A7241 NPI: 1689788234 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 16/120 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California
<b>MONDRAGON, GUSTAVO A</b> Provider ID: 34939 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 480 4TH AVE STE 500	<b>MOUSSAVIAN, MEHRAN, MD</b> Provider ID: 242263 Board Certified Specialty: No COMMUNITY CARE IPA LLC	

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## D. Directorio de proveedores de atención especializada

### **MOUSSAVIAN, MEHRAN**

*Provider ID:* 290669  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 765 MEDICAL CENTER CT STE 211  
 CHULA VISTA, CA 91911-6600  
*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Male  
*License number:* 20A7241  
*NPI:* 1689788234  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

### **NAGHI, JESSE J , MD**

*Provider ID:* 247625  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 752 MEDICAL CENTER CT STE 207  
 CHULA VISTA, CA 91911-6660  
*Phone:* (619) 867-0557  
*Fax:* (619) 867-0558  
*After Hours Phone:* (619) 867-0557  
*Provider Gender:* Male  
*License number:* A110094  
*NPI:* 1386896736  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Bulgarian, Russian, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Alvarado Hospital Llc, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NARAYANAN, MEENA R , MD**

*Provider ID:* 247694  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 765 MEDICAL CENTER CT STE 211  
 CHULA VISTA, CA 91911-6600  
*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Female  
*License number:* A113448  
*NPI:* 1508170697  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

No	♿ <i>Accessibility:</i>	<i>Hours:</i> M-F 8:30AM-5PM, SA
♿ <i>Accessibility:</i>	<i>Hours:</i> M-F 8AM-6PM, SA	9AM-5PM
<i>Hours:</i> M-F 8AM-5PM, SA	9AM-5PM	<i>Website:</i>
9AM-5PM	<i>Website:</i>	<i>Email:</i>
<i>Website:</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc,
<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc,	Ihp Of Southern California
<i>IPA:</i> Community Care Ipa Llc	Ihp Of Southern California	
<b>PARIKH, MILIND D</b>	<b>PONCE, SONIA G</b>	<b>RUTLEDGE, MICHAEL R</b>
<i>Provider ID:</i> 268745	<i>Provider ID:</i> 268702	<i>Provider ID:</i> 268763
<i>Board Certified Specialty:</i> Yes	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC
765 MEDICAL CENTER CT STE	450 4TH AVE STE 215	751 MEDICAL CENTER CT
211	CHULA VISTA, CA 91910-4428	CHULA VISTA, CA 91911-6617
CHULA VISTA, CA 91911-6600	<i>Phone:</i> (619) 434-0204	<i>Phone:</i> (619) 502-5851
<i>Phone:</i> (619) 616-2100	<i>Fax:</i> (619) 337-0191	<i>Fax:</i>
<i>Fax:</i> (619) 616-2104	<i>After Hours Phone:</i> (619)	<i>After Hours Phone:</i> (619)
<i>After Hours Phone:</i> (619)	434-0204	502-5851
616-2100	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Male
<i>Provider Gender:</i> Male	<i>License number:</i> A145008	<i>License number:</i> C166106
<i>License number:</i> 20A13745	<i>NPI:</i> 1164659033	<i>NPI:</i> 1265624167
<i>NPI:</i> 1194161406	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	Spanish
Gujarati, Hindi, Spanish	<i>Hospital Affiliation:</i> Scripps	<i>Cultural Competency:</i> No
<i>Cultural Competency:</i> No	Memorial Hospital, Scripps	<i>Hospital Affiliation:</i> Sharp Chula
<i>Hospital Affiliation:</i> Sharp Chula	Mercy Hospital Chula Vista,	Vista Med Ctr
Vista Med Ctr, Sharp Grossmont	Scripps Mercy Hospital	<i>Medi-Cal Open Panel:</i> Yes
Hospital	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/999
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>	No
<i>American Sign Language (ASL):</i>	No	♿ <i>Accessibility:</i>
No	♿ <i>Accessibility:</i>	<i>Hours:</i> M-SA 9AM-5PM
		<i>Website:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	No	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Medical Group(s):</i>	♿ <i>Accessibility:</i>	9AM-5PM
<i>IPA:</i> Community Care Ipa Llc	<i>Hours:</i> M-F 8:30AM-5PM, SA	<i>Website:</i>
<b>SHEREV, DIMITRI A , MD</b>	9AM-5PM	<i>Email:</i>
<i>Provider ID:</i> 268950	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Board Certified Specialty:</i> No	<i>Email:</i>	<i>IPA:</i> Community Care Ipa Llc
COMMUNITY CARE IPA LLC	<i>Medical Group(s):</i>	<b>SUDHAKAR, DEEPTHI</b>
752 MEDICAL CENTER CT STE	<i>IPA:</i> Community Care Ipa Llc	<i>Provider ID:</i> 295846
207	<b>SHETABI, KAMBIZ</b>	<i>Board Certified Specialty:</i> No
CHULA VISTA, CA 91911-6660	<i>Provider ID:</i> 268772	IHP OF SOUTHERN
<i>Phone:</i> (619) 867-0557	<i>Board Certified Specialty:</i> No	CALIFORNIA
<i>Fax:</i> (619) 867-0558	COMMUNITY CARE IPA LLC	765 MEDICAL CENTER CT STE
<i>After Hours Phone:</i> (619)	765 MEDICAL CENTER CT STE	211
867-0557	211	CHULA VISTA, CA 91911-6600
<i>Provider Gender:</i> Male	CHULA VISTA, CA 91911-6600	<i>Phone:</i> (619) 616-2100
<i>License number:</i> A70917	<i>Phone:</i> (619) 616-2100	<i>Fax:</i> (619) 616-2104
<i>NPI:</i> 1154323996	<i>Fax:</i> (619) 616-2104	<i>After Hours Phone:</i> (619)
<i>Provider English Spoken:</i> Yes	<i>After Hours Phone:</i> (619)	616-2100
<i>Provider Language(s) Spoken:</i>	616-2100	<i>Provider Gender:</i> Female
Bulgarian, Russian, Spanish	<i>Provider Gender:</i> Male	<i>License number:</i> A171932
<i>Cultural Competency:</i> No	<i>License number:</i> A126187	<i>NPI:</i> 1811307051
<i>Hospital Affiliation:</i> Scripps	<i>NPI:</i> 1972827806	<i>Provider English Spoken:</i> Yes
Mercy Hospital, Grossmont	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
Hospital, Alvarado Community	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
Hospital, Sharp Memorial	Farsi, Spanish	<i>Hospital Affiliation:</i> Sharp
Hospital, Scripps Memorial	<i>Cultural Competency:</i> No	Grossmont Hospital, Sharp
Hospital, Alvarado Hospital Llc,	<i>Hospital Affiliation:</i> Sharp Chula	Chula Vista Med Ctr
Sharp Chula Vista Med Ctr, Tri	Vista Med Ctr	<i>Medi-Cal Open Panel:</i> Yes
City Medical Ctr, Scripps Mercy	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/999
Hospital Chula Vista	<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>	No
<i>Min/Max Age:</i> 0/999	No	♿ <i>Accessibility:</i>
<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>	<i>Hours:</i> M-F 8AM-5PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Ihp Of Southern California

### WYSOCZANSKI, MARIUSZ W

Provider ID: 124990

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

750 MEDICAL CENTER CT STE 3

CHULA VISTA, CA 91911-6634

Phone: (619) 434-4288

Fax: (619) 434-4315

After Hours Phone: (619)

434-4288

Provider Gender: Male

License number: C55986

NPI: 1659535656

Provider English Spoken: Yes

Provider Language(s) Spoken:

Polish, Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Ihp Of Southern California,

Imperial Health Holdings

Medical Group-Sd

### YAU, STEPHEN H

Provider ID: 295855

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

429 BROADWAY

CHULA VISTA, CA 91910-4320

Phone: (619) 434-0204

Fax: (619) 337-0191

After Hours Phone: (619)

434-0204

Provider Gender: Male

License number: A151069

NPI: 1689037376

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

## CARDIOVASCULAR DISEASE

### AIZIN, VITALI

Provider ID: 39325

Board Certified Specialty: No

VITALI AIZIN MD INC

321 E ST STE A

CHULA VISTA, CA 91910-2667

Phone: (619) 934-3260

Fax: (619) 934-3268

After Hours Phone: (619)

934-3260

Provider Gender: Male

License number: A82761

NPI: 1366545733

Provider English Spoken: Yes

Provider Language(s) Spoken:

Lithuanian

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,

Sharp Chula Vista Med Ctr,

Scripps Memorial Hospital

Encinitas, Scripps Memorial

Hospital, Scripps Mercy

Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): Ctr No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>	<p>Polish, Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>
<p><b>BERMAN, BRETT J</b> Provider ID: 257542 Board Certified Specialty: No BLUE SHIELD PROMISE HEALTH PLAN DIRECT 321 E ST STE A CHULA VISTA, CA 91910-2667 Phone: (619) 934-3260 Fax: (619) 934-3268 After Hours Phone: (619) 934-3260 Provider Gender: Male License number: A78854 NPI: 1457446684 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med</p>	<p><b>WYSOCZANSKI, MARIUSZ W</b> Provider ID: 295974 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 754 MEDICAL CENTER CT STE 101 CHULA VISTA, CA 91911-6655 Phone: (619) 434-4288 Fax: (619) 434-4315 After Hours Phone: (619) 434-4288 Provider Gender: Male License number: C55986 NPI: 1659535656 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>BATAC, NADINE M</b> Provider ID: 113818 Board Certified Specialty: No SYNOVATION MEDICAL GROUP 340 4TH AVE STE 19 CHULA VISTA, CA 91910-3898 Phone: (619) 761-5308 Fax: After Hours Phone: (619) 761-5308 Provider Gender: Female</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>License number: NP21763            NPI: 1942657937            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Mercy Hospital Chula Vista            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-TH 7:30AM-6:30PM,            F,SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>	<p>Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Mercy Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M,W 8AM-5PM, TU,TH            7AM-3:30PM, F,SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>	<p>Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 9AM-5PM, SA            9AM-5PM            Website: www.balboacare.com            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Ihp Of Southern California,            Imperial Health Holdings            Medical Group-Sd</p>
<p><b>BATAC, NADINE M</b>            Provider ID: 295363            Board Certified Specialty: No            IHP OF SOUTHERN            CALIFORNIA            340 4TH AVE STE 19            CHULA VISTA, CA 91910-3898            Phone: (619) 761-5308            Fax: (619) 591-1910            After Hours Phone: (619)            761-5308            Provider Gender: Female            License number: NP21763            NPI: 1942657937            Provider English Spoken: Yes</p>	<p><b>BRAYTENBAH, MELANIE R</b>            Provider ID: 125136            Board Certified Specialty: No            BALBOA NEPHROLOGY MED            GRP INC            752 MEDICAL CENTER CT STE            302            CHULA VISTA, CA 91911-6661            Phone: (916) 421-3361            Fax:            After Hours Phone: (916)            421-3361            Provider Gender: Female            License number: NP95008069            NPI: 1508370875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No</p>	<p><b>BRAYTENBAH, MELANIE R</b>            Provider ID: 262342            Board Certified Specialty: No            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD            752 MEDICAL CENTER CT STE            302            CHULA VISTA, CA 91911-6661            Phone: (619) 421-3361            Fax: (619) 869-4378            After Hours Phone: (619)            421-3361            Provider Gender: Female            License number: NP95008069            NPI: 1508370875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Hospital Affiliation:</i>	<i>Hospital Affiliation:</i>	<i>Hospital Affiliation:</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Min/Max Age: 0/999</i>	<i>Min/Max Age: 0/999</i>	<i>Min/Max Age: 0/999</i>
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
No	No	No
<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>
<i>Hours: M-F 9AM-5PM, SA</i>	<i>Hours: M-F 9AM-5PM, SA</i>	<i>Hours: M-F 9AM-5PM, SA</i>
<i>9AM-5PM</i>	<i>9AM-5PM</i>	<i>9AM-5PM</i>
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA: Community Care Ipa Llc,</i>	<i>IPA: Community Care Ipa Llc,</i>	<i>IPA: Community Care Ipa Llc,</i>
<i>Ihp Of Southern California,</i>	<i>Ihp Of Southern California,</i>	<i>Ihp Of Southern California,</i>
<i>Imperial Health Holdings</i>	<i>Imperial Health Holdings</i>	<i>Imperial Health Holdings</i>
<i>Medical Group-Sd</i>	<i>Medical Group-Sd</i>	<i>Medical Group-Sd</i>

**BRAYTENBAH, MELANIE R ,  
NPA**

*Provider ID: 268746*  
*Board Certified Specialty: No*  
 COMMUNITY CARE IPA LLC  
 752 MEDICAL CENTER CT STE  
 302  
 CHULA VISTA, CA 91911-6661  
*Phone: (619) 421-3361*  
*Fax: (619) 869-4378*  
*After Hours Phone: (619)*  
 421-3361  
*Provider Gender: Female*  
*License number: NP95008069*  
*NPI: 1508370875*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*

**BRAYTENBAH, MELANIE R**

*Provider ID: 295830*  
*Board Certified Specialty: No*  
 IHP OF SOUTHERN  
 CALIFORNIA  
 752 MEDICAL CENTER CT STE  
 302  
 CHULA VISTA, CA 91911-6661  
*Phone: (619) 421-3361*  
*Fax: (619) 869-4378*  
*After Hours Phone: (619)*  
 421-3361  
*Provider Gender: Female*  
*License number: NP95008069*  
*NPI: 1508370875*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*

**CARAPIA, FABIOLA**

*Provider ID: 295918*  
*Board Certified Specialty: No*  
 IHP OF SOUTHERN  
 CALIFORNIA  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone: (619) 427-1144*  
*Fax: (619) 427-1185*  
*After Hours Phone: (619)*  
 427-1144  
*Provider Gender: Female*  
*License number: NP20855*  
*NPI: 1184905994*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation:*

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California, Imperial Health Holdings  
 Medical Group-Sd

### **CARAPIA, FABIOLA**

Provider ID: 295918  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619) 427-1144  
 Provider Gender: Female  
 License number: RN603937  
 NPI: 1184905994  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California, Imperial Health Holdings  
 Medical Group-Sd

### **CARAPIA, FABIOLA**

Provider ID: 54496  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619) 427-1144  
 Provider Gender: Female  
 License number: RN603937  
 NPI: 1184905994  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: P, EB, IB, E, R  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California, Imperial Health Holdings  
 Medical Group-Sd

### **CARAPIA, FABIOLA**

Provider ID: 54496  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619) 427-1144  
 Provider Gender: Female  
 License number: NP20855  
 NPI: 1184905994  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-F 9AM-5PM, SA

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## D. Directorio de proveedores de atención especializada

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California,  
Imperial Health Holdings  
Medical Group-Sd

### **FISH, PAMELA B**

Provider ID: 260588

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

865 3RD AVE STE 101

CHULA VISTA, CA 91911-1349

Phone: (619) 426-7910

Fax: (619) 426-2337

After Hours Phone: (619)

426-7910

Provider Gender: Female

License number: NP14601

NPI: 1063651867

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **GRUBENSKY, LINDSAY T**

Provider ID: 261029

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

769 MEDICAL CENTER CT STE  
300

CHULA VISTA, CA 91911-6602

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)

482-3090

Provider Gender: Female

License number: NP20953

NPI: 1619255577

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: SU 10AM-2PM, M-TH

8AM-8:30PM, F 8AM-5PM, SA

8AM-12PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **GUADARRAMA, IGNACIO**

Provider ID: 262418

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

1323 3RD AVE

CHULA VISTA, CA 91911-4302

Phone: (619) 409-6900

Fax: (619) 409-6901

After Hours Phone: (619)

409-6900

Provider Gender: Male

License number: NP95003671

NPI: 1821331174

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Imperial Health Holdings

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## D. Directorio de proveedores de atención especializada

Medical Group-Sd

### **HUYNH, KIMBERLY T**

Provider ID: 261046

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911-6602

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)

482-3090

Provider Gender: Female

License number: NP95005078

NPI: 1376094144

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: SU 10AM-2PM, M-TH

8AM-8:30PM, F 8AM-5PM, SA

8AM-12PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **KANTAS, PARIS J**

Provider ID: 293297

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)

662-4100

Provider Gender: Male

License number: NP18661

NPI: 1114329612

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Coronado Hosp And Healthcare Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 2/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: SU 10AM-4PM, M-F

8:30AM-5:30PM, SA

8AM-2:30PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

Provider ID: 295027

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

752 MEDICAL CENTER CT STE 302

CHULA VISTA, CA 91911-6661

Phone: (619) 475-4900

Fax: (619) 475-8373

After Hours Phone: (619)

475-4900

Provider Gender: Female

License number: NP95020676

NPI: 1225771264

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **PARNELL, TANIKA E**

Provider ID: 287647

Board Certified Specialty: No

RADY CHILDRENS HEALTH

### **OLESCO, JENNIFER S**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NETWORK 769 MEDICAL CENTER CT STE 300 CHULA VISTA, CA 91911-6602 Phone: (619) 482-3090 Fax: (619) 482-7350 After Hours Phone: (619) 482-3090 Provider Gender: Female License number: NP95013165 NPI: 1679121750 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>CHULA VISTA, CA 91911-1208 Phone: (619) 515-2325 Fax: After Hours Phone: (619) 515-2325 Provider Gender: Female License number: NP11778 NPI: 1487688099 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Family Hlth Ctr San Diego-Rice Fam Hc IPA:</p>	<p>CHULA VISTA, CA 91910-5736 Phone: (619) 662-4100 Fax: (619) 425-1184 After Hours Phone: (619) 662-4100 Provider Gender: Male License number: DC33295 NPI: 1306221262 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California</p>
	<hr/> <p><b>CHIROPRACTOR</b></p> <hr/>	<hr/> <p><b>DERMATOLOGY</b></p> <hr/>

**SOTO, ROBIN J**  
Provider ID: 80435  
Board Certified Specialty: No  
FAMILY HLTH CTR SAN  
DIEGO-RICE FAM HC  
352 L ST

**KAZEM, HARON H**  
Provider ID: 287164  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
678 3RD AVE

**ANGRA, KUNAL**  
Provider ID: 294309  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914-3523

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 837-8902	License number: PA56919	Cultural Competency: No
Fax: (858) 263-2157	NPI: 1205490521	Hospital Affiliation:
After Hours Phone: (619) 837-8902	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
Provider Gender: Male	Provider Language(s) Spoken:	Min/Max Age: 0/999
License number: A161745	Cultural Competency: No	American Sign Language (ASL): No
NPI: 1871988147	Hospital Affiliation:	♿ Accessibility:
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	Hours: M-F 8:30AM-5PM, SA 9AM-5PM
Provider Language(s) Spoken:	Min/Max Age: 0/999	Website:
Cultural Competency: No	American Sign Language (ASL): No	Email:
Hospital Affiliation:	♿ Accessibility:	Medical Group(s):
Medi-Cal Open Panel: Yes	Hours: M-F 8AM-5PM, SA 9AM-5PM	IPA: Community Care Ipa Llc, Ihp Of Southern California
Min/Max Age: 0/999	Website:	<b>STEIN, ALEXANDER D</b>
American Sign Language (ASL): No	Email:	Provider ID: 295850
♿ Accessibility:	Medical Group(s):	Board Certified Specialty: No
Hours: M-F 8AM-5PM, SA 9AM-5PM	IPA: Community Care Ipa Llc	IHP OF SOUTHERN CALIFORNIA
Website:	<b>STEIN, ALEXANDER D , MD</b>	340 4TH AVE STE 14
Email:	Provider ID: 268620	CHULA VISTA, CA 91910-3813
Medical Group(s):	Board Certified Specialty: No	Phone: (619) 303-3062
IPA: Community Care Ipa Llc	COMMUNITY CARE IPA LLC	Fax: (760) 687-2825
<b>NGUYEN, THUY-VY V</b>	340 4TH AVE STE 14	After Hours Phone: (619) 303-3062
Provider ID: 294322	CHULA VISTA, CA 91910-3813	Provider Gender: Male
Board Certified Specialty: No	Phone: (619) 303-3062	License number: A106295
COMMUNITY CARE IPA LLC	Fax: (760) 687-2825	NPI: 1760431654
2300 BOSWELL RD STE 130	After Hours Phone: (619) 303-3062	Provider English Spoken: Yes
CHULA VISTA, CA 91914-3523	Provider Gender: Male	Provider Language(s) Spoken: French, Romanian
Phone: (619) 837-8902	License number: A106295	Cultural Competency: No
Fax: (858) 263-2157	NPI: 1760431654	Hospital Affiliation:
After Hours Phone: (619) 837-8902	Provider English Spoken: Yes	
Provider Gender: Female	Provider Language(s) Spoken: French, Romanian	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes	Min/Max Age: 0/999	Min/Max Age: 0/999
Min/Max Age: 0/999	American Sign Language (ASL): No	American Sign Language (ASL): No
American Sign Language (ASL): No	♿ Accessibility:	♿ Accessibility:
♿ Accessibility:	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-8PM, SA 8AM-4PM
Hours: M-F 8:30AM-5PM, SA 9AM-5PM	Website:	Website:
Website:	Email:	Email:
Email:	Medical Group(s):	Medical Group(s):
Medical Group(s):	IPA: Community Care Ipa Llc	IPA: Ihp Of Southern California
IPA: Community Care Ipa Llc, Ihp Of Southern California		

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### ENDOCRINOLOGY METABOLISM DIABETES

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#### **TOMPKINS, STACY D**

Provider ID: 294331  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2300 BOSWELL RD STE 130  
 CHULA VISTA, CA 91914-3523  
 Phone: (619) 837-8902  
 Fax: (858) 263-2157  
 After Hours Phone: (619) 837-8902  
 Provider Gender: Female  
 License number: A52958  
 NPI: 1255418265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes

#### **CARRILLO, MARITZA E**

Provider ID: 290970  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 License number: A163183  
 NPI: 1649628587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes

#### **PHILIS-TSIMIKAS, ATHENA**

Provider ID: 290797  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax: (619) 271-0260  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 License number: A50477  
 NPI: 1922105964  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Greek  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: SU 10AM-4PM, M-F 8:30AM-5:30PM, SA 8AM-2:30PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 7:30AM-8PM, SA 9AM-3PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	8:30AM-5:30PM, SA 8AM-2:30PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California
<b>ROGERS, MEGAN O</b> Provider ID: 268585 Board Certified Specialty: No COMMUNITY CARE IPA LLC 480 4TH AVE STE 202 CHULA VISTA, CA 91910-4412 Phone: (619) 427-3362 Fax: (619) 271-7914 After Hours Phone: (619) 427-3362 Provider Gender: Female License number: A122784 NPI: 1982993374 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999	<b>VINCENT, LAUREN C</b> Provider ID: 290144 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736 Phone: (619) 662-4100 Fax: (619) 271-0260 After Hours Phone: (619) 662-4100 Provider Gender: Female License number: A134303 NPI: 1053757997 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: SU 10AM-4PM, M-F	<b>ALVAREZ-ESTRADA, MIGUEL</b> Provider ID: 294926 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1637 3RD AVE STE B-F-H-I CHULA VISTA, CA 91911-5823 Phone: (619) 662-4100 Fax: (619) 336-2323 After Hours Phone: (619) 662-4100 Provider Gender: Male License number: A157505 NPI: 1588197826 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility:

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### FAMILY PRACTICE

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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Hours: SU 10AM-4PM, M-F  
8:30AM-5:30PM, SA  
8:30AM-2:30PM

Website:

Email:

Medical Group(s):

IPA:

### CHERY, FARAH Y

Provider ID: 78244

Board Certified Specialty: No  
CHULA VISTA FAMILY HLTH  
CTR

251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)

515-2500

Provider Gender: Female

License number: A108681

NPI: 1114183688

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: El Centro

Regional Medical Center, Sharp

Chula Vista Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Chula Vista  
Family Hlth Ctr

IPA:

### CHERY, FARAH Y

Provider ID: 78248

Board Certified Specialty: No  
FAMILY HLTH CTR SAN  
DIEGO-RICE FAM HC

352 L ST  
CHULA VISTA, CA 91911-1208

Phone: (619) 515-2325

Fax:

After Hours Phone: (619)

515-2325

Provider Gender: Female

License number: A108681

NPI: 1114183688

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: El Centro

Regional Medical Center, Sharp

Chula Vista Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth  
Ctr San Diego-Rice Fam Hc

IPA:

### CORSENTINO-MATSUMOTO, LISA

Provider ID: 268750

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
480 4TH AVE STE 202

CHULA VISTA, CA 91910-4412

Phone: (619) 427-3361

Fax: (619) 827-0539

After Hours Phone: (619)

427-3361

Provider Gender: Female

License number: 20A6906

NPI: 1255441606

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-F 7AM-5:30PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

9AM-5PM	<i>Medical Group(s):</i> Family Hlth Ctr San Diego-Rice Fam Hc	Family Hlth Ctr
<i>Website:</i>	<i>IPA:</i>	<i>IPA:</i>
<i>Email:</i>	<i>IPA:</i>	<b>RABAGO, MAURELLEN B</b>
<i>Medical Group(s):</i>	<b>NGUYEN, LINH T</b>	<i>Provider ID:</i> 268698
<i>IPA:</i> Community Care Ipa Llc	<i>Provider ID:</i> 129961	<i>Board Certified Specialty:</i> No
<b>NGUYEN, LINH T</b>	<i>Board Certified Specialty:</i> No	COMMUNITY CARE IPA LLC
<i>Provider ID:</i> 129960	CHULA VISTA FAMILY HLTH CTR	480 4TH AVE STE 202
<i>Board Certified Specialty:</i> No	251 LANDIS AVE	CHULA VISTA, CA 91910-4412
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC	CHULA VISTA, CA 91910-2628	<i>Phone:</i> (619) 427-3361
352 L ST	<i>Phone:</i> (619) 515-2500	<i>Fax:</i> (619) 827-0551
CHULA VISTA, CA 91911-1208	<i>Fax:</i>	<i>After Hours Phone:</i> (619) 427-3361
<i>Phone:</i> (619) 515-2325	<i>After Hours Phone:</i> (619) 515-2500	<i>Provider Gender:</i> Female
<i>Fax:</i>	<i>Provider Gender:</i> Female	<i>License number:</i> A146307
<i>After Hours Phone:</i> (619) 515-2325	<i>License number:</i> A144995	<i>NPI:</i> 1720421076
<i>Provider Gender:</i> Female	<i>NPI:</i> 1619357993	<i>Provider English Spoken:</i> Yes
<i>License number:</i> A144995	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>NPI:</i> 1619357993	<i>Provider Language(s) Spoken:</i> Spanish	<i>Cultural Competency:</i> No
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i>
<i>Provider Language(s) Spoken:</i> Spanish	<i>Hospital Affiliation:</i> Scripps Mercy Hospital	<i>Medi-Cal Open Panel:</i> Yes
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/999
<i>Hospital Affiliation:</i> Scripps Mercy Hospital	<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i> No
<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No	<i>♿ Accessibility:</i>
<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i> P, EB, IB, E, R, T, ME	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM
<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>
<i>♿ Accessibility:</i>	<i>Website:</i> www.fhcsd.org	<i>Email:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Website:</i> www.fhcsd.org	<i>Medical Group(s):</i> Chula Vista	<i>IPA:</i> Community Care Ipa Llc
<i>Email:</i>		<b>RAJ, ASHA P</b>
		<i>Provider ID:</i> 127616
		<i>Board Certified Specialty:</i> No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

FAMILY HLTH CTR SAN  
DIEGO-RICE FAM HC  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2500  
Fax:  
After Hours Phone: (619)  
515-2500  
Provider Gender: Female  
License number: 20A15683  
NPI: 1003293507  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Family Hlth  
Ctr San Diego-Rice Fam Hc  
IPA:

### RAJ, ASHA P

Provider ID: 127617  
Board Certified Specialty: No  
CHULA VISTA FAMILY HLTH  
CTR

251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2325  
Fax:  
After Hours Phone: (619)  
515-2325  
Provider Gender: Female  
License number: 20A15683  
NPI: 1003293507  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Chula Vista  
Family Hlth Ctr  
IPA:

### GASTROENTEROLOGY

### ALAYO, ERICK H

Provider ID: 285204  
Board Certified Specialty: No  
BLUE SHIELD PROMISE

HEALTH PLAN DIRECT  
400 E ST  
CHULA VISTA, CA 91910-2413  
Phone: (619) 382-3315  
Fax: (619) 761-5831  
After Hours Phone: (619)  
382-3315  
Provider Gender: Male  
License number: A107506  
NPI: 1841454758  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Mercy Hospital, Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health  
Plan Direct, Ihp Of Southern  
California

### ALAYO, ERICK H

Provider ID:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No

IHP OF SOUTHERN

CALIFORNIA

587 3RD AVE

CHULA VISTA, CA 91910-5619

*Phone:* (619) 382-3315

*Fax:* (619) 761-5831

*After Hours Phone:* (619)

382-3315

*Provider Gender:* Male

*License number:* A107506

*NPI:* 1841454758

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Scripps

Mercy Hospital, Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health

Plan Direct, Ihp Of Southern

California

**DESTA, TADDESE T**

*Provider ID:* 295872

*Board Certified Specialty:* No

IHP OF SOUTHERN

CALIFORNIA

296 H ST STE 301

CHULA VISTA, CA 91910-4779

*Phone:* (619) 266-3332

*Fax:* (619) 266-6000

*After Hours Phone:* (619)

266-3332

*Provider Gender:* Male

*License number:* A49164

*NPI:* 1346326246

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Amharic, Arabic, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Paradise

Valley Hospital, Scripps Mercy

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-F 9AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ihp Of Southern California,

Imperial Health Holdings

Medical Group-Sd

**DUQUE, JOHN J , MD**

*Provider ID:* 268572

*Board Certified Specialty:* Yes

COMMUNITY CARE IPA LLC

480 4TH AVE STE 316

CHULA VISTA, CA 91910-4403

*Phone:* (619) 691-0240

*Fax:* (619) 691-8804

*After Hours Phone:* (619)

691-0240

*Provider Gender:* Male

*License number:* G48442

*NPI:* 1295710747

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Scripps

Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:* W

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

9AM-5PM

*Website:*

*Email:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p><i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>DUQUE, JOHN J</b> <i>Provider ID:</i> 32024 <i>Board Certified Specialty:</i> Yes IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 480 4TH AVE STE 316 CHULA VISTA, CA 91910-4403 <i>Phone:</i> (619) 691-0240 <i>Fax:</i> (619) 691-8804 <i>After Hours Phone:</i> (619) 691-0240 <i>Provider Gender:</i> Male <i>License number:</i> G48442 <i>NPI:</i> 1295710747 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p>	<p><i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>HASSANEIN, TAREK I , MD</b> <i>Provider ID:</i> 269555 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 256 LANDIS AVE STE 202 CHULA VISTA, CA 91910-2650 <i>Phone:</i> (619) 409-6900 <i>Fax:</i> (619) 409-6901 <i>After Hours Phone:</i> (619) 409-6900 <i>Provider Gender:</i> Male <i>License number:</i> A54452 <i>NPI:</i> 1801854450 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Arabic, French, German, Spanish, Urdu <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Parkview Community Hospital Medical Center, Sharp Grossmont Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i></p>	<p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Community Care Ipa Llc</p> <p><b>HASSANEIN, TAREK I , MD</b> <i>Provider ID:</i> 269558 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 1323 3RD AVE CHULA VISTA, CA 91911-4302 <i>Phone:</i> (619) 409-6900 <i>Fax:</i> (619) 409-6901 <i>After Hours Phone:</i> (619) 409-6900 <i>Provider Gender:</i> Male <i>License number:</i> A54452 <i>NPI:</i> 1801854450 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Arabic, French, German, Spanish, Urdu <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag</p>
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## D. Directorio de proveedores de atención especializada

Hospital Irvine, Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **NOVO, MEGAN E**

Provider ID: 296068  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
296 H ST STE 301  
CHULA VISTA, CA 91910-4779  
Phone: (619) 266-3332  
Fax: (619) 266-6000  
After Hours Phone: (619)  
266-3332  
Provider Gender: Female  
License number: A147981  
NPI: 1770961971  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr, University Of

California Irvine Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California

### **WIENER, GREGORY J**

Provider ID: 257480  
Board Certified Specialty: Yes  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
353 CHURCH AVE STE A  
CHULA VISTA, CA 91910-3906  
Phone: (619) 585-8883  
Fax: (619) 585-8892  
After Hours Phone: (619)  
585-8883  
Provider Gender: Male  
License number: A41749  
NPI: 1811099534  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Memorial Hospital, Scripps

Mercy Hospital, Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-TH 8:30AM-4:30PM, F  
8:30AM-3PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health  
Plan Direct

### **WIENER, GREGORY J**

Provider ID: 257481  
Board Certified Specialty: No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
353 CHURCH AVE STE A  
CHULA VISTA, CA 91910-3906  
Phone: (619) 585-8883  
Fax: (619) 585-0166  
After Hours Phone: (619)  
585-8883  
Provider Gender: Male  
License number: A41749  
NPI: 1811099534  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i></p> <p><i>Hours:</i> M,W,TH 9AM-5PM, TU 8:30AM-4PM, F 9AM-3PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Blue Shield Promise Health Plan Direct</p>	<p><i>License number:</i> 20A19457</p> <p><i>NPI:</i> 1295362242</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 18/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ihp Of Southern California</p>	<p><i>License number:</i> A104907</p> <p><i>NPI:</i> 1497941397</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Rady Childrens Health Network</p>
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### GENERAL PRACTICE

#### SAMI, REMAN A

*Provider ID:* 295214

*Board Certified Specialty:* No

IHP OF SOUTHERN CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

*Phone:* (619) 662-4100

*Fax:* (619) 425-1184

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

*Provider Gender:* Female

### GENETICS MEDICAL

#### NIEMI, ANNA-KAISA

*Provider ID:* 127722

*Board Certified Specialty:* No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

435 H ST

CHULA VISTA, CA 91910-4307

*Phone:* (619) 691-7249

*Fax:*

*After Hours Phone:* (619) 691-7249

*Provider Gender:* Female

### HEARING AID DEALER / SUPPLIER

#### ANDERSON, ELAINE M , MD

*Provider ID:* 268688

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

310 3RD AVE STE C11

CHULA VISTA, CA 91910-3965

*Phone:* (619) 426-0841

*Fax:* (619) 426-9197

*After Hours Phone:* (619) 426-0841

*Provider Gender:* Female

*License number:* HA7100

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## D. Directorio de proveedores de atención especializada

<p>NPI: 1063558856  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ⚔ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ⚔ Accessibility:  Hours: M-F 8:30AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Hospital Chula Vista, Scripps  Mercy Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ⚔ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Imperial Health Holdings  Medical Group-Sd</p>
<b><u>HEMATOLOGY / ONCOLOGY</u></b>		
<p><b>DAVIS, KELLE L , MD</b>  Provider ID: 268651  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  310 3RD AVE STE C11  CHULA VISTA, CA 91910-3965  Phone: (619) 426-0841  Fax: (619) 426-9197  After Hours Phone: (619)  426-0841  Provider Gender: Female  License number: HA6083  NPI: 1902853344  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:</p>	<p><b>AL-KOURAINY, KOUSAY A</b>  Provider ID: 262225  Board Certified Specialty: No  IMPERIAL HEALTH HOLDINGS  MEDICAL GROUP-SD  480 4TH AVE STE 409  CHULA VISTA, CA 91910-4413  Phone: (619) 425-2080  Fax: (619) 425-8410  After Hours Phone: (619)  425-2080  Provider Gender: Male  License number: A39783  NPI: 1457361271  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Sharp Chula  Vista Med Ctr, Scripps Mercy</p>	<p><b>BELLO, OSAGIE</b>  Provider ID: 295891  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  480 4TH AVE STE 409  CHULA VISTA, CA 91910-4413  Phone: (619) 425-2080  Fax: (619) 425-8410  After Hours Phone: (619)  425-2080  Provider Gender: Male  License number: A115182  NPI: 1164726378  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Kindred  Hospital San Diego, Pioneers</p>

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## D. Directorio de proveedores de atención especializada

Memorial Hospital, Sharp Chula Vista Med Ctr <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0/999</i> <i>American Sign Language (ASL): No</i> <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i> <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Ihp Of Southern California</i>	Hospital Chula Vista, Scripps Mercy Hospital <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 18/999</i> <i>American Sign Language (ASL): No</i> <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i> <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Ihp Of Southern California</i>	Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0/999</i> <i>American Sign Language (ASL): No</i> <i>Accessibility:</i> <i>Hours: M-F 9AM-5PM, SA 9AM-5PM</i> <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Imperial Health Holdings Medical Group-Sd</i>
<b>ITURBE-ALESSIO, IGNACIO</b> <i>Provider ID: 295662</i> <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CALIFORNIA 855 3RD AVE STE 3330 CHULA VISTA, CA 91911-1350 <i>Phone: (619) 745-1031</i> <i>Fax: (619) 745-1032</i> <i>After Hours Phone: (619) 745-1031</i> <i>Provider Gender: Male</i> <i>License number: A42415</i> <i>NPI: 1972513695</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken: Spanish, Tagalog</i> <i>Cultural Competency: No</i> <i>Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy</i>	<b>JOHNSON, KENNETH B</b> <i>Provider ID: 262288</i> <i>Board Certified Specialty: No</i> IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 769 MEDICAL CENTER CT STE 202 CHULA VISTA, CA 91911-6602 <i>Phone: (619) 482-8430</i> <i>Fax: (619) 482-8005</i> <i>After Hours Phone: (619) 482-8430</i> <i>Provider Gender: Male</i> <i>License number: A79802</i> <i>NPI: 1063527711</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: No</i> <i>Hospital Affiliation: Sharp Chula</i>	<b>MALIK, SHAHID P</b> <i>Provider ID: 295948</i> <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CALIFORNIA 480 4TH AVE STE 409 CHULA VISTA, CA 91910-4413 <i>Phone: (619) 425-2080</i> <i>Fax: (619) 425-8410</i> <i>After Hours Phone: (619) 425-2080</i> <i>Provider Gender: Male</i> <i>License number: C172149</i> <i>NPI: 1588635312</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken: Urdu</i> <i>Cultural Competency: No</i>

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## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Kingman Regional Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **MOOLANI, RAMESH K**

*Provider ID:* 295976  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 855 3RD AVE STE 3330  
 CHULA VISTA, CA 91911-1350  
*Phone:* (619) 745-1031  
*Fax:* (619) 745-1032  
*After Hours Phone:* (619) 745-1031  
*Provider Gender:* Male  
*License number:* C149851  
*NPI:* 1437272010  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp

Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **NORTON, MARILYN S**

*Provider ID:* 65656  
*Board Certified Specialty:* No  
 SOUTH COUNTY HEMATOLOGY ONCOLOGY INC  
 769 MEDICAL CENTER CT STE 202  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-8430  
*Fax:*  
*After Hours Phone:* (619) 482-8430  
*Provider Gender:* Female  
*License number:* G70444  
*NPI:* 1417060054  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Paradise Valley Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SOUTH COUNTY HEMATOLOGY ONCOLOGY INC,**

*Provider ID:* 200428  
*Board Certified Specialty:*  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 769 MEDICAL CENTER CT STE 202  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-8430  
*Fax:* (619) 482-8005  
*After Hours Phone:* (619) 482-8430  
*Provider Gender:*  
*License number:*  
*NPI:* 1326124819  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Directorio de proveedores de atención especializada

Cultural Competency: No	Min/Max Age: 0/999	Min/Max Age: 0/999
Hospital Affiliation:	American Sign Language (ASL):	American Sign Language (ASL):
Medi-Cal Open Panel: Yes	No	No
Min/Max Age: 0/999	♿ Accessibility:	♿ Accessibility:
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Hours: M-F 7AM-8PM, SA
No	9AM-5PM	9AM-5PM
♿ Accessibility: W	Website:	Website:
Hours: M-F 8:30AM-5PM, SA	Email:	Email:
9AM-5PM	Medical Group(s):	Medical Group(s):
Website:	IPA: Ihp Of Southern California	IPA: Community Care Ipa Llc,
Email:		Ucsd Medical Group
Medical Group(s):		
IPA:		

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**INTERNAL MEDICINE**  
**GERIATRIC MEDICINE**

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**INTERNAL MEDICINE**

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### TANDON, JAGJIT S

Provider ID: 295020  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 480 4TH AVE STE 409  
 CHULA VISTA, CA 91910-4413  
 Phone: (619) 425-2080  
 Fax: (619) 425-8410  
 After Hours Phone: (619) 425-2080  
 Provider Gender: Male  
 License number: C172028  
 NPI: 1669599296  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Punjabi  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes

### GUTIERREZ, AIREEN L

Provider ID: 268646  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 202  
 CHULA VISTA, CA 91910-4412  
 Phone: (619) 427-3361  
 Fax:  
 After Hours Phone: (619) 427-3361  
 Provider Gender: Female  
 License number: A77031  
 NPI: 1306857701  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes

### AL-KOURAINY, KOUSAY A

Provider ID: 27249  
 Board Certified Specialty: No  
 KOUSAY ABDULLAH AL KOURAINY  
 480 4TH AVE STE 409  
 CHULA VISTA, CA 91910-4413  
 Phone: (619) 425-2080  
 Fax: (619) 425-8410  
 After Hours Phone: (619) 425-2080  
 Provider Gender: Male  
 License number: A39783  
 NPI: 1457361271  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy

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## D. Directorio de proveedores de atención especializada

Hospital Chula Vista, Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R  
 Hours: M,TU,F 9AM-5PM, W,TH  
 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### LIRA, JOSE A , MD

Provider ID: 268769  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 841 KUHN DR STE 200  
 CHULA VISTA, CA 91914-4523  
 Phone: (619) 482-7301  
 Fax: (619) 482-7302  
 After Hours Phone: (619)  
 482-7301  
 Provider Gender: Male  
 License number: A33913  
 NPI: 1356319446  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista

### LIRA, JOSE A

Provider ID: 34349  
 Board Certified Specialty: No  
 SOUTH BAY PULMONARY MED  
 GRP  
 841 KUHN DR STE 200  
 CHULA VISTA, CA 91914-4523  
 Phone: (619) 482-7301  
 Fax: (619) 482-7302  
 After Hours Phone: (619)  
 482-7301  
 Provider Gender: Male  
 License number: A33913  
 NPI: 1356319446  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Scripps Mercy

### MEYER, JILL M , MD

Provider ID: 268563  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619)  
 427-1144  
 Provider Gender: Female  
 License number: A95882  
 NPI: 1255394789  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### MEYER, JILL M , MD

*Provider ID:* 65487  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 752 MEDICAL CENTER CT STE 302  
 CHULA VISTA, CA 91911-6661  
*Phone:* (619) 421-3361  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 421-3361  
*Provider Gender:* Female  
*License number:* A95882  
*NPI:* 1255394789  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula

Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### WATKINS, ELAINE J

*Provider ID:* 116902  
*Board Certified Specialty:* No  
 PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST  
 1295 BROADWAY STE 201  
 CHULA VISTA, CA 91911-2975  
*Phone:* (888) 743-7526  
*Fax:*  
*After Hours Phone:* (888) 743-7526  
*Provider Gender:* Female  
*License number:* 20A6234  
*NPI:* 1225019557  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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### INTERVENTIONAL CARDIOLOGY

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### CARLSON, STEVEN K , MD

*Provider ID:* 244812  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 751 MEDICAL CENTER CT STE 211  
 CHULA VISTA, CA 91911-6617  
*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Male  
*License number:* A109957  
*NPI:* 1467602946  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Garfield Medical Center, Santa Monica

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-6PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California	Provider Gender: Female License number: A171932 NPI: 1811307051 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Sharp Grossmont Hospital, Sharp Chula Vista Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: 15/99 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California
<b>MOUSSAVIAN, MEHRAN</b> Provider ID: 40191 Board Certified Specialty: No CARDIOVASCULAR INSTITUTE OF SAN DIEGO 765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911-6600 Phone: (619) 616-2100 Fax: (619) 616-2104 After Hours Phone: (619) 616-2100 Provider Gender: Male License number: 20A7241 NPI: 1689788234 Provider English Spoken: Yes	<b>SUDHAKAR, DEEPTHI</b> Provider ID: 296051 Board Certified Specialty: No COMMUNITY CARE IPA LLC 765 MEDICAL CENTER CT STE 211 CHULA VISTA, CA 91911-6600 Phone: (619) 616-2100 Fax: (619) 616-2104 After Hours Phone: (619) 616-2100	

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### **MATERNAL AND FETAL MEDICINE**

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**ADAMCZAK, JOANNA E**  
Provider ID: 205634  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
386 E H ST STE 202  
CHULA VISTA, CA 91910-7486

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 966-6710            Fax: (858) 966-6711            After Hours Phone: (858) 966-6710            Provider Gender: Female            License number: A116982            NPI: 1447428420            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego,            Sharp Memorial Hospital, Tri            City Medical Ctr, Sharp Mary            Birch Hosp For Women And            Newborns            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p> <p><b>ADAMI, REBECCA R</b>            Provider ID: 272671            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK</p>	<p>386 E H ST STE 202            CHULA VISTA, CA 91910-7486            Phone: (858) 966-6710            Fax: (858) 966-6711            After Hours Phone: (858)            966-6710            Provider Gender: Female            License number: A149389            NPI: 1992149447            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego,            Sharp Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p> <p><b>CASELE, HOLLY L</b>            Provider ID: 205839            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK</p>	<p>386 E H ST STE 202            CHULA VISTA, CA 91910-7486            Phone: (858) 966-6710            Fax: (858) 966-6711            After Hours Phone: (858)            966-6710            Provider Gender: Female            License number: G87630            NPI: 1255348744            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Sharp            Memorial Hospital, Grossmont            Hospital, Tri City Medical Ctr,            Sharp Mary Birch Hosp For            Women And Newborns, Scripps            Memorial Hospital Encinitas,            Rady Childrens Hospital San            Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p> <p><b>MCCULLOUGH, DEIRDRE M</b></p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider ID:* 277263  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* C159758  
*NPI:* 1639153018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**REIMERS, REBECCA M**  
*Provider ID:* 294653  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A176526  
*NPI:* 1801207634  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**RICHARDSON, ALVIE C**  
*Provider ID:* 264687  
*Board Certified Specialty:* No

**RADY CHILDRENS HEALTH NETWORK**  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* C160063  
*NPI:* 1154305977  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**  
*Provider ID:* 205440  
*Board Certified Specialty:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

RADY CHILDRENS HEALTH NETWORK  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Male  
 License number: A109228  
 NPI: 1477563302  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**TITH, TEVY**  
 Provider ID: 205391  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A103521  
 NPI: 1588816086  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**WESTERMANN, MELISSA L**  
 Provider ID: 242523  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A130149  
 NPI: 1760730758  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18

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## D. Directorio de proveedores de atención especializada

<p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i> ☯</p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/18</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i> ☯</p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/18</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i> ☯</p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Rady Childrens Health Network</p>
<hr/> <p><b>NEONATAL / PERINATAL MEDICINE</b></p> <hr/>		
<p><b>WILLIAMS, KRISTIN M</b></p> <p><i>Provider ID:</i> 206232</p> <p><i>Board Certified Specialty:</i> No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>386 E H ST STE 202 CHULA VISTA, CA 91910-7486</p> <p><i>Phone:</i> (858) 966-6710</p> <p><i>Fax:</i> (858) 966-6711</p> <p><i>After Hours Phone:</i> (858) 966-6710</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A72985</p> <p><i>NPI:</i> 1992847131</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And</p>	<p><b>FLEMING, SARAH E</b></p> <p><i>Provider ID:</i> 205646</p> <p><i>Board Certified Specialty:</i> No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>435 H ST CHULA VISTA, CA 91910-4307</p> <p><i>Phone:</i> (619) 691-7000</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 691-7000</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A89838</p> <p><i>NPI:</i> 1679809826</p> <p><i>Provider English Spoken:</i> Yes</p>	<p><b>NIEMI, ANNA-KAISA</b></p> <p><i>Provider ID:</i> 262159</p> <p><i>Board Certified Specialty:</i> No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>435 H ST CHULA VISTA, CA 91910-4307</p> <p><i>Phone:</i> (858) 966-5818</p> <p><i>Fax:</i> (858) 966-7483</p> <p><i>After Hours Phone:</i> (858) 966-5818</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A104907</p> <p><i>NPI:</i> 1497941397</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital Chula Vista,  
 Sharp Chula Vista Med Ctr,  
 Paradise Valley Hospital,  
 Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:

NPI: 1922119445  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital Chula Vista,  
 Sharp Chula Vista Med Ctr,  
 Paradise Valley Hospital,  
 Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM

### NEPHROLOGY

#### **BEDOYA, LUIS A, MD**

Provider ID: 39369  
 Board Certified Specialty: Yes  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619)  
 427-1144  
 Provider Gender: Male  
 License number: A51105  
 NPI: 1922119445  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

#### **BEDOYA, LUIS A**

Provider ID: 39369  
 Board Certified Specialty: Yes  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619)  
 427-1144  
 Provider Gender: Male  
 License number: A51105

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

#### **BEDOYA, LUIS A**

Provider ID: 39369  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885

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## D. Directorio de proveedores de atención especializada

Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619) 427-1144  
 Provider Gender: Male  
 License number: A51105  
 NPI: 1922119445  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M-SA 9AM-5PM  
 Website: www.balboacare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

### **HOREISH, ADAM K , MD**

Provider ID: 99947  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC

340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619) 427-1144  
 Provider Gender: Male  
 License number: C56089  
 NPI: 1760461206  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

### **HOREISH, ADAM K**

Provider ID: 99947

Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619) 427-1144  
 Provider Gender: Male  
 License number: C56089  
 NPI: 1760461206  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M-SA 9AM-5PM  
 Website: www.balboacare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><b>HOREISH, ADAM K</b>  <i>Provider ID:</i> 99947  <i>Board Certified Specialty:</i> No  <b>BALBOA NEPHROLOGY MED GRP INC</b>            340 4TH AVE STE 4            CHULA VISTA, CA 91910-3885  <i>Phone:</i> (619) 427-1144  <i>Fax:</i> (619) 427-1185  <i>After Hours Phone:</i> (619) 427-1144  <i>Provider Gender:</i> Male  <i>License number:</i> C56089  <i>NPI:</i> 1760461206  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd  <b>KHAING, KATHY</b>  <i>Provider ID:</i> 128616  <i>Board Certified Specialty:</i> No  <b>BALBOA NEPHROLOGY MED GRP INC</b>            340 4TH AVE STE 4            CHULA VISTA, CA 91910-3885  <i>Phone:</i> (619) 427-1144  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 427-1144  <i>Provider Gender:</i> Female  <i>License number:</i> A127006  <i>NPI:</i> 1912219155  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Burmese, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> P, EB, IB, E, R, W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.balboacare.com</p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc  <b>KHAING, KATHY, MD</b>  <i>Provider ID:</i> 205003  <i>Board Certified Specialty:</i> No  <b>COMMUNITY CARE IPA LLC</b>            340 4TH AVE STE 4            CHULA VISTA, CA 91910-3885  <i>Phone:</i> (619) 427-1144  <i>Fax:</i> (619) 427-1185  <i>After Hours Phone:</i> (619) 427-1144  <i>Provider Gender:</i> Female  <i>License number:</i> A127006  <i>NPI:</i> 1912219155  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Burmese, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i></p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>LOZADA-PASTORIO, ELIZABETH</b>  <i>Provider ID:</i> 262289  <i>Board Certified Specialty:</i> No  IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  340 4TH AVE STE 4  CHULA VISTA, CA 91910-3885  <i>Phone:</i> (619) 427-1144  <i>Fax:</i> (619) 427-1185  <i>After Hours Phone:</i> (619) 427-1144  <i>Provider Gender:</i> Female  <i>License number:</i> A90108  <i>NPI:</i> 1730160425  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>LOZADA-PASTORIO, ELIZABETH, MD</b>  <i>Provider ID:</i> 268556  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  340 4TH AVE STE 4  CHULA VISTA, CA 91910-3885  <i>Phone:</i> (619) 427-1144  <i>Fax:</i> (619) 427-1185  <i>After Hours Phone:</i> (619) 427-1144  <i>Provider Gender:</i> Female  <i>License number:</i> A90108  <i>NPI:</i> 1730160425  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R</p>	<p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>LOZADA-PASTORIO, ELIZABETH</b>  <i>Provider ID:</i> 31395  <i>Board Certified Specialty:</i> No  BALBOA NEPHROLOGY MED GRP INC  340 4TH AVE STE 14  CHULA VISTA, CA 91910-3813  <i>Phone:</i> (619) 427-1144  <i>Fax:</i> (619) 427-1185  <i>After Hours Phone:</i> (619) 427-1144  <i>Provider Gender:</i> Female  <i>License number:</i> A90108  <i>NPI:</i> 1730160425  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i></p>
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## D. Directorio de proveedores de atención especializada

Hours: M,TU,F,SA 9AM-5PM,  
W,TH 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **LOZADA-PASTORIO, ELIZABETH, MD**

Provider ID: 31395

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC

340 4TH AVE STE 14

CHULA VISTA, CA 91910-3813

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)  
427-1144

Provider Gender: Female

License number: A90108

NPI: 1730160425

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M,TU,F,SA 9AM-5PM,  
W,TH 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **LOZADA-PASTORIO, ELIZABETH**

Provider ID: 31395

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC

340 4TH AVE STE 4

CHULA VISTA, CA 91910-3885

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)  
427-1144

Provider Gender: Female

License number: A90108

NPI: 1730160425

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Scripps

Mercy Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, W

Hours: M-SA 9AM-5PM

Website: www.balboacare.com

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **LOZADA-PASTORIO, ELIZABETH**

Provider ID: 82253

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC

752 MEDICAL CENTER CT STE  
302

CHULA VISTA, CA 91911-6661

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)  
421-3361

Provider Gender: Female

License number: A90108

NPI: 1730160425

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Scripps

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## D. Directorio de proveedores de atención especializada

Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.balboacare.com Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 8AM-4PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California
<b>LOZADA-PASTORIO, ELIZABETH</b> Provider ID: 82253 Board Certified Specialty: No BALBOA NEPHROLOGY MED GRP INC 752 MEDICAL CENTER CT STE 302 CHULA VISTA, CA 91911-6661 Phone: (619) 421-3361 Fax: (619) 869-4378 After Hours Phone: (619) 421-3361 Provider Gender: Female License number: A90108 NPI: 1730160425 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish	<b>MENDEZ, DIEGO</b> Provider ID: 290635 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736 Phone: (619) 662-4100 Fax: (619) 271-0260 After Hours Phone: (619) 662-4100 Provider Gender: Male License number: A47906 NPI: 1437181922 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Mercy	<b>MEYER, JILL M</b> Provider ID: 262110 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 340 4TH AVE STE 4 CHULA VISTA, CA 91910-3885 Phone: (619) 427-1144 Fax: (619) 427-1185 After Hours Phone: (619) 427-1144 Provider Gender: Female License number: A95882 NPI: 1255394789 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Spanish
<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Medi-Cal Open Panel:</i> Yes	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr
<i>Min/Max Age:</i> 0/999	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> No
<i>American Sign Language (ASL):</i> No	<i>Min/Max Age:</i> 0/999	<i>Min/Max Age:</i> None
<i>♿ Accessibility:</i> P, EB, IB, E, R, W	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i> P, EB, IB, E, R, W
<i>Website:</i>	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-SA 9AM-5PM
<i>Email:</i>	<i>Website:</i>	<i>Website:</i> www.balboacare.com
<i>Medical Group(s):</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### MEYER, JILL M

*Provider ID:* 262111  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 752 MEDICAL CENTER CT STE 302  
 CHULA VISTA, CA 91911-6661  
*Phone:* (619) 421-3361  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 421-3361  
*Provider Gender:* Female  
*License number:* A95882  
*NPI:* 1255394789

### MEYER, JILL M

*Provider ID:* 55805  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:*  
*After Hours Phone:* (619) 427-1144  
*Provider Gender:* Female  
*License number:* A95882  
*NPI:* 1255394789

### MEYER, JILL M

*Provider ID:* 65487  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 752 MEDICAL CENTER CT STE 302  
 CHULA VISTA, CA 91911-6661  
*Phone:* (619) 421-3361  
*Fax:*  
*After Hours Phone:* (619) 421-3361  
*Provider Gender:* Female  
*License number:* A95882  
*NPI:* 1255394789

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Hindi, Sindhi, Spanish, Urdu	<i>Provider Language(s) Spoken:</i> Hindi, Sindhi, Spanish, Urdu
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
<i>Medi-Cal Open Panel:</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> 18/999	<i>Min/Max Age:</i> 0/999
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>♿ Accessibility:</i> W	<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM
<i>Website:</i> www.balboacare.com	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California

### **MOOLANI, UJJALA K**

*Provider ID:* 295915  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 752 MEDICAL CENTER CT STE 302  
 CHULA VISTA, CA 91911-6661  
*Phone:* (619) 421-3361  
*Fax:* (619) 869-4378  
*After Hours Phone:* (619) 421-3361  
*Provider Gender:* Female  
*License number:* C149530  
*NPI:* 1528221421

### **MOOLANI, UJJALA K**

*Provider ID:* 296069  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 752 MEDICAL CENTER CT STE 302  
 CHULA VISTA, CA 91911-6661  
*Phone:* (619) 421-3361  
*Fax:* (619) 869-4378  
*After Hours Phone:* (619) 421-3361  
*Provider Gender:* Female  
*License number:* C149530  
*NPI:* 1528221421

### **PATEL, AMAR V , MD**

*Provider ID:* 245639  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 427-1144  
*Provider Gender:* Male  
*License number:* A158295  
*NPI:* 1821359605  
*Provider English Spoken:* Yes

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i> Gujarati, Spanish	Spanish	<i>NPI:</i> 1841295482
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes
<i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital	<i>Provider Language(s) Spoken:</i> Spanish
<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes	<i>Cultural Competency:</i> No
<i>Min/Max Age:</i> 18/999	<i>Min/Max Age:</i> 0/999	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> Yes
<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i> P, EB, IB, E, R	<i>Min/Max Age:</i> 0/999
<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>American Sign Language (ASL):</i> No
<i>Website:</i>	<i>Website:</i>	<i>♿ Accessibility:</i> P, EB, IB, E, R
<i>Email:</i>	<i>Email:</i>	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Website:</i>
<i>IPA:</i> Community Care Ipa Llc	<i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	<i>Email:</i>
<b>SOLTERO, RICARDO A</b>	<b>SOLTERO, RICARDO A</b>	<i>Medical Group(s):</i>
<i>Provider ID:</i> 257492	<i>Provider ID:</i> 262113	<i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
<i>Board Certified Specialty:</i> Yes	<i>Board Certified Specialty:</i> Yes	<b>SOLTERO, RICARDO A</b>
BLUE SHIELD PROMISE HEALTH PLAN DIRECT	IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD	<i>Provider ID:</i> 26526
340 4TH AVE STE 4	340 4TH AVE STE 4	<i>Board Certified Specialty:</i> No
CHULA VISTA, CA 91910-3885	CHULA VISTA, CA 91910-3885	BALBOA NEPHROLOGY MED GRP INC
<i>Phone:</i> (619) 427-1144	<i>Phone:</i> (619) 427-1144	340 4TH AVE STE 4
<i>Fax:</i> (619) 427-1185	<i>Fax:</i> (619) 427-1185	CHULA VISTA, CA 91910-3885
<i>After Hours Phone:</i> (619) 427-1144	<i>After Hours Phone:</i> (619) 427-1144	
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	
<i>License number:</i> A68995	<i>License number:</i> A68995	
<i>NPI:</i> 1841295482		
<i>Provider English Spoken:</i> Yes		
<i>Provider Language(s) Spoken:</i>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (619) 427-1144	GRP INC	Provider ID: 26526
Fax: (619) 427-1185	340 4TH AVE STE 14	Board Certified Specialty: No
After Hours Phone: (619) 427-1144	CHULA VISTA, CA 91910-3813	BALBOA NEPHROLOGY MED
Provider Gender: Male	Phone: (619) 427-1144	GRP INC
License number: A68995	Fax: (619) 427-1185	340 4TH AVE STE 14
NPI: 1841295482	After Hours Phone: (619) 427-1144	CHULA VISTA, CA 91910-3813
Provider English Spoken: Yes	Provider Gender: Male	Phone: (619) 427-1144
Provider Language(s) Spoken: Spanish	License number: A68995	Fax: (619) 427-1185
Cultural Competency: No	NPI: 1841295482	After Hours Phone: (619) 427-1144
Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital	Provider English Spoken: Yes	Provider Gender: Male
Medi-Cal Open Panel: No	Provider Language(s) Spoken: Spanish	License number: A68995
Min/Max Age: None	Cultural Competency: No	NPI: 1841295482
American Sign Language (ASL): No	Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital	Provider English Spoken: Yes
♿ Accessibility: P, EB, IB, E, R, W	Medi-Cal Open Panel: Yes	Provider Language(s) Spoken: Spanish
Hours: M-F 9AM-5PM, SA 9AM-5PM	Min/Max Age: None	Cultural Competency: No
Website: www.balboacare.com	American Sign Language (ASL): No	Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
Email:	♿ Accessibility:	Medi-Cal Open Panel: Yes
Medical Group(s):	Hours: M-F 9AM-5PM, SA 9AM-5PM	Min/Max Age: None
IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Website:	American Sign Language (ASL): No
<b>SOLTERO, RICARDO A</b>	Email:	♿ Accessibility:
Provider ID: 26526	Medical Group(s):	Hours: M-F 9AM-5PM, SA 9AM-5PM
Board Certified Specialty: No	IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Website:
BALBOA NEPHROLOGY MED	<b>SOLTERO, RICARDO A, MD</b>	Email:
		Medical Group(s):
		IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Holdings Medical Group-Sd	Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	<i>Email:</i> <i>Medical Group(s):</i> IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
<b>SOLTERO, RICARDO A , MD</b> <i>Provider ID:</i> 268490 <i>Board Certified Specialty:</i> Yes COMMUNITY CARE IPA LLC 340 4TH AVE STE 4 CHULA VISTA, CA 91910-3885 <i>Phone:</i> (619) 427-1144 <i>Fax:</i> (619) 427-1185 <i>After Hours Phone:</i> (619) 427-1144 <i>Provider Gender:</i> Male <i>License number:</i> A68995 <i>NPI:</i> 1841295482 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> P, EB, IB, E, R <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Blue Shield Promise Health	<b>SOLTERO, RICARDO A , MD</b> <i>Provider ID:</i> 268491 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 752 MEDICAL CENTER CT STE 302 CHULA VISTA, CA 91911-6661 <i>Phone:</i> (619) 421-3361 <i>Fax:</i> <i>After Hours Phone:</i> (619) 421-3361 <i>Provider Gender:</i> Male <i>License number:</i> A68995 <i>NPI:</i> 1841295482 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i>	<b>VIDEEN, JOHN S</b> <i>Provider ID:</i> 262286 <i>Board Certified Specialty:</i> No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 752 MEDICAL CENTER CT STE 302 CHULA VISTA, CA 91911-6661 <i>Phone:</i> (619) 421-3361 <i>Fax:</i> (619) 869-4378 <i>After Hours Phone:</i> (619) 421-3361 <i>Provider Gender:</i> Male <i>License number:</i> G59271 <i>NPI:</i> 1043318199 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Paradise Valley Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p><i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p>Hosp And Healthcare Ctr,            Paradise Valley Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i> www.balboacare.com  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>
<p><b>VIDEEN, JOHN S , MD</b>  <i>Provider ID:</i> 65646  <i>Board Certified Specialty:</i> No            BALBOA NEPHROLOGY MED            GRP INC            752 MEDICAL CENTER CT STE            302            CHULA VISTA, CA 91911-6661  <i>Phone:</i> (619) 421-3361  <i>Fax:</i> (619) 869-4378  <i>After Hours Phone:</i> (619)            421-3361  <i>Provider Gender:</i> Male  <i>License number:</i> G59271  <i>NPI:</i> 1043318199  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula            Vista Med Ctr, Sharp Coronado            Hosp And Healthcare Ctr,            Paradise Valley Hospital  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><b>VIDEEN, JOHN S</b>  <i>Provider ID:</i> 65646  <i>Board Certified Specialty:</i> No            BALBOA NEPHROLOGY MED            GRP INC            752 MEDICAL CENTER CT STE            302            CHULA VISTA, CA 91911-6661  <i>Phone:</i> (619) 421-3361  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            421-3361  <i>Provider Gender:</i> Male  <i>License number:</i> G59271  <i>NPI:</i> 1043318199  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula            Vista Med Ctr, Sharp Coronado</p>	<p><b>WHITLEY, JESSICA</b>  <i>Provider ID:</i> 293304  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            752 MEDICAL CENTER CT STE            302            CHULA VISTA, CA 91911-6661  <i>Phone:</i> (619) 421-3361  <i>Fax:</i> (619) 869-4378  <i>After Hours Phone:</i> (619)            421-3361  <i>Provider Gender:</i> Female  <i>License number:</i> A151789  <i>NPI:</i> 1841653094  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No</p>

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc</p>	<p>Mercy Hospital, Paradise Valley Hospital, Providence St Joseph Hospital, Providence St Jude Medical Center, South Coast Global Medical Center Inc, Encompass Health</p> <p>Rehabilitation Hospital Of Tustin, Foothill Regional Medical Center, Kindred Hospital Brea, Kindred Hospital La Mirada, Kindred Hospital Santa Ana</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i> P, EB, IB, E, R</p> <p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Phone:</i> (619) 425-3840</p> <p><i>Fax:</i> (833) 941-2595</p> <p><i>After Hours Phone:</i> (619) 425-3840</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A43717</p> <p><i>NPI:</i> 1568460624</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ihp Of Southern California</p>
<hr/>		
<b>NEUROLOGY</b>		
<hr/>		
<p><b>YUAN, HENRY, MD</b></p> <p><i>Provider ID:</i> 268551</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>340 4TH AVE STE 4</p> <p>CHULA VISTA, CA 91910-3885</p> <p><i>Phone:</i> (619) 427-1144</p> <p><i>Fax:</i> (619) 427-1185</p> <p><i>After Hours Phone:</i> (619) 427-1144</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A120403</p> <p><i>NPI:</i> 1043442379</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Chinese, Mandarin</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps</p>	<p><b>GRATIANNE, ROBERTO</b></p> <p><i>Provider ID:</i> 295899</p> <p><i>Board Certified Specialty:</i> No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>450 4TH AVE STE 215</p> <p>CHULA VISTA, CA 91910-4428</p>	<p><b>HUISA-GARATE, BRANKO N</b></p> <p><i>Provider ID:</i> 295780</p> <p><i>Board Certified Specialty:</i> No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>450 4TH AVE STE 215</p> <p>CHULA VISTA, CA 91910-4428</p>

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## D. Directorio de proveedores de atención especializada

Phone: (619) 425-3840  
 Fax: (833) 941-2595  
 After Hours Phone: (619) 425-3840  
 Provider Gender: Male  
 License number: A108574  
 NPI: 1063551000  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: University Of California Irvine Med Ctr, Scripps Mercy Hospital, El Centro Regional Medical Center, Scripps Mercy Hospital Chula Vista, Corona Regional Med Ctr, Temecula Valley Hospital Inc, Ucsd Medical Ctr, Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

**MOHAMMAD, AHMAD SHAH, MD**  
 Provider ID: 127244  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 750 MEDICAL CENTER CT STE 6 CHULA VISTA, CA 91911-6634  
 Phone: (619) 337-7900  
 Fax: (619) 337-7902  
 After Hours Phone: (619) 337-7900  
 Provider Gender: Male  
 License number: A98831  
 NPI: 1902973472  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Farsi, French, German, Pushto, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Community Care Ipa Llc  
**SORIA LOPEZ, JOSE A**  
 Provider ID: 295744  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 450 4TH AVE STE 215 CHULA VISTA, CA 91910-4428  
 Phone: (619) 425-3840  
 Fax: (619) 485-5440  
 After Hours Phone: (619) 425-3840  
 Provider Gender: Male  
 License number: A139568  
 NPI: 1225474034  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Temecula Valley Hospital Inc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-6PM, SA 9AM-5PM  
 Website:

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## D. Directorio de proveedores de atención especializada

Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### WU, MELANIE L

Provider ID: 295785  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 450 4TH AVE STE 215  
 CHULA VISTA, CA 91910-4428  
 Phone: (619) 425-3840  
 Fax: (619) 485-5440  
 After Hours Phone: (619) 425-3840  
 Provider Gender: Female  
 License number: 20A14385  
 NPI: 1215357223  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cantonese  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Temecula Valley Hospital Inc, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-6PM, SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### OBSTETRICS / GYNECOLOGY

### ADAMCZAK, JOANNA E

Provider ID: 121816  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
 Phone: (858) 966-6710  
 Fax:  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A116982  
 NPI: 1447428420  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### ALIMONOS, LYSISTRATI A

Provider ID: 114817  
 Board Certified Specialty: No  
 CHULA VISTA FAMILY HLTH CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619) 515-2500  
 Provider Gender: Female  
 License number: 20A14919  
 NPI: 1619397031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: P, EB, IB, E, R, T,

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## D. Directorio de proveedores de atención especializada

<p>ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Chula Vista Family Hlth Ctr IPA:</p>	<p>American Sign Language (ASL): No ♿ Accessibility: W Hours: M-TH 8AM-5PM, F 8AM-1PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network</p>	<p>Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: W Hours: M-TH 8AM-5PM, F 8AM-1PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network</p>
<p><b>ANGUIANO, FRANCISCO E</b> Provider ID: 205791 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 765 MEDICAL CENTER CT STE 209 CHULA VISTA, CA 91911-6600 Phone: (619) 427-8892 Fax: (619) 422-7660 After Hours Phone: (619) 427-8892 Provider Gender: Male License number: G61584 NPI: 1215921697 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: 16/999</p>	<p><b>ANGUIANO, FRANCISCO E , MD</b> Provider ID: 268797 Board Certified Specialty: No COMMUNITY CARE IPA LLC 765 MEDICAL CENTER CT STE 209 CHULA VISTA, CA 91911-6600 Phone: (619) 427-8892 Fax: (619) 422-7660 After Hours Phone: (619) 427-8892 Provider Gender: Male License number: G61584 NPI: 1215921697 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps</p>	<p><b>ANGUIANO, FRANCISCO E</b> Provider ID: 27382 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 765 MEDICAL CENTER CT STE 209 CHULA VISTA, CA 91911-6600 Phone: (619) 427-8892 Fax: (619) 422-7660 After Hours Phone: (619) 427-8892 Provider Gender: Male License number: G61584 NPI: 1215921697 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish</p>

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## D. Directorio de proveedores de atención especializada

*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-TH 8AM-5PM, F 8AM-1PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

### **ATIGA, SCHUBERT J , MD**

*Provider ID:* 268953  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 752 MEDICAL CENTER CT STE 106  
 CHULA VISTA, CA 91911-6659  
*Phone:* (619) 482-8409  
*Fax:* (619) 482-6656  
*After Hours Phone:* (619) 482-8409  
*Provider Gender:* Male  
*License number:* G53756  
*NPI:* 1033138714

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-TH 9AM-4PM, F,SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ATIGA, SCHUBERT J**

*Provider ID:* 27235  
*Board Certified Specialty:* No  
 LIFETIME WOMENS HEALTH CARE MED ASSOCS INC  
 752 MEDICAL CENTER CT STE 106  
 CHULA VISTA, CA 91911-6659  
*Phone:* (619) 482-8406  
*Fax:*  
*After Hours Phone:* (619) 482-8406  
*Provider Gender:* Male  
*License number:* G53756  
*NPI:* 1033138714

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-TH 8AM-5PM, F 8AM-1PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BUECHNER, CHARLENE A**

*Provider ID:* 127424  
*Board Certified Specialty:* No  
 CHULA VISTA FAMILY HLTH CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Female  
*License number:* A68463  
*NPI:* 1376663831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Chula Vista Family Hlth Ctr  
*IPA:*

### **CARSON, LATISA S**

*Provider ID:* 27071  
*Board Certified Specialty:* No  
 UNIQUE HEALTHCARE FOR WOMEN MEDICAL CORP  
 891 KUHN DR STE 111  
 CHULA VISTA, CA 91914-3551  
*Phone:* (619) 475-9744  
*Fax:*  
*After Hours Phone:* (619) 475-9744  
*Provider Gender:* Female  
*License number:* A72235

*NPI:* 1245229129  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **CARTER, KHALIL J**

*Provider ID:* 127374  
*Board Certified Specialty:* No  
 CHULA VISTA FAMILY HLTH CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Chula Vista Family Hlth Ctr  
*IPA:*

### **CASELE, HOLLY L**

*Provider ID:* 121820  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
*Phone:* (858) 966-6710  
*Fax:*  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* G87630  
*NPI:* 1255348744

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>Provider Gender:</i> Female	<i>Phone:</i> (619) 482-2400
<i>Provider Language(s) Spoken:</i>	<i>License number:</i> A118095	<i>Fax:</i> (619) 482-2411
<i>Cultural Competency:</i> No	<i>NPI:</i> 1073701041	<i>After Hours Phone:</i> (619) 482-2400
<i>Hospital Affiliation:</i> Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego	<i>Provider English Spoken:</i> Yes	<i>Provider Gender:</i> Male
<i>Medi-Cal Open Panel:</i> No	<i>Provider Language(s) Spoken:</i> Spanish	<i>License number:</i> A105379
<i>Min/Max Age:</i> None	<i>Cultural Competency:</i> No	<i>NPI:</i> 1538347760
<i>American Sign Language (ASL):</i> No	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital	<i>Provider English Spoken:</i> Yes
<i>♿ Accessibility:</i> W	<i>Medi-Cal Open Panel:</i> Yes	<i>Provider Language(s) Spoken:</i> Cantonese, Chinese, Mandarin, Spanish, Vietnamese
<i>Hours:</i> M-SA 9AM-5PM	<i>Min/Max Age:</i> None	<i>Cultural Competency:</i> No
<i>Website:</i>	<i>American Sign Language (ASL):</i> No	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
<i>Email:</i>	<i>♿ Accessibility:</i> P, EB, IB, E, R, T, ME	<i>Medi-Cal Open Panel:</i> Yes
<i>Medical Group(s):</i>	<i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM	<i>Min/Max Age:</i> 0/18
<i>IPA:</i> Rady Childrens Health Network	<i>Website:</i> www.fhcsd.org	<i>American Sign Language (ASL):</i> No
	<i>Email:</i>	<i>♿ Accessibility:</i>
	<i>Medical Group(s):</i> Chula Vista Family Hlth Ctr	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
	<i>IPA:</i>	<i>Website:</i>
		<i>Email:</i>
		<i>Medical Group(s):</i>
		<i>IPA:</i> Rady Childrens Health Network
<b>CERVANTES, SANDRA M</b>	<b>CHAC, RICK T</b>	<b>FOLCH TORRES-AGUIAR, BEATRIZ M</b>
<i>Provider ID:</i> 114861	<i>Provider ID:</i> 210483	<i>Provider ID:</i> 120505
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
CHULA VISTA FAMILY HLTH CTR	RADY CHILDRENS HEALTH NETWORK	CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE	660 OLD TELEGRAPH CANYON RD	
CHULA VISTA, CA 91910-2628	CHULA VISTA, CA 91910-6587	
<i>Phone:</i> (619) 515-2500		
<i>Fax:</i>		
<i>After Hours Phone:</i> (619) 515-2500		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619)  
 515-2500  
 Provider Gender: Female  
 License number: A148014  
 NPI: 1457794752  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Yue Chinese  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Scripps Mercy  
 Hospital, Sharp Grossmont  
 Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 ME  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chula Vista  
 Family Hlth Ctr  
 IPA:

### LIPSCHITZ, LISA S

Provider ID: 115426

Board Certified Specialty: No  
 CHULA VISTA FAMILY HLTH  
 CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619)  
 515-2500  
 Provider Gender: Female  
 License number: A72005  
 NPI: 1649208711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Scripps Mercy Hospital,  
 Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 ME  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chula Vista  
 Family Hlth Ctr  
 IPA:

### LOEFFLER, ALLISON M

Provider ID: 115559  
 Board Certified Specialty: No  
 CHULA VISTA FAMILY HLTH  
 CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619)  
 515-2500  
 Provider Gender: Female  
 License number: A116680  
 NPI: 1700073962  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Scripps Mercy  
 Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 ME  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chula Vista

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Family Hlth Ctr  
IPA:

### MELENDEZ BERRIOS, IARA DEL M

Provider ID: 115025  
Board Certified Specialty: No  
CHULA VISTA FAMILY HLTH  
CTR  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2500  
Fax:  
After Hours Phone: (619)  
515-2500  
Provider Gender: Female  
License number: A114181  
NPI: 1740514249  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Grossmont  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,  
ME  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM  
Website: www.fhcsd.org

Email:  
Medical Group(s): Chula Vista  
Family Hlth Ctr  
IPA:

### REDDY, DIVYA K

Provider ID: 290726  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax: (619) 425-1184  
After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
License number: A130224  
NPI: 1669766473  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hindi, Kannada, Telugu  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: SU 10AM-4PM, M,TU  
8:30AM-8PM, W-F  
8:30AM-5:30PM, SA

8AM-2:30PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### RODRIGUEZ JEREZ, ROBERTO D

Provider ID: 130086  
Board Certified Specialty: No  
CHULA VISTA FAMILY HLTH  
CTR  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2500  
Fax:  
After Hours Phone: (619)  
515-2500  
Provider Gender: Male  
License number: A154298  
NPI: 1710316450  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Sharp  
Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T,

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## D. Directorio de proveedores de atención especializada

<p>ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Chula Vista Family Hlth Ctr IPA:</p>	<p>American Sign Language (ASL): No ♿ Accessibility: W Hours: M-TH 9AM-5PM, F,SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California, Rady Childrens Health Network</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California, Rady Childrens Health Network</p>
<p><b>SEFA-BOAKYE, KOFI D</b> Provider ID: 205412 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 340 4TH AVE STE 5 CHULA VISTA, CA 91910-3813 Phone: (619) 422-2121 Fax: (619) 422-2427 After Hours Phone: (619) 422-2121 Provider Gender: Male License number: G59670 NPI: 1902993660 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 16/999</p>	<p><b>SEFA-BOAKYE, KOFI D</b> Provider ID: 290712 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736 Phone: (619) 662-4100 Fax: (619) 425-1184 After Hours Phone: (619) 662-4100 Provider Gender: Male License number: G59670 NPI: 1902993660 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista</p>	<p><b>SHORT, ABI ADE C</b> Provider ID: 290872 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 678 3RD AVE CHULA VISTA, CA 91910-5736 Phone: (619) 662-4100 Fax: (619) 425-6941 After Hours Phone: (619) 662-4100 Provider Gender: Male License number: A114893 NPI: 1750559589 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-8PM, SA 8AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### TITH, TEVY

Provider ID: 73302  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
 Phone: (858) 966-6710  
 Fax:  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A103521  
 NPI: 1588816086  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego,

Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### WILLIAMS, KRISTIN M

Provider ID: 121985  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
 Phone: (858) 966-6710  
 Fax:  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A72985  
 NPI: 1992847131  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation: Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### WINESBURG, JENNIFER J

Provider ID: 114800  
 Board Certified Specialty: No  
 CHULA VISTA FAMILY HLTH CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619) 515-2500  
 Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>License number: 20A11535  NPI: 1811162456  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T, ME  Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): Chula Vista Family Hlth Ctr  IPA:</p>	<p>Phone: (619) 515-2500  Fax:  After Hours Phone: (619) 515-2500  Provider Gender: Male  License number: G78814  NPI: 1699790634  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T, ME  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): Chula Vista Family Hlth Ctr  IPA:</p>	<p>COMMUNITY CARE IPA LLC  342 F ST  CHULA VISTA, CA 91910-2625  Phone: (619) 422-1471  Fax: (619) 422-0450  After Hours Phone: (619) 422-1471  Provider Gender: Male  License number: C155562  NPI: 1023117124  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 13/130  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E  Hours: M,W 8AM-5PM, TU,TH,F 7AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>
<b>OPHTHALMOLOGY</b>		
<p><b>ZIEG, ALAN J</b>  Provider ID: 114831  Board Certified Specialty: No  CHULA VISTA FAMILY HLTH CTR  251 LANDIS AVE  CHULA VISTA, CA 91910-2628</p>	<p><b>BRYANT, DUANE M , MD</b>  Provider ID: 244753  Board Certified Specialty: No</p>	<p><b>CARRABY, ARNETT</b>  Provider ID: 103061  Board Certified Specialty: No  CALIFORNIA RETINA ASSOCS</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 425-7755  
 Fax:  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: G47836  
 NPI: 1366530792  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: El Centro  
 Regional Medical Center,  
 Pioneers Memorial Hospital,  
 Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CARRABY, ARNETT, MD**

Provider ID: 103061  
 Board Certified Specialty: No  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352

Phone: (619) 425-7755  
 Fax: (619) 425-9057  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: G47836  
 NPI: 1366530792  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: El Centro  
 Regional Medical Center,  
 Pioneers Memorial Hospital,  
 Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CASTILLEJOS-RIOS, DAVID**

Provider ID: 26867  
 Board Certified Specialty: Yes  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 342 F ST  
 CHULA VISTA, CA 91910-2625

Phone: (619) 422-1471  
 Fax: (619) 422-0450  
 After Hours Phone: (619)  
 422-1471  
 Provider Gender: Male  
 License number: A44482  
 NPI: 1558446401  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Portuguese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Paradise  
 Valley Hospital, Scripps Mercy  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E  
 Hours: M,W,F 8AM-5PM, TU,TH  
 7AM-5PM, SA 8AM-12PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **CASTILLEJOS-RIOS, DAVID, MD**

Provider ID: 268782  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

342 F ST  
 CHULA VISTA, CA 91910-2625  
 Phone: (619) 422-1471  
 Fax: (619) 422-0450  
 After Hours Phone: (619) 422-1471  
 Provider Gender: Male  
 License number: A44482  
 NPI: 1558446401  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Portuguese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E  
 Hours: M,W,F 8AM-5PM, TU,TH 7AM-5PM, SA 8AM-12PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CASTILLEJOS, MARIA E**

Provider ID: 26458

Board Certified Specialty: Yes  
 CASTILLEJOS EYE INSTITUTE MEDICAL GROUP  
 342 F ST  
 CHULA VISTA, CA 91910-2625  
 Phone: (619) 422-1471  
 Fax: (619) 422-0450  
 After Hours Phone: (619) 422-1471  
 Provider Gender: Female  
 License number: A37652  
 NPI: 1043395098  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E  
 Hours: M,W,F 8AM-5PM, TU,TH 7AM-5PM, SA 8AM-12PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical Group-Sd  
**CASTILLEJOS, MARIA E**  
 Provider ID: 26458  
 Board Certified Specialty: No  
 CASTILLEJOS EYE INSTITUTE MEDICAL GROUP  
 342 F ST  
 CHULA VISTA, CA 91910-2625  
 Phone: (619) 422-1471  
 Fax:  
 After Hours Phone: (619) 422-1471  
 Provider Gender: Female  
 License number: A37652  
 NPI: 1043395098  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, W  
 Hours: M-SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Website:	No	Min/Max Age: 0/999
Email:	♿ Accessibility: P, EB, IB, E	American Sign Language (ASL):
Medical Group(s):	Hours: M,W,F 8AM-5PM, TU,TH	No
IPA: Community Care Ipa Llc,	7AM-5PM, SA 8AM-12PM	♿ Accessibility:
Imperial Health Holdings	Website:	Hours: M-F 8AM-5PM, SA
Medical Group-Sd	Email:	9AM-5PM
<b>CASTILLEJOS, MARIA E , MD</b>	Medical Group(s):	Website:
Provider ID: 268747	IPA: Community Care Ipa Llc,	Email:
Board Certified Specialty: Yes	Imperial Health Holdings	Medical Group(s):
COMMUNITY CARE IPA LLC	Medical Group-Sd	IPA: Community Care Ipa Llc
342 F ST	<b>CHAVEZ, CESAR T , MD</b>	<b>DELENGOCKY, TAYSON</b>
CHULA VISTA, CA 91910-2625	Provider ID: 268776	Provider ID: 78153
Phone: (619) 422-1471	Board Certified Specialty: No	Board Certified Specialty: No
Fax: (619) 422-0450	COMMUNITY CARE IPA LLC	CALIFORNIA RETINA ASSOCS
After Hours Phone: (619)	835 3RD AVE STE A	835 3RD AVE STE A
422-1471	CHULA VISTA, CA 91911-1352	CHULA VISTA, CA 91911-1352
Provider Gender: Female	Phone: (619) 425-7755	Phone: (619) 425-7755
License number: A37652	Fax: (619) 425-2138	Fax:
NPI: 1043395098	After Hours Phone: (619)	After Hours Phone: (619)
Provider English Spoken: Yes	425-7755	425-7755
Provider Language(s) Spoken:	Provider Gender: Male	Provider Gender: Male
Spanish	License number: G51615	License number: 20A12784
Cultural Competency: No	NPI: 1720082563	NPI: 1164637153
Hospital Affiliation: Sharp Chula	Provider English Spoken: Yes	Provider English Spoken: Yes
Vista Med Ctr, Scripps Mercy	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Hospital Chula Vista, Scripps	Spanish	Farsi, French, Spanish, Tagalog,
Mercy Hospital, Scripps	Cultural Competency: No	Vietnamese
Memorial Hospital, Paradise	Hospital Affiliation: El Centro	Cultural Competency: No
Valley Hospital, Sharp Memorial	Regional Medical Center,	Hospital Affiliation: El Centro
Hospital	Paradise Valley Hospital,	Regional Medical Center,
Medi-Cal Open Panel: Yes	Scripps Mercy Hospital, Scripps	Alvarado Hospital Llc
Min/Max Age: 0/999	Memorial Hospital Encinitas	Medi-Cal Open Panel: No
American Sign Language (ASL):	Medi-Cal Open Panel: Yes	Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

American Sign Language (ASL): No	♿ Accessibility: No	Min/Max Age: None
♿ Accessibility: W	Hours: M-F 8AM-5PM, SA 9AM-5PM	American Sign Language (ASL): No
Hours: M-SA 9AM-5PM	Website:	♿ Accessibility: W
Website:	Email:	Hours: M-SA 9AM-5PM
Email:	Medical Group(s):	Website:
Medical Group(s):	IPA: Community Care Ipa Llc	Email:
IPA: Community Care Ipa Llc		Medical Group(s):
		IPA: Community Care Ipa Llc
<b>DELENGOCKY, TAYSON</b>	<b>ECHEGOYEN, JULIO C</b>	<b>ECHEGOYEN, JULIO C , MD</b>
Provider ID: 78153	Provider ID: 101658	Provider ID: 257137
Board Certified Specialty: Yes	Board Certified Specialty: No	Board Certified Specialty: Yes
CALIFORNIA RETINA ASSOCS	EYE INSTITUTE OF	COMMUNITY CARE IPA LLC
835 3RD AVE STE A	CALIFORNIA MED GRP	835 3RD AVE STE A
CHULA VISTA, CA 91911-1352	480 4TH AVE STE 201	CHULA VISTA, CA 91911-1352
Phone: (619) 425-7755	CHULA VISTA, CA 91910-4412	Phone: (619) 427-3355
Fax: (619) 425-2138	Phone: (619) 427-3355	Fax: (619) 427-0955
After Hours Phone: (619) 425-7755	Fax:	After Hours Phone: (619) 427-3355
Provider Gender: Male	After Hours Phone: (619) 427-3355	427-3355
License number: 20A12784	Provider Gender: Male	Provider Gender: Male
NPI: 1164637153	License number: A121431	License number: A121431
Provider English Spoken: Yes	NPI: 1770801540	NPI: 1770801540
Provider Language(s) Spoken: Farsi, French, Spanish, Tagalog, Vietnamese	Provider English Spoken: Yes	Provider English Spoken: Yes
Cultural Competency: No	Provider Language(s) Spoken: Spanish, Tagalog	Provider Language(s) Spoken: Spanish, Tagalog
Hospital Affiliation: El Centro Regional Medical Center, Alvarado Hospital Llc	Cultural Competency: No	Cultural Competency: No
Medi-Cal Open Panel: Yes	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
Min/Max Age: None		
American Sign Language (ASL): No	Medi-Cal Open Panel: No	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Mercy Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 8AM-12PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>
<p><b>GOLDMAN, RONALD J , MD</b>            Provider ID: 26488            Board Certified Specialty: Yes            COMMUNITY CARE IPA LLC            480 4TH AVE STE 201            CHULA VISTA, CA 91910-4412            Phone: (619) 427-3355            Fax: (619) 427-0955            After Hours Phone: (619) 427-3355            Provider Gender: Male            License number: C27512            NPI: 1114928082            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Tagalog            Cultural Competency: No            Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps</p>	<p><b>JARDON, JAVIER A</b>            Provider ID: 290534            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            678 3RD AVE            CHULA VISTA, CA 91910-5736            Phone: (619) 662-4100            Fax: (619) 425-1184            After Hours Phone: (619) 662-4100            Provider Gender: Male            License number: A131365            NPI: 1609171982            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: California Hosp Med Ctr Los Angeles, El Centro Regional Medical Center            Medi-Cal Open Panel: Yes</p>	<p><b>KHANDAN, SARA, MD</b>            Provider ID: 268580            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            835 3RD AVE STE A            CHULA VISTA, CA 91911-1352            Phone: (619) 425-7755            Fax: (619) 425-2138            After Hours Phone: (619) 425-7755            Provider Gender: Female            License number: A155828            NPI: 1063850808            Provider English Spoken: Yes            Provider Language(s) Spoken: Farsi, Spanish            Cultural Competency: No            Hospital Affiliation: Hemet Valley Med Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MANI, MAJID, MD**

Provider ID: 269193  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
835 3RD AVE STE A  
CHULA VISTA, CA 91911-1352  
Phone: (619) 425-7755  
Fax: (619) 425-2138  
After Hours Phone: (619)  
425-7755  
Provider Gender: Male  
License number: A60640  
NPI: 1043261373  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic, Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: El Centro  
Regional Medical Center, Sharp  
Memorial Hospital, Pioneers  
Memorial Hospital, Scripps  
Memorial Hospital, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MANI, MAJID**

Provider ID: 26922  
Board Certified Specialty: No  
CALIFORNIA RETINA ASSOCS  
835 3RD AVE STE A  
CHULA VISTA, CA 91911-1352  
Phone: (619) 425-7755  
Fax: (619) 425-2138  
After Hours Phone: (619)  
425-7755  
Provider Gender: Male  
License number: A60640  
NPI: 1043261373  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic, Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: El Centro  
Regional Medical Center, Sharp  
Memorial Hospital, Pioneers  
Memorial Hospital, Scripps  
Memorial Hospital, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MANI, NASRIN, MD**

Provider ID: 269199  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
835 3RD AVE STE A  
CHULA VISTA, CA 91911-1352  
Phone: (619) 425-7755  
Fax: (619) 425-2138  
After Hours Phone: (619)  
425-7755  
Provider Gender: Female  
License number: A40473  
NPI: 1023061314  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic, Faroese, Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Sharp  
Memorial Hospital, Ucsd  
Medical Ctr, Sharp Chula Vista  
Med Ctr, Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.


## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California</p>	<p>No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California</p>	<p><i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California</p>
<p><b>MANI, NASRIN</b>  <i>Provider ID:</i> 27356  <i>Board Certified Specialty:</i> No  CALIFORNIA RETINA ASSOCS  835 3RD AVE STE A  CHULA VISTA, CA 91911-1352  <i>Phone:</i> (619) 425-7755  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 425-7755  <i>Provider Gender:</i> Female  <i>License number:</i> A40473  <i>NPI:</i> 1023061314  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, Faroese, Farsi, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i></p>	<p><b>MANI, NASRIN</b>  <i>Provider ID:</i> 290376  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  835 3RD AVE STE A  CHULA VISTA, CA 91911-1352  <i>Phone:</i> (619) 425-7755  <i>Fax:</i> (619) 425-2138  <i>After Hours Phone:</i> (619) 425-7755  <i>Provider Gender:</i> Female  <i>License number:</i> A40473  <i>NPI:</i> 1023061314  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, Faroese, Farsi, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999</p>	<p><b>MANI, NASRIN</b>  <i>Provider ID:</i> 290377  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  678 3RD AVE  CHULA VISTA, CA 91910-5736  <i>Phone:</i> (619) 662-4100  <i>Fax:</i> (619) 425-1184  <i>After Hours Phone:</i> (619) 662-4100  <i>Provider Gender:</i> Female  <i>License number:</i> A40473  <i>NPI:</i> 1023061314  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, Faroese, Farsi, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.


Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California


### **MCDONNELL, EMMA C**

Provider ID: 283536  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Female  
 License number: A172521  
 NPI: 1023357670  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Sharp  
 Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/200

American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MOSS, JASON M , MD**

Provider ID: 106478  
 Board Certified Specialty: No  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: A130529  
 NPI: 1386961423  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro  
 Regional Medical Center,  
 Scripps Memorial Hospital,  
 Sharp Chula Vista Med Ctr,  
 Sharp Memorial Hospital,  
 Scripps Memorial Hospital  
 Encinitas

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **PAPASTERGIU, GEORGIOS**

Provider ID: 204144  
 Board Certified Specialty: Yes  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: A127706  
 NPI: 1790054393  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, Farsi, French, Greek,  
 Italian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro  
 Regional Medical Center,  
 Scripps Memorial Hospital,

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## D. Directorio de proveedores de atención especializada

Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

### **PAPASTERGIOU, GEORGIOS, MD**

Provider ID: 269189  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619) 425-7755  
 Provider Gender: Male  
 License number: A127706  
 NPI: 1790054393  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Farsi, French, Greek, Italian, Spanish

Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

### **PAPASTERGIOU, GEORGIOS**

Provider ID: 290719  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: A127706  
 NPI: 1790054393

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Farsi, French, Greek, Italian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: SU 10AM-4PM, M-F 8:30AM-5:30PM, SA 8AM-2:30PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

### **PAPASTERGIOU, GEORGIOS**

Provider ID: 80983  
 Board Certified Specialty: No  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>Phone: (619) 425-7755            Fax: (619) 425-2318            After Hours Phone: (619) 425-7755            Provider Gender: Male            License number: A127706            NPI: 1790054393            Provider English Spoken: Yes            Provider Language(s) Spoken: Arabic, Farsi, French, Greek, Italian, Spanish            Cultural Competency: No            Hospital Affiliation: El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings            Medical Group-Sd</p>	<p>835 3RD AVE STE A            CHULA VISTA, CA 91911-1352            Phone: (619) 425-7755            Fax:            After Hours Phone: (619) 425-7755            Provider Gender: Male            License number: A155296            NPI: 1609135623            Provider English Spoken: Yes            Provider Language(s) Spoken: Arabic, Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>835 3RD AVE STE A            CHULA VISTA, CA 91911-1352            Phone: (619) 425-7755            Fax: (619) 425-2138            After Hours Phone: (619) 425-7755            Provider Gender: Male            License number: A155296            NPI: 1609135623            Provider English Spoken: Yes            Provider Language(s) Spoken: Arabic, Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>
<p><b>PEAIRS, JAMES J</b>            Provider ID: 126597            Board Certified Specialty: No            CALIFORNIA RETINA ASSOCS</p>	<p><b>PEAIRS, JAMES J , MD</b>            Provider ID: 268818            Board Certified Specialty: No            COMMUNITY CARE IPA LLC</p>	<p><b>PONS, MAURICIO E</b>            Provider ID: 23410            Board Certified Specialty: No            CALIFORNIA RETINA ASSOCS</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 425-7755  
 Fax:  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: A87650  
 NPI: 1376723759  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, El Centro  
 Regional Medical Center, Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### **PONS, MAURICIO E , MD**

Provider ID: 269242  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: A87650  
 NPI: 1376723759  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, El Centro  
 Regional Medical Center, Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### **PONS, MAURICIO E**

Provider ID: 290391  
 Board Certified Specialty: No

IHP OF SOUTHERN  
 CALIFORNIA  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: A87650  
 NPI: 1376723759  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, El Centro  
 Regional Medical Center, Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### **PONS, MAURICIO E**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Provider ID: 290392

Board Certified Specialty: No  
IHP OF SOUTHERN

CALIFORNIA

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)

662-4100

Provider Gender: Male

License number: A87650

NPI: 1376723759

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, El Centro

Regional Medical Center, Sharp

Memorial Hospital, Scripps

Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Ihp Of Southern California

**RAJSBAUM, MARTIN**

Provider ID: 117787

Board Certified Specialty: No

CALIFORNIA RETINA ASSOCS

835 3RD AVE STE A

CHULA VISTA, CA 91911-1352

Phone: (619) 425-7755

Fax:

After Hours Phone: (619)

425-7755

Provider Gender: Male

License number: A42670

NPI: 1912999400

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Russian, Spanish,

Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Memorial

Hospital Encinitas, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

**RAJSBAUM, MARTIN, MD**

Provider ID: 268749

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

835 3RD AVE STE A

CHULA VISTA, CA 91911-1352

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)

425-7755

Provider Gender: Male

License number: A42670

NPI: 1912999400

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Russian, Spanish,

Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Memorial

Hospital Encinitas, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc

### **SASSANI, PATRICK P , MD**

Provider ID: 269076

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

835 3RD AVE STE A

CHULA VISTA, CA 91911-1352

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)

425-7755

Provider Gender: Male

License number: A150205

NPI: 1033411061

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Sharp Chula

Vista Med Ctr, El Centro

Regional Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SCHER, BARRY M , MD**

Provider ID: 268828

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

480 4TH AVE STE 201

CHULA VISTA, CA 91910-4412

Phone: (619) 427-3355

Fax: (619) 427-0955

After Hours Phone: (619)

427-3355

Provider Gender: Male

License number: G23827

NPI: 1235106899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Scripps

Mercy Hospital, Paradise Valley

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SCHER, BARRY M , MD**

Provider ID: 268830

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

835 3RD AVE STE A

CHULA VISTA, CA 91911-1352

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)

425-7755

Provider Gender: Male

License number: G23827

NPI: 1235106899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Scripps

Mercy Hospital, Paradise Valley

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

### SKAF, AYHAM R , MD

*Provider ID:* 269074  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-9057  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A120584  
*NPI:* 1285888628  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

### SKAF, AYHAM R

*Provider ID:* 290229  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-9057  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A120584  
*NPI:* 1285888628  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,

Ihp Of Southern California

### SKAF, AYHAM R

*Provider ID:* 290230  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:* (619) 425-1184  
*After Hours Phone:* (619) 662-4100  
*Provider Gender:* Male  
*License number:* A120584  
*NPI:* 1285888628  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Ihp Of Southern California

### **SKAF, AYHAM R**

Provider ID: 63195

Board Certified Specialty: No

CALIFORNIA RETINA ASSOCS

835 3RD AVE STE A

CHULA VISTA, CA 91911-1352

Phone: (619) 425-7755

Fax:

After Hours Phone: (619)

425-7755

Provider Gender: Male

License number: A120584

NPI: 1285888628

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Spanish

Cultural Competency: No

Hospital Affiliation: El Centro

Regional Medical Center, Sharp

Memorial Hospital, Scripps

Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Ihp Of Southern California

### **STAINER, GREGORY A , MD**

Provider ID: 272892

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

835 3RD AVE STE A

CHULA VISTA, CA 91911-1352

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)

425-7755

Provider Gender: Male

License number: G41135

NPI: 1295729465

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

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### **OTOLARYNGOLOGY**

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### **CALZADA, AUDREY P**

Provider ID: 289992

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

577 3RD AVE

CHULA VISTA, CA 91910-5619

Phone: (619) 426-5181

Fax: (619) 426-0714

After Hours Phone: (619)

426-5181

Provider Gender: Female

License number: A107965

NPI: 1619113230

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas,

Sharp Memorial Hospital, Rady

Childrens Hospital San Diego,

Scripps Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **JANSEN, CORNELIUS J , MD**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 255731            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            577 3RD AVE            CHULA VISTA, CA 91910-5619            Phone: (619) 426-5181            Fax: (619) 426-0714            After Hours Phone: (619) 426-5181            Provider Gender: Male            License number: G85048            NPI: 1285712380            Provider English Spoken: Yes            Provider Language(s) Spoken: Dutch, French, Spanish            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility: No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>MEHTA, RITVIK P</b>            Provider ID: 293510            Board Certified Specialty: No</p>	<p>COMMUNITY CARE IPA LLC            577 3RD AVE            CHULA VISTA, CA 91910-5619            Phone: (619) 426-5181            Fax: (619) 426-0714            After Hours Phone: (619) 426-5181            Provider Gender: Male            License number: A93336            NPI: 1245393586            Provider English Spoken: Yes            Provider Language(s) Spoken: Gujarati, Hindi, Sindhi, Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>PATSIAS, ALEXIS, MD</b>            Provider ID: 268806            Board Certified Specialty: No            COMMUNITY CARE IPA LLC</p>	<p>765 MEDICAL CENTER CT STE 210            CHULA VISTA, CA 91911-6600            Phone: (619) 482-0565            Fax: (619) 482-2775            After Hours Phone: (619) 482-0565            Provider Gender: Male            License number: A160436            NPI: 1326452855            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>SCHALCH LEPE, PAUL</b>            Provider ID: 105766            Board Certified Specialty: No            EAR NOSE AND THROAT OF</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO A MED CORP  
 765 MEDICAL CENTER CT STE  
 210  
 CHULA VISTA, CA 91911-6600  
 Phone: (619) 482-0565  
 Fax: (619) 482-2775  
 After Hours Phone: (619)  
 482-0565  
 Provider Gender: Male  
 License number: A92839  
 NPI: 1558550053  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Scripps Mercy  
 Hospital, Sharp Memorial  
 Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

**SCHALCH LEPE, PAUL**  
 Provider ID: 105766  
 Board Certified Specialty: No  
 EAR NOSE AND THROAT OF  
 SAN DIEGO A MED CORP  
 765 MEDICAL CENTER CT STE  
 210  
 CHULA VISTA, CA 91911-6600  
 Phone: (619) 482-0565  
 Fax:  
 After Hours Phone: (619)  
 482-0565  
 Provider Gender: Male  
 License number: A92839  
 NPI: 1558550053  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Scripps Mercy  
 Hospital, Sharp Memorial  
 Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-4:45PM, SA  
 9AM-5PM  
 Website: www.ent-sd.com

Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd  
**WOO, LINDA N**  
 Provider ID: 125039  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 321 E ST  
 CHULA VISTA, CA 91910-2667  
 Phone: (619) 934-3260  
 Fax:  
 After Hours Phone: (619)  
 934-3260  
 Provider Gender: Female  
 License number: A121814  
 NPI: 1467720656  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California,  
Imperial Health Holdings  
Medical Group-Sd

### WOO, LINDA N

Provider ID: 295661  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
321 E ST  
CHULA VISTA, CA 91910-2667  
Phone: (619) 934-3260  
Fax:  
After Hours Phone: (619)  
934-3260  
Provider Gender: Female  
License number: A121814  
NPI: 1467720656  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California,  
Imperial Health Holdings  
Medical Group-Sd

### PEDIATRIC EMERGENCY MEDICINE

**VAIDYA, KAMALA**  
Provider ID: 289411  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
386 E H ST STE 202  
CHULA VISTA, CA 91910-7486  
Phone: (858) 966-1720  
Fax: (858) 966-1725  
After Hours Phone: (858)  
966-1720  
Provider Gender: Female  
License number: A124814  
NPI: 1083840920  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: SA,SU 1PM-10PM, M-F  
4PM-10PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### PEDIATRICS

**FLEMING, SARAH E**  
Provider ID: 104816  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN  
435 H ST  
CHULA VISTA, CA 91910-4307  
Phone: (619) 691-7000  
Fax:  
After Hours Phone: (619)  
691-7000  
Provider Gender: Female  
License number: A89838  
NPI: 1679809826  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Mercy Hospital, Scripps Mercy Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>Mercy Hospital Chula Vista, El Centro Regional Medical Center, Ucsf Benioff Children's Hospital Oakland, Parkview Hospital Oakland, Parkview Community Hospital Medical Center, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-TH 9:30AM-5PM, F 9:30AM-12PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>License number:</i> 20A6842  <i>NPI:</i> 1295743045  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Farsi, Fataleka, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-12PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc</p>
<hr/> <p><b>PHYSICAL MEDICINE / REHABILITATION</b></p> <hr/>		
<p><b>TIZNADO, ERNESTO G , MD</b>  <i>Provider ID:</i> 269717  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  1635 3RD AVE STE L  CHULA VISTA, CA 91911-5884  <i>Phone:</i> (619) 425-8901  <i>Fax:</i> (619) 425-8902  <i>After Hours Phone:</i> (619) 425-8901  <i>Provider Gender:</i> Male  <i>License number:</i> A45183  <i>NPI:</i> 1568495703  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Arrowhead Regional Medical Center, Sharp Chula Vista Med Ctr, Scripps</p>	<p><b>BULLOCK, ANDREW C</b>  <i>Provider ID:</i> 257590  <i>Board Certified Specialty:</i> No  BLUE SHIELD PROMISE HEALTH PLAN DIRECT  344 F ST STE 100  CHULA VISTA, CA 91910-2645  <i>Phone:</i> (619) 379-6579  <i>Fax:</i> (619) 501-3846  <i>After Hours Phone:</i> (619) 379-6579  <i>Provider Gender:</i> Male</p>	<p><b>BULLOCK, ANDREW C</b>  <i>Provider ID:</i> 268443  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  344 F ST STE 100  CHULA VISTA, CA 91910-2645  <i>Phone:</i> (619) 379-6579  <i>Fax:</i> (619) 501-3846  <i>After Hours Phone:</i> (619) 379-6579  <i>Provider Gender:</i> Male  <i>License number:</i> 20A6842</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NPI: 1295743045            Provider English Spoken: Yes            Provider Language(s) Spoken: Farsi, Fataleka, Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:  Accessibility:            Hours: M-F 9AM-5PM, SA 9AM-12PM            Website:            Email:            Medical Group(s):            IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc</p>	<p>NPI: 1326031980            Provider English Spoken: Yes            Provider Language(s) Spoken: French, Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL): No            Accessibility:  Accessibility:            Hours: M-TH 8:30AM-5PM, F 8:30AM-4:30PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>	<p>Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL): No            Accessibility:  Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>
<p><b>HURSCHMAN, ALAN B</b>            Provider ID: 295866            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            344 F ST STE 203            CHULA VISTA, CA 91910-2646            Phone: (858) 571-3630            Fax: (858) 295-3948            After Hours Phone: (858) 571-3630            Provider Gender: Male            License number: C155336</p>	<p><b>RICHARDSON, HENRY A</b>            Provider ID: 295275            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            340 4TH AVE STE 19            CHULA VISTA, CA 91910-3898            Phone: (619) 761-5308            Fax: (619) 591-1910            After Hours Phone: (619) 761-5308            Provider Gender: Male            License number: A105294            NPI: 1407052459            Provider English Spoken: Yes</p>	<p><b>TAHAEI, SEYED A</b>            Provider ID: 295814            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            340 4TH AVE STE 19            CHULA VISTA, CA 91910-3898            Phone: (618) 761-5308            Fax: (619) 591-1910            After Hours Phone: (618) 761-5308            Provider Gender: Male            License number: A133899            NPI: 1275845133            Provider English Spoken: Yes            Provider Language(s) Spoken: Farsi</p>

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## D. Directorio de proveedores de atención especializada

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M,W 8AM-5PM, TU,TH 7AM-3:30PM, F,SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**INDA, PRISCILLA S , NPA**  
*Provider ID:* 265072  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 450 4TH AVE STE 215  
 CHULA VISTA, CA 91910-4428  
*Phone:* (619) 434-0204  
*Fax:* (619) 337-0191  
*After Hours Phone:* (619) 434-0204  
*Provider Gender:* Female  
*License number:* PA54404  
*NPI:* 1679008379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/110

*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**MACASADIA, MARITES N**  
*Provider ID:* 268788  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 752 MEDICAL CENTER CT STE 210  
 CHULA VISTA, CA 91911-6660  
*Phone:* (619) 656-0206  
*Fax:* (619) 527-3226  
*After Hours Phone:* (619) 656-0206  
*Provider Gender:* Female  
*License number:* PA15254  
*NPI:* 1093743015  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA

### PHYSICIANS ASSISTANT

**ALICEA, RAUL C**  
*Provider ID:* 268631  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 450 4TH AVE STE 215  
 CHULA VISTA, CA 91910-4428  
*Phone:* (619) 434-0204  
*Fax:* (619) 337-0191  
*After Hours Phone:* (619) 434-0204  
*Provider Gender:* Male  
*License number:* PA54627  
*NPI:* 1275057051  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

9AM-5PM	Ctr San Diego-Rice Fam Hc	<b>VARGAS, CHRISTOPHER B , NPA</b>
Website:	IPA:	Provider ID: 268744
Email:		Board Certified Specialty: No
Medical Group(s):	<b>SOLAI, RADHA S , NPA</b>	COMMUNITY CARE IPA LLC
IPA: Community Care Ipa Llc	Provider ID: 247295	2452 FENTON ST STE C203
	Board Certified Specialty: No	CHULA VISTA, CA 91914-3599
<b>REVELES, DIANA</b>	COMMUNITY CARE IPA LLC	Phone: (619) 600-5309
Provider ID: 127984	890 EASTLAKE PKWY STE 205	Fax: (619) 655-4700
Board Certified Specialty: No	CHULA VISTA, CA 91914-4521	After Hours Phone: (619)
FAMILY HLTH CTR SAN	Phone: (619) 482-0300	600-5309
DIEGO-RICE FAM HC	Fax: (619) 482-0959	Provider Gender: Male
352 L ST	After Hours Phone: (619)	License number: PA55263
CHULA VISTA, CA 91911-1208	482-0300	NPI: 1922505775
Phone: (619) 515-2325	Provider Gender: Female	Provider English Spoken: Yes
Fax:	License number: PA54899	Provider Language(s) Spoken:
After Hours Phone: (619)	NPI: 1245759695	Spanish
515-2325	Provider English Spoken: Yes	Cultural Competency: No
Provider Gender: Female	Provider Language(s) Spoken:	Hospital Affiliation: Scripps
License number: PA19306	Spanish	Mercy Hospital Chula Vista
NPI: 1548455405	Cultural Competency: No	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Hospital Affiliation: Sharp	Min/Max Age: 0/999
Provider Language(s) Spoken:	Coronado Hosp And Healthcare	American Sign Language (ASL):
Spanish	Ctr	No
Cultural Competency: No	Medi-Cal Open Panel: Yes	⚡ Accessibility:
Hospital Affiliation:	Min/Max Age: 0/999	Hours: M-F 8AM-5PM, SA
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	9AM-5PM
Min/Max Age: None	No	Website:
American Sign Language (ASL):	⚡ Accessibility:	Email:
No	Hours: M-F 9AM-5PM, SA	Medical Group(s):
⚡ Accessibility:	9AM-5PM	IPA: Community Care Ipa Llc,
Hours: M-SA 9AM-5PM	Website:	Ihp Of Southern California
Website: www.fhcsd.org	Email:	<b>VARGAS, CHRISTOPHER B</b>
Email:	Medical Group(s):	
Medical Group(s): Family Hlth	IPA: Community Care Ipa Llc	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider ID:* 295828  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 2452 FENTON ST STE C203  
 CHULA VISTA, CA 91914-3599  
*Phone:* (619) 600-5309  
*Fax:* (619) 655-4700  
*After Hours Phone:* (619) 600-5309  
*Provider Gender:* Male  
*License number:* PA55263  
*NPI:* 1922505775  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc, Ihp Of Southern California

### **VARGAS, CHRISTOPHER B**

*Provider ID:* 295945

*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 2452 FENTON ST STE C101  
 CHULA VISTA, CA 91914-3599  
*Phone:* (619) 600-5309  
*Fax:* (619) 655-4700  
*After Hours Phone:* (619) 600-5309  
*Provider Gender:* Male  
*License number:* PA55263  
*NPI:* 1922505775  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc, Ihp Of Southern California

### **PODIATRIST**

**CANABA, YVETTE**

*Provider ID:* 268469  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 345 F ST STE 100  
 CHULA VISTA, CA 91910-2632  
*Phone:* (619) 427-3481  
*Fax:* (619) 420-7807  
*After Hours Phone:* (619) 427-3481  
*Provider Gender:* Female  
*License number:* DPM5496  
*NPI:* 1821426388  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M,W 9AM-5PM, TU 12PM-4PM, TH,SA 9AM-5PM, F 9AM-2PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **CHISHOLM, JOHN A**

*Provider ID:* 125043

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 345 F ST STE 100  
 CHULA VISTA, CA 91910-2632  
*Phone:* (619) 427-3481  
*Fax:* (619) 420-7807  
*After Hours Phone:* (619)  
 427-3481  
*Provider Gender:* Male  
*License number:* DPM3431  
*NPI:* 1396740072  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
 Valley Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T,  
 W  
*Hours:* M-F 9AM-5PM, SA  
 8AM-12PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

**CHISHOLM, JOHN A**  
*Provider ID:* 268440  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 345 F ST STE 100  
 CHULA VISTA, CA 91910-2632  
*Phone:* (619) 427-3481  
*Fax:* (619) 420-7807  
*After Hours Phone:* (619)  
 427-3481  
*Provider Gender:* Male  
*License number:* DPM3431  
*NPI:* 1396740072  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
 Valley Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T,  
 W  
*Hours:* M-F 9AM-5PM, SA  
 8AM-12PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,

Imperial Health Holdings  
 Medical Group-Sd  
**COLLINS, MICHAEL L**  
*Provider ID:* 108899  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
*Phone:* (619) 425-9510  
*Fax:* (619) 425-0359  
*After Hours Phone:* (619)  
 425-9510  
*Provider Gender:* Male  
*License number:* DPM5146  
*NPI:* 1912294711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### DAVIDSON, JOHN A

Provider ID: 129545  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
345 F ST STE 100  
CHULA VISTA, CA 91910-2632  
Phone: (619) 427-3481  
Fax: (619) 420-7807  
After Hours Phone: (619)  
427-3481  
Provider Gender: Male  
License number: DPM5418  
NPI: 1689069874  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA: Community Care Ipa Llc

### LONGOBARDI, JAMES J

Provider ID: 257486  
Board Certified Specialty: Yes  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
450 4TH AVE STE 401  
CHULA VISTA, CA 91910-4430  
Phone: (619) 425-5500  
Fax: (619) 425-5589  
After Hours Phone: (619)  
425-5500  
Provider Gender: Male  
License number: DPM3675  
NPI: 1780664250  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital Chula Vista,  
Scripps Mercy Hospital, Sharp  
Chula Vista Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M 8AM-5PM, TU,TH  
10AM-5PM, W,F 8AM-12PM, SA  
9AM-5PM  
Website:  
Email:

Medical Group(s):

IPA: Blue Shield Promise Health  
Plan Direct

### MANCHEL, BRUCE A

Provider ID: 290616  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax: (619) 425-1184  
After Hours Phone: (619)  
662-4100  
Provider Gender: Male  
License number: DPM2930  
NPI: 1790890788  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Coronado Hosp And Healthcare  
Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

### XU, DIXON H

*Provider ID:* 277917  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 345 F ST STE 100  
 CHULA VISTA, CA 91910-2632  
*Phone:* (619) 427-3481  
*Fax:* (619) 420-7807  
*After Hours Phone:* (619)  
 427-3481  
*Provider Gender:* Male  
*License number:* DPM5596  
*NPI:* 1598296600  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Sharp Memorial  
 Hospital, Paradise Valley  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### XU, DIXON H

*Provider ID:* 295831  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 345 F ST STE 100  
 CHULA VISTA, CA 91910-2632  
*Phone:* (619) 427-3481  
*Fax:* (619) 420-7807  
*After Hours Phone:* (619)  
 427-3481  
*Provider Gender:* Male  
*License number:* DPM5596  
*NPI:* 1598296600  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Sharp Memorial  
 Hospital, Paradise Valley  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### PULMONARY DISEASES

### LIRA, JOSE A

*Provider ID:* 262193  
*Board Certified Specialty:* Yes  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 841 KUHN DR STE 200  
 CHULA VISTA, CA 91914-4523  
*Phone:* (619) 482-7301  
*Fax:* (619) 482-7302  
*After Hours Phone:* (619)  
 482-7301  
*Provider Gender:* Male  
*License number:* A33913  
*NPI:* 1356319446  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R  
*Hours:* M,TU,F 9AM-5PM, W,TH  
 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

### LOZANO, MARTHA E , MD

Provider ID: 269322  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 841 KUHN DR STE 200  
 CHULA VISTA, CA 91914-4523  
 Phone: (619) 363-4000  
 Fax: (619) 202-9400  
 After Hours Phone: (616)  
 363-4000  
 Provider Gender: Female  
 License number: A48551  
 NPI: 1609845627  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

Provider ID: 82696  
 Board Certified Specialty: Yes  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 841 KUHN DR STE 200  
 CHULA VISTA, CA 91914-4523  
 Phone: (619) 363-4000  
 Fax: (619) 202-9400  
 After Hours Phone: (616)  
 363-4000  
 Provider Gender: Female  
 License number: A48551  
 NPI: 1609845627  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### COLEMAN, LORI A , MD

Provider ID: 206393  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911-6602  
 Phone: (619) 502-5851  
 Fax: (619) 502-5865  
 After Hours Phone: (619)  
 502-5851  
 Provider Gender: Female  
 License number: G78635  
 NPI: 1053348920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Sharp Memorial  
 Hospital, Grossmont Hospital,  
 Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### RADIATION ONCOLOGY

### DEWITT, KELLY D , MD

### LOZANO, MARTHA E

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 220043  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            769 MEDICAL CENTER CT            CHULA VISTA, CA 91911-6602  <i>Phone:</i> (619) 502-5851  <i>Fax:</i> (619) 502-5865  <i>After Hours Phone:</i> (619) 502-5851  <i>Provider Gender:</i> Female  <i>License number:</i> A74873  <i>NPI:</i> 1184668741  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 19/100  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p>COMMUNITY CARE IPA LLC            751 MEDICAL CENTER CT            CHULA VISTA, CA 91911-6617  <i>Phone:</i> (619) 502-5851  <i>Fax:</i> (619) 502-5865  <i>After Hours Phone:</i> (619) 502-5851  <i>Provider Gender:</i> Male  <i>License number:</i> A99269  <i>NPI:</i> 1720314107  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Farsi            Cultural Competency: No  <i>Hospital Affiliation:</i> Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p>COMMUNITY CARE IPA LLC            769 MEDICAL CENTER CT            CHULA VISTA, CA 91911-6602  <i>Phone:</i> (619) 502-5851  <i>Fax:</i> (619) 502-5865  <i>After Hours Phone:</i> (619) 502-5851  <i>Provider Gender:</i> Male  <i>License number:</i> A99269  <i>NPI:</i> 1720314107  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Farsi            Cultural Competency: No  <i>Hospital Affiliation:</i> Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
<p><b>JABBARI, SIAVASH, MD</b>  <i>Provider ID:</i> 204860  <i>Board Certified Specialty:</i> No</p>	<p><b>JABBARI, SIAVASH, MD</b>  <i>Provider ID:</i> 268783  <i>Board Certified Specialty:</i> No</p>	<p><b>MACEWAN, IAIN J</b>  <i>Provider ID:</i> 205875  <i>Board Certified Specialty:</i> No</p>

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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
 959 LANE AVE STE B  
 CHULA VISTA, CA 91914-4528  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A129079  
 NPI: 1326300401  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Rady Childrens Health Network,  
 Ucsd Medical Group

**PEJAVAR, SUNANDA M , MD**  
 Provider ID: 221074  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911-6602  
 Phone: (619) 502-5851  
 Fax: (619) 502-5865  
 After Hours Phone: (619)  
 502-5851  
 Provider Gender: Female  
 License number: A103733  
 NPI: 1912232513  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Kannada, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Sharp Memorial  
 Hospital, Sharp Chula Vista  
 Hospital, Sharp Chula Vista  
 Med Ctr, Palomar Medical  
 Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**UHL, BARRY M , MD**  
 Provider ID: 243527  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911-6602  
 Phone: (619) 502-5851  
 Fax: (619) 502-5865  
 After Hours Phone: (619)  
 502-5851  
 Provider Gender: Male  
 License number: A71969  
 NPI: 1811936693  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Sharp Chula  
 Vista Med Ctr, Sharp Memorial  
 Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**VOLPP, PAUL B , MD**  
 Provider ID: 221102  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

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## D. Directorio de proveedores de atención especializada

769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911-6602  
 Phone: (619) 502-5851  
 Fax: (619) 502-5865  
 After Hours Phone: (619)  
 502-5851  
 Provider Gender: Male  
 License number: A86307  
 NPI: 1225186232  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Sharp Chula  
 Vista Med Ctr, Grossmont  
 Hospital, Palomar Medical  
 Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **WEINSTEIN, GEOFFREY D , MD**

Provider ID: 200538  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911-6602  
 Phone: (619) 502-5851  
 Fax: (619) 502-5865  
 After Hours Phone: (619)  
 502-5851  
 Provider Gender: Male  
 License number: A54109  
 NPI: 1841233947  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Sharp Memorial  
 Hospital, Sharp Chula Vista  
 Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **RADIOLOGY DIAGNOSTIC**

#### **X-RAY**

### **ALLEN, DERRICK R**

Provider ID: 125999

Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
 Phone: (858) 658-6500  
 Fax: (866) 558-4329  
 After Hours Phone: (858)  
 658-6500  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ALLEN, DERRICK R , MD**

Provider ID: 268362  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
 Phone: (619) 409-9119  
 Fax: (866) 558-4329  
 After Hours Phone: (619) 409-9119  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### ANDERSON, GREGORY S

Provider ID: 125987  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557

Phone: (858) 658-6500  
 Fax:  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A90018  
 NPI: 1841467099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### BAKER, LORI L

Provider ID: 125996  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557

Phone: (858) 658-6500  
 Fax: (619) 409-9109  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Female  
 License number: G62517  
 NPI: 1063465219  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### BORSO, MAYA G

Provider ID: 126010  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 658-6500  
 Fax: (619) 409-9109  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Female  
 License number: A97134  
 NPI: 1548473507  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Scripps Green  
 Hospital, Scripps Mercy  
 Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **BUCKLEY, DAVID W**

Provider ID: 243267  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557

Phone: (619) 409-9119  
 Fax: (866) 558-4329  
 After Hours Phone: (619) 409-9119  
 Provider Gender: Male  
 License number: G57383  
 NPI: 1982657060  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CHOU, ERIC T**

Provider ID: 126017  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557

Phone: (858) 658-6500  
 Fax: (619) 409-4849  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A96095  
 NPI: 1689627838  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **COOPER, JAMES A**

Provider ID: 126044  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 658-6500            Fax: (619) 409-9109            After Hours Phone: (858) 658-6500            Provider Gender: Male            License number: A62473            NPI: 1497708622            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            www.imaginghealthcare.com            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p><b>FIROOZANIA, NILOFAR</b>            Provider ID: 126175            Board Certified Specialty: No            IHS RADIOLOGY MEDICAL GROUP INC            333 H ST STE 1095            CHULA VISTA, CA 91910-5557            Phone: (858) 658-6500            Fax:            After Hours Phone: (858) 658-6500            Provider Gender: Female            License number: A109806            NPI: 1962521419            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Redlands Community Hosp, Barstow Community Hospital, Kindred Hospital Riverside, Victor Valley Global Med Ctr, Alvarado Hospital Llc            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            www.imaginghealthcare.com            Email:</p>	<p>Medical Group(s):            IPA:  <b>FRANKE, MARK A</b>            Provider ID: 126056            Board Certified Specialty: No            IHS RADIOLOGY MEDICAL GROUP INC            333 H ST STE 1095            CHULA VISTA, CA 91910-5557            Phone: (858) 658-6500            Fax:            After Hours Phone: (858) 658-6500            Provider Gender: Male            License number: A118792            NPI: 1114246329            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            www.imaginghealthcare.com            Email:            Medical Group(s):</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc

### **HARMAN, SCOTT A**

Provider ID: 126070

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL  
GROUP INC

333 H ST STE 1095

CHULA VISTA, CA 91910-5557

Phone: (858) 658-6500

Fax: (619) 409-9109

After Hours Phone: (858)  
658-6500

Provider Gender: Male

License number: G57284

NPI: 1124071311

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado  
Hospital Llc

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

www.imaginghealthcare.com

Email:

Medical Group(s):

IPA:

### **IHS RADIOLOGY MEDICAL GROUP INC,**

Provider ID: 200460

Board Certified Specialty:

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

333 H ST STE 1095

CHULA VISTA, CA 91910-5557

Phone: (858) 658-6500

Fax: (866) 558-4329

After Hours Phone: (858)  
658-6500

Provider Gender:

License number:

NPI: 1497148456

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

www.imaginghealthcare.com

Email:

Medical Group(s):

IPA:

### **JOHNSON, JOHN O**

Provider ID: 126082

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL  
GROUP INC

333 H ST STE 1095

CHULA VISTA, CA 91910-5557

Phone: (858) 658-6500

Fax: (619) 409-9109

After Hours Phone: (858)  
658-6500

Provider Gender: Male

License number: G59632

NPI: 1073565792

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

www.imaginghealthcare.com

Email:

Medical Group(s):

IPA:

### **LIZERBRAM, ERIC K**

Provider ID: 126094

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL  
GROUP INC

333 H ST STE 1095

CHULA VISTA, CA 91910-5557

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 658-6500  
 Fax: (619) 409-9109  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: G74959  
 NPI: 1598718926  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **LUBISICH, JOHN P**

Provider ID: 126100  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557

Phone: (858) 658-6500  
 Fax: (619) 409-9109  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: G77575  
 NPI: 1194863902  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado  
 Hospital Llc, Scripps Mercy  
 Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **OLOUGHLIN, BRIAN J**

Provider ID: 126127  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557

Phone: (858) 658-6500  
 Fax:  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A120064  
 NPI: 1972709087  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital, Santa  
 Monica Ucla Med Ctr, Alvarado  
 Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-7PM, SA  
 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **SCHECHTER, MARK S**

Provider ID: 126139  
 Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IHS RADIOLOGY MEDICAL GROUP INC 333 H ST STE 1095 CHULA VISTA, CA 91910-5557 Phone: (858) 658-6500 Fax: (619) 409-9109 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G42390 NPI: 1942253018 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista, Adventist Medical Center Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:	Provider ID: 126146 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 333 H ST STE 1095 CHULA VISTA, CA 91910-5557 Phone: (858) 658-6500 Fax: (619) 409-9109 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G72997 NPI: 1215976766 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA: Community Care Ipa Llc  <b>SNYDER, WILLIAM C</b> Provider ID: 126153 Board Certified Specialty: No	IHS RADIOLOGY MEDICAL GROUP INC 333 H ST STE 1095 CHULA VISTA, CA 91910-5557 Phone: (858) 658-6500 Fax: (866) 558-4329 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A65059 NPI: 1477505162 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Alvarado Hospital Llc Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:  <b>SPOTO, GARY P</b> Provider ID: 126159 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 333 H ST STE 1095
<b>SCHWARTZBERG, ROSS E</b>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

CHULA VISTA, CA 91910-5557  
 Phone: (858) 658-6500  
 Fax: (619) 409-9109  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: G58131  
 NPI: 1659332062  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### SUN, ALEX W

Provider ID: 268634  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 435 H ST STE 1

CHULA VISTA, CA 91910-4307  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: A133334  
 NPI: 1538502331  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### TENA, ROWENA G

Provider ID: 126165  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL

GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
 Phone: (858) 658-6500  
 Fax: (619) 409-9109  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Female  
 License number: A69607  
 NPI: 1629029335  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### TOBIN, MICHAEL L

Provider ID: 126218  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>GROUP INC 333 H ST STE 1095 CHULA VISTA, CA 91910-5557 Phone: (858) 658-6500 Fax: (619) 409-9109 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A45908 NPI: 1730132150 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:</p>	<p>CHULA VISTA, CA 91910-5557 Phone: (858) 658-6500 Fax: (619) 409-9109 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A60235 NPI: 1710938394 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Hospital, Alvarado Hospital Llc, Pomerado Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:</p>	<p>Provider ID: 126196 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 333 H ST STE 1095 CHULA VISTA, CA 91910-5557 Phone: (858) 658-6500 Fax: (619) 409-9109 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G68636 NPI: 1689610362 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s):</p>
<p><b>TSUKADA, GLENN H</b> Provider ID: 126203 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 333 H ST STE 1095</p>	<p><b>ZINK BRODY, GORDON C</b></p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

IPA:	Provider ID: 269639	COMMUNITY CARE IPA LLC
<b>RADIOLOGY</b>	Board Certified Specialty: No	751 MEDICAL CENTER CT
	COMMUNITY CARE IPA LLC	CHULA VISTA, CA 91911-6617
	333 H ST STE 1095	Phone: (619) 502-5851
<b>DOEMENY, JOHN M</b>	CHULA VISTA, CA 91910-5557	Fax:
Provider ID: 269755	Phone: (858) 658-6500	After Hours Phone: (619)
Board Certified Specialty: No	Fax: (866) 558-4329	502-5851
COMMUNITY CARE IPA LLC	After Hours Phone: (858)	Provider Gender: Male
333 H ST STE 1095	658-6500	License number: A114748
CHULA VISTA, CA 91910-5557	Provider Gender: Male	NPI: 1841260353
Phone: (858) 658-6500	License number: A118792	Provider English Spoken: Yes
Fax: (866) 558-4329	NPI: 1114246329	Provider Language(s) Spoken:
After Hours Phone: (858)	Provider English Spoken: Yes	Cultural Competency: No
658-6500	Provider Language(s) Spoken:	Hospital Affiliation: Scripps
Provider Gender: Male	Cultural Competency: No	Memorial Hospital, Scripps
License number: G50925	Hospital Affiliation: Santa	Mercy Hospital, Scripps Mercy
NPI: 1841243912	Monica UCLA Med Ctr, Ronald	Hospital Chula Vista, Scripps
Provider English Spoken: Yes	Reagan UCLA Med Ctr, Alvarado	Memorial Hospital Encinitas,
Provider Language(s) Spoken:	Hospital Llc	Scripps Green Hospital
Cultural Competency: No	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Hospital Affiliation: Scripps	Min/Max Age: 0/999	Min/Max Age: 0/999
Mercy Hospital, Scripps Mercy	American Sign Language (ASL):	American Sign Language (ASL):
Hospital Chula Vista	No	No
Medi-Cal Open Panel: Yes	♿ Accessibility:	♿ Accessibility:
Min/Max Age: 0/999	Hours: M-F 8AM-5PM, SA	Hours: M-F 9AM-5PM, SA
American Sign Language (ASL):	9AM-5PM	9AM-5PM
No	Website:	Website:
♿ Accessibility:	Email:	Email:
Hours: M-SA 9AM-5PM	Medical Group(s):	Medical Group(s):
Website:	IPA: Community Care Ipa Llc	IPA: Community Care Ipa Llc
Email:		
Medical Group(s):	<b>HAWLEY, DANIEL B</b>	<b>MOFFIT, BRIAN J</b>
IPA: Community Care Ipa Llc	Provider ID: 268857	Provider ID: 269533
	Board Certified Specialty: No	Board Certified Specialty: No
<b>FRANKE, MARK A</b>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

COMMUNITY CARE IPA LLC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
Phone: (858) 658-6500  
Fax: (866) 558-4329  
After Hours Phone: (858) 658-6500  
Provider Gender: Male  
License number: G51551  
NPI: 1508817305  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### TENA, ROWENA G , MD

Provider ID: 269829  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
333 H ST STE 1095

CHULA VISTA, CA 91910-5557  
Phone: (858) 658-6500  
Fax: (866) 558-4329  
After Hours Phone: (858) 658-6500  
Provider Gender: Female  
License number: A69607  
NPI: 1629029335  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### REGISTERED PHYSICAL THERAPIST

### CHANG, ROBERT S

Provider ID: 268910  
Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
1020 TIERRA DEL REY STE A1  
CHULA VISTA, CA 91910-7886  
Phone: (619) 585-7104  
Fax: (619) 585-7106  
After Hours Phone: (619) 585-7104  
Provider Gender: Male  
License number: PT291836  
NPI: 1033669650  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 7AM-6PM, SA 7AM-2PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### DAGOSTINO, JACQUELINE R

Provider ID: 243632  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913-1895

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 482-3000	License number: PT39455	Hospital Affiliation:
Fax: (619) 482-3001	NPI: 1316299696	Medi-Cal Open Panel: Yes
After Hours Phone: (619) 482-3000	Provider English Spoken: Yes	Min/Max Age: 0/999
Provider Gender: Female	Provider Language(s) Spoken: Cultural Competency: No	American Sign Language (ASL): No
License number: PT295756	Hospital Affiliation:	♿ Accessibility:
NPI: 1710457379	Medi-Cal Open Panel: Yes	Hours: M-F 7AM-7PM, SA 9AM-5PM
Provider English Spoken: Yes	Min/Max Age: 0/999	Website:
Provider Language(s) Spoken: Cultural Competency: No	American Sign Language (ASL): No	Email:
Hospital Affiliation:	♿ Accessibility:	Medical Group(s):
Medi-Cal Open Panel: Yes	Hours: M-F 8AM-5PM, SA 7AM-2PM	IPA: Community Care Ipa Llc
Min/Max Age: 0/999	Website:	<b>GEORGE, JENNIFER A</b>
American Sign Language (ASL): No	Email:	Provider ID: 129014
♿ Accessibility:	Medical Group(s):	Board Certified Specialty: No
Hours: M-F 7AM-7PM, SA 9AM-5PM	IPA: Community Care Ipa Llc	CHULA VISTA FAMILY HLTH CTR
Website:	<b>DORSEY, KYLE T</b>	251 LANDIS AVE
Email:	Provider ID: 286987	CHULA VISTA, CA 91910-2628
Medical Group(s):	Board Certified Specialty: No	Phone: (619) 515-2500
IPA: Community Care Ipa Llc	COMMUNITY CARE IPA LLC	Fax:
<b>DONES, GINA</b>	1392 E PALOMAR ST STE 503	After Hours Phone: (619) 515-2500
Provider ID: 268856	CHULA VISTA, CA 91913-1895	Provider Gender: Female
Board Certified Specialty: No	Phone: (619) 482-3000	License number: PT294245
COMMUNITY CARE IPA LLC	Fax: (619) 482-3001	NPI: 1215402177
1020 TIERRA DEL REY STE A-1	After Hours Phone: (619) 482-3000	Provider English Spoken: Yes
CHULA VISTA, CA 91910-7886	Provider Gender: Male	Provider Language(s) Spoken: Spanish
Phone: (619) 585-7104	License number: PT297329	Cultural Competency: No
Fax: (619) 585-7106	NPI: 1790334316	Hospital Affiliation:
After Hours Phone: (619) 585-7104	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
Provider Gender: Female	Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility: P, EB, IB, E, R, T, ME          Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM          Website: www.fhcsd.org          Email:          Medical Group(s): Chula Vista Family Hlth Ctr          IPA:</p>	<p>Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>IPA: Community Care Ipa Llc</p>
<p><b>HASTINGS, NATASHA L</b>          Provider ID: 268895          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          1020 TIERRA DEL REY STE A1          CHULA VISTA, CA 91910-7886          Phone: (619) 585-7104          Fax:          After Hours Phone: (619) 585-7104          Provider Gender: Female          License number: PT291371          NPI: 1326395914          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:</p>	<p><b>HERMAN, RACHEL</b>          Provider ID: 286656          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          1392 E PALOMAR ST STE 503          CHULA VISTA, CA 91913-1895          Phone: (619) 482-3000          Fax: (619) 482-3001          After Hours Phone: (619) 482-3000          Provider Gender: Female          License number: PT300507          NPI: 1477121762          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):</p>	<p><b>INTROCASO, BRIANNA L</b>          Provider ID: 268948          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          1020 TIERRA DEL REY STE A1          CHULA VISTA, CA 91910-7886          Phone: (619) 585-7104          Fax: (619) 585-7106          After Hours Phone: (619) 585-7104          Provider Gender: Female          License number: PT293801          NPI: 1194235218          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>KARANDE, PRACHI</b>          Provider ID: 287100          Board Certified Specialty: No          COMMUNITY CARE IPA LLC</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913-1895  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Female  
 License number: PT300083  
 NPI: 1699357525  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 7AM-6PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **LANGWORTHY, MATTHEW**

Provider ID: 268866  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1020 TIERRA DEL REY STE A1  
 CHULA VISTA, CA 91910-7886

Phone: (619) 585-7104  
 Fax:  
 After Hours Phone: (619)  
 585-7104  
 Provider Gender: Male  
 License number: PT294466  
 NPI: 1750872768  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MARSOLINI, KAYLEIGH A**

Provider ID: 268949  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1020 TIERRA DEL REY STE A-1  
 CHULA VISTA, CA 91910-7886  
 Phone: (619) 585-7104  
 Fax: (619) 585-7106  
 After Hours Phone: (619)  
 585-7104

Provider Gender: Female  
 License number: PT294481  
 NPI: 1053810267  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **NOVENCIDO, ANDREW**

Provider ID: 286782  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913-1895  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Male  
 License number: PT295915  
 NPI: 1447723937  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation: No  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): 7AM-12PM, SA 9AM-5PM  
 No  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **OLIVEROS, YUNNUEN**

Provider ID: 268905  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1020 TIERRA DEL REY STE A1  
 CHULA VISTA, CA 91910-7886  
 Phone: (619) 585-7104  
 Fax: (619) 585-7106  
 After Hours Phone: (619)  
 585-7104  
 Provider Gender: Female  
 License number: PT294386  
 NPI: 1295234987  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): 7AM-12PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SPARKS, TODD M**

Provider ID: 129142  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913-1895  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Male  
 License number: PT30298  
 NPI: 1265481139  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

## **RHEUMATOLOGY**

### **CHITKARA, PUJA**

Provider ID: 262358  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 765 MEDICAL CENTER CT STE  
 216  
 CHULA VISTA, CA 91911-6600  
 Phone: (619) 623-3000  
 Fax: (619) 623-3001  
 After Hours Phone: (619)  
 623-3000  
 Provider Gender: Female  
 License number: A97619  
 NPI: 1871718189  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Russian, Spanish,  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          No          ♿ Accessibility:          Hours: M-F 8AM-4:30PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Imperial Health Holdings          Medical Group-Sd</p>	<p>No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Hours: M,TU 9AM-12:30PM,          W-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>
<p><b>CHWA, JEFFREY K , MD</b>          Provider ID: 268780          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          765 MEDICAL CENTER CT STE          216          CHULA VISTA, CA 91911-6600          Phone: (619) 623-3000          Fax: (619) 623-3001          After Hours Phone: (619)          623-3000          Provider Gender: Male          License number: 20A14736          NPI: 1285989236          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Scripps          Green Hospital, Sharp Chula          Vista Med Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):</p>	<p><b>KOTHA, AKTHER J</b>          Provider ID: 294018          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          333 H ST STE 1065          CHULA VISTA, CA 91910-5557          Phone: (619) 205-0120          Fax: (619) 229-1109          After Hours Phone: (619)          205-0120          Provider Gender: Female          License number: A45440          NPI: 1780609503          Provider English Spoken: Yes          Provider Language(s) Spoken:          Arabic, Hindi, Spanish, Telugu,          Urdu          Cultural Competency: No          Hospital Affiliation: Grossmont          Hospital, Alvarado Hospital Llc          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:</p>	<p><b>REDDY, DANA A</b>          Provider ID: 244971          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          678 3RD AVE          CHULA VISTA, CA 91910-5736          Phone: (619) 662-4100          Fax: (619) 425-1184          After Hours Phone: (619)          662-4100          Provider Gender: Female          License number: A115598          NPI: 1144538778          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp Chula          Vista Med Ctr, Scripps Mercy          Hospital, Sharp Memorial          Hospital, Scripps Memorial          Hospital, Scripps Memorial          Hospital Encinitas          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No</p>

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> SU 10AM-4PM, M-F              8:30AM-5:30PM, SA              8AM-2:30PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California,              Imperial Health Holdings              Medical Group-Sd</p>	<p><i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>              No              ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-4PM, SA              9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California,              Imperial Health Holdings              Medical Group-Sd</p>	<p><i>Hospital Affiliation:</i> Scripps              Mercy Hospital Chula Vista,              Scripps Mercy Hospital,              Paradise Valley Hospital,              Palomar Medical Center,              Pomerado Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>              No              ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA              9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
<hr/> <p><b>SURGERY GENERAL</b></p> <p><b>VASCULAR</b></p> <hr/>		
<p><b>REDDY, DANA A</b>  <i>Provider ID:</i> 262363  <i>Board Certified Specialty:</i> No              IMPERIAL HEALTH HOLDINGS              MEDICAL GROUP-SD              272 CHURCH AVE STE 1              CHULA VISTA, CA 91910-2718  <i>Phone:</i> (619) 427-1721  <i>Fax:</i> (619) 427-1235  <i>After Hours Phone:</i> (619)              427-1721  <i>Provider Gender:</i> Female  <i>License number:</i> A115598  <i>NPI:</i> 1144538778  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula              Vista Med Ctr, Scripps Mercy              Hospital, Sharp Memorial              Hospital, Scripps Memorial              Hospital, Scripps Memorial              Hospital Encinitas</p>	<p><b>SALLOUM, ALEXANDER C , MD</b>  <i>Provider ID:</i> 268764  <i>Board Certified Specialty:</i> No              COMMUNITY CARE IPA LLC              1111 BROADWAY STE 305              CHULA VISTA, CA 91911-2700  <i>Phone:</i> (619) 567-7007  <i>Fax:</i> (619) 567-7775  <i>After Hours Phone:</i> (619)              567-7007  <i>Provider Gender:</i> Male  <i>License number:</i> A89300  <i>NPI:</i> 1124176151  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>              Spanish  <i>Cultural Competency:</i> No</p>	<p style="text-align: center;"><b>SURGERY GENERAL</b></p> <hr/> <p><b>ARCOVEDO, RODOLFO</b>  <i>Provider ID:</i> 217834  <i>Board Certified Specialty:</i> No              IMPERIAL HEALTH HOLDINGS              MEDICAL GROUP-SD              786 3RD AVE STE B              CHULA VISTA, CA 91910-5826  <i>Phone:</i> (619) 425-0797  <i>Fax:</i> (619) 425-0596  <i>After Hours Phone:</i> (619)              425-0797  <i>Provider Gender:</i> Male  <i>License number:</i> C51718  <i>NPI:</i> 1225018880</p>

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## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1043299100	<i>Provider Gender:</i> Male
<i>Provider Language(s) Spoken:</i> German, Spanish, Tagalog	<i>Provider English Spoken:</i> Yes	<i>License number:</i> A108956
<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i> Spanish	<i>NPI:</i> 1083817399
<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital	<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes
<i>Medi-Cal Open Panel:</i> Yes	<i>Hospital Affiliation:</i> Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital	<i>Provider Language(s) Spoken:</i> Mandarin, Spanish
<i>Min/Max Age:</i> 0/999	<i>Medi-Cal Open Panel:</i> Yes	<i>Cultural Competency:</i> No
<i>American Sign Language (ASL):</i> No	<i>Min/Max Age:</i> None	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
<i>♿ Accessibility:</i>	<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> No
<i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM	<i>♿ Accessibility:</i>	<i>Min/Max Age:</i> None
<i>Website:</i>	<i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM	<i>American Sign Language (ASL):</i> No
<i>Email:</i>	<i>Website:</i>	<i>♿ Accessibility:</i> W
<i>Medical Group(s):</i>	<i>Email:</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>IPA:</i> Imperial Health Holdings Medical Group-Sd	<i>Medical Group(s):</i>	<i>Website:</i>
	<i>IPA:</i> Imperial Health Holdings Medical Group-Sd	<i>Email:</i>
		<i>Medical Group(s):</i>
		<i>IPA:</i> Community Care Ipa Llc

### **BARRERA, HUGO H**

*Provider ID:* 27172  
*Board Certified Specialty:* No  
 COAST SURGICAL GROUP  
 786 3RD AVE STE B  
 CHULA VISTA, CA 91910-5826  
*Phone:* (619) 425-0797  
*Fax:* (619) 425-0596  
*After Hours Phone:* (619) 425-0797  
*Provider Gender:* Male  
*License number:* G79280

### **HSU, ANDREW S**

*Provider ID:* 53785  
*Board Certified Specialty:* No  
 SOUTH BAY SURGICAL ASSOCS  
 MED GRP  
 480 4TH AVE STE 404  
 CHULA VISTA, CA 91910-4413  
*Phone:* (619) 425-7470  
*Fax:*  
*After Hours Phone:* (619) 425-7470

### **HSU, ANDREW S , MD**

*Provider ID:* 53785  
*Board Certified Specialty:* No  
 SOUTH BAY SURGICAL ASSOCS  
 MED GRP  
 480 4TH AVE STE 404  
 CHULA VISTA, CA 91910-4413  
*Phone:* (619) 425-7470  
*Fax:* (619) 425-7472  
*After Hours Phone:* (619) 425-7470

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Phone:</i> (619) 425-7470	480 4TH AVE STE 404
<i>License number:</i> A108956	<i>Fax:</i> (619) 425-7472	CHULA VISTA, CA 91910-4413
<i>NPI:</i> 1083817399	<i>After Hours Phone:</i> (619)	<i>Phone:</i> (619) 425-7470
<i>Provider English Spoken:</i> Yes	425-7470	<i>Fax:</i> (619) 425-7472
<i>Provider Language(s) Spoken:</i> Mandarin, Spanish	<i>Provider Gender:</i> Male	<i>After Hours Phone:</i> (619)
<i>Cultural Competency:</i> No	<i>License number:</i> A86179	425-7470
<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital	<i>NPI:</i> 1912968389	<i>Provider Gender:</i> Male
<i>Medi-Cal Open Panel:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>License number:</i> A86179
<i>Min/Max Age:</i> 0/999	<i>Provider Language(s) Spoken:</i> Spanish	<i>NPI:</i> 1912968389
<i>American Sign Language (ASL):</i> No	<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes
<i>Accessibility:</i>	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital	<i>Provider Language(s) Spoken:</i> Spanish
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Medi-Cal Open Panel:</i> Yes	<i>Cultural Competency:</i> No
<i>Website:</i>	<i>Min/Max Age:</i> 0/999	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital
<i>Email:</i>	<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> Yes
<i>Medical Group(s):</i>	<i>Accessibility:</i>	<i>Min/Max Age:</i> 0/999
<i>IPA:</i> Community Care Ipa Llc	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>American Sign Language (ASL):</i> No
<b>HSU, BRADFORD T</b>	<i>Website:</i>	<i>Accessibility:</i>
<i>Provider ID:</i> 295923	<i>Email:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Board Certified Specialty:</i> No	<i>Medical Group(s):</i>	<i>Website:</i>
IHP OF SOUTHERN CALIFORNIA	<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	<i>Email:</i>
480 4TH AVE STE 404	<b>HSU, BRADFORD T , MD</b>	<i>Medical Group(s):</i>
CHULA VISTA, CA 91910-4413	<i>Provider ID:</i> 53792	<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California
	<i>Board Certified Specialty:</i> No	<b>HSU, BRADFORD T</b>
	SOUTH BAY SURGICAL ASSOCS MED GRP	<i>Provider ID:</i> 53792
		<i>Board Certified Specialty:</i> No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

SOUTH BAY SURGICAL ASSOCS Board Certified Specialty: No  
 MED GRP COAST SURGICAL GROUP  
 480 4TH AVE STE 404 786 3RD AVE STE B  
 CHULA VISTA, CA 91910-4413 CHULA VISTA, CA 91910-5826  
 Phone: (619) 425-7470 Phone: (619) 425-0797  
 Fax: (619) 425-7472 Fax: (619) 425-0596  
 After Hours Phone: (619) 425-0797 After Hours Phone: (619)  
 425-0797  
 Provider Gender: Male Provider Gender: Male  
 License number: A86179 License number: G70943  
 NPI: 1912968389 NPI: 1174502223  
 Provider English Spoken: Yes Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Spanish  
 Cultural Competency: No Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps Hospital Chula Vista, Sharp  
 Mercy Hospital, Paradise Valley Hospital Coronado Hosp And Healthcare  
 Hospital Ctr, Paradise Valley Hospital,  
 Medi-Cal Open Panel: No Scripps Mercy Hospital, Sharp  
 Min/Max Age: None Memorial Hospital  
 American Sign Language (ASL): Medi-Cal Open Panel: Yes  
 No Min/Max Age: None  
 Accessibility: W American Sign Language (ASL):  
 Hours: M-SA 9AM-5PM No  
 Website: Accessibility: W  
 Email: Hours: M-F 8:30AM-5:30PM, SA  
 Medical Group(s): 9AM-5PM  
 IPA: Community Care Ipa Llc, Website:  
 Ihp Of Southern California Email:  
**SUMMERS, STEPHEN T** Medical Group(s):  
 Provider ID: 27708 IPA: Imperial Health Holdings  
 Medical Group-Sd

**YANG, YIFAN**  
 Provider ID: 262296  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 786 3RD AVE STE B  
 CHULA VISTA, CA 91910-5826  
 Phone: (619) 425-0797  
 Fax: (619) 425-0596  
 After Hours Phone: (619)  
 425-0797  
 Provider Gender: Male  
 License number: A109921  
 NPI: 1114188539  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Chinese, Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Sharp Coronado  
 Hosp And Healthcare Ctr,  
 Scripps Mercy Hospital Chula  
 Vista, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

IPA: Imperial Health Holdings  
Medical Group-Sd

### **YANG, YIFAN**

Provider ID: 83019

Board Certified Specialty: No  
COAST SURGICAL GROUP

786 3RD AVE

CHULA VISTA, CA 91910-5826

Phone: (619) 425-0797

Fax: (619) 425-0596

After Hours Phone: (619)  
425-0797

Provider Gender: Male

License number: A109921

NPI: 1114188539

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Chinese, Mandarin

Cultural Competency: No

Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Sharp Coronado

Hosp And Healthcare Ctr,  
Scripps Mercy Hospital Chula

Vista, Sharp Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Imperial Health Holdings  
Medical Group-Sd

### **SURGERY ORTHOPEDIC**

### **BAGHERI, ALI**

Provider ID: 117911

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

480 4TH AVE STE 501

CHULA VISTA, CA 91910-4414

Phone: (619) 425-9510

Fax: (619) 425-0539

After Hours Phone: (619)  
425-9510

Provider Gender: Male

License number: A123272

NPI: 1760632947

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital, Scripps

Mercy Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 9AM-4PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Imperial Health Holdings  
Medical Group-Sd

### **KIMBALL, MICHAEL P**

Provider ID: 262112

Board Certified Specialty: Yes  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

480 4TH AVE STE 501

CHULA VISTA, CA 91910-4414

Phone: (619) 425-9510

Fax: (619) 425-0539

After Hours Phone: (619)  
425-9510

Provider Gender: Male

License number: G76060

NPI: 1588648653

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital, Scripps

Mercy Hospital Chula Vista,  
Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **KIMBALL, MICHAEL P , MD**

Provider ID: 268619

Board Certified Specialty: Yes

COMMUNITY CARE IPA LLC

480 4TH AVE STE 501

CHULA VISTA, CA 91910-4414

Phone: (619) 425-9510

Fax: (619) 425-0539

After Hours Phone: (619)  
425-9510

Provider Gender: Male

License number: G76060

NPI: 1588648653

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **ROSENFELD, ALAN L , MD**

Provider ID: 242937

Board Certified Specialty: Yes

COMMUNITY CARE IPA LLC

480 4TH AVE STE 501

CHULA VISTA, CA 91910-4414

Phone: (619) 425-9510

Fax: (619) 425-0539

After Hours Phone: (619)  
425-9510

Provider Gender: Male

License number: G75293

NPI: 1588648968

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,

Scripps Memorial Hospital,

Paradise Valley Hospital, Sharp

Chula Vista Med Ctr, Scripps

Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-4PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **ROSENFELD, ALAN L , MD**

Provider ID: 242939

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

480 4TH AVE STE 509

CHULA VISTA, CA 91910-4414

Phone: (619) 425-9510

Fax: (619) 425-0539

After Hours Phone: (619)  
425-9510

Provider Gender: Male

License number: G75293

NPI: 1588648968

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,

Scripps Memorial Hospital,

Paradise Valley Hospital, Sharp

Chula Vista Med Ctr, Scripps

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M 8AM-5PM, TU 9AM-12:30PM, W 8:30AM-4:30PM, TH,F 9AM-12PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### ROSENFELD, ALAN L

Provider ID: 262176  
 Board Certified Specialty: Yes  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
 Phone: (619) 425-9510  
 Fax: (619) 425-0539  
 After Hours Phone: (619) 425-9510  
 Provider Gender: Male  
 License number: G75293  
 NPI: 1588648968  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish

Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### TAYYAB, NEIL A, MD

Provider ID: 268616  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
 Phone: (619) 425-9510  
 Fax: (619) 425-0539  
 After Hours Phone: (619) 425-9510  
 Provider Gender: Male  
 License number: A94408  
 NPI: 1831149970

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M 9AM-4PM, TU,W,F,SA 9AM-5PM, TH 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### TAYYAB, NEIL A

Provider ID: 66253  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
 Phone: (619) 425-9510  
 Fax: (619) 425-0539  
 After Hours Phone: (619) 425-9510  
 Provider Gender: Male

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## D. Directorio de proveedores de atención especializada

License number: A94408  
 NPI: 1831149970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Memorial Hospital,  
 Sharp Memorial Hospital,  
 Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M 9AM-4PM, TU,W,F,SA  
 9AM-5PM, TH 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### SURGICAL ONCOLOGY

#### QUIROZ, ELISA K

Provider ID: 290622  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Female  
 License number: A162816  
 NPI: 1932558301  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Portuguese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Green Hospital, Scripps Mercy  
 Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 8AM-8PM, SA  
 8AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### UROLOGY

#### SEVILLA, CLAUDIA

Provider ID: 283157  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

750 MEDICAL CENTER CT STE  
 14  
 CHULA VISTA, CA 91911-6634  
 Phone: (619) 397-4500  
 Fax: (858) 429-7931  
 After Hours Phone: (619)  
 397-4500  
 Provider Gender: Female  
 License number: A131270  
 NPI: 1689081275  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Alvarado  
 Hospital Llc, Grossmont  
 Hospital, Paradise Valley  
 Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/105  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### CORONADO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<hr/> <p><b>ALLERGY IMMUNOLOGY</b></p>	<p><i>Email:</i></p>	<p>No</p>
<p><b>COHEN, GARY A</b> <i>Provider ID:</i> 206022</p>	<p><i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network</p>	<p>♿ <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>
<p><i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 230 PROSPECT PL STE 340D CORONADO, CA 92118-1993</p>	<hr/> <p><b>FAMILY PRACTICE</b></p>	<p><i>Website:</i></p>
<p><i>Phone:</i> (858) 458-0940 <i>Fax:</i> (858) 458-3688</p>	<p><b>SWEET, PATRICK H</b> <i>Provider ID:</i> 270722</p>	<p><i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc</p>
<p><i>After Hours Phone:</i> (858) 458-0940 <i>Provider Gender:</i> Male</p>	<p><i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 131 ORANGE AVE STE 101 CORONADO, CA 92118-1408</p>	<hr/> <p><b>GASTROENTEROLOGY</b></p>
<p><i>License number:</i> G43070 <i>NPI:</i> 1346424462</p>	<p><i>Phone:</i> (619) 964-9649 <i>Fax:</i> (619) 996-2014</p>	<p><b>LAJIN, MICHAEL, MD</b> <i>Provider ID:</i> 269837</p>
<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish</p>	<p><i>After Hours Phone:</i> (619) 964-9649 <i>Provider Gender:</i> Male</p>	<p><i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 230 PROSPECT PL STE 220 CORONADO, CA 92118-1978</p>
<p><i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Pomerado Hospital</p>	<p><i>License number:</i> A101827 <i>NPI:</i> 1457407702</p>	<p><i>Phone:</i> (619) 460-4055 <i>Fax:</i></p>
<p><i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: No</p>	<p><i>After Hours Phone:</i> (619) 460-4055 <i>Provider Gender:</i> Male</p>
<p><i>Hospital Affiliation:</i> Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Pomerado Hospital</p>	<p><i>Hospital Affiliation:</i> Hoag Hospital Irvine, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Scripps Memorial Hospital, Desert Regional Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Pioneers Memorial Hospital</p>	<p><i>License number:</i> C53475 <i>NPI:</i> 1467411702</p>
<p><i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M 1PM-4PM, TU-SA 9AM-5PM <i>Website:</i></p>	<p><i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i></p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Arabic, German, Japanese, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Grossmont Hospital, Sharp Coronado Hosp And Healthcare Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999</p>

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No</p> <p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-F 9AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc</p>	<p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-F 8:30AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc</p>	<p>Grossmont Hospital</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-F 9AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<hr/>		
<b>HEARING AID DEALER / SUPPLIER</b>	<b>INTERNAL MEDICINE</b>	
<hr/>		
<p><b>DAVIS, KELLE L , MD</b></p> <p>Provider ID: 268655</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p>801 ORANGE AVE</p> <p>CORONADO, CA 92118-2663</p> <p>Phone: (619) 437-8154</p> <p>Fax: (310) 989-3092</p> <p>After Hours Phone: (619) 437-8154</p> <p>Provider Gender: Female</p> <p>License number: HA6083</p> <p>NPI: 1902853344</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p>	<p><b>DAVIS, JASON T , MD</b></p> <p>Provider ID: 270966</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p>230 PROSPECT PL STE 340B</p> <p>CORONADO, CA 92118-1991</p> <p>Phone: (619) 299-2350</p> <p>Fax: (619) 297-8379</p> <p>After Hours Phone: (619) 299-2350</p> <p>Provider Gender: Male</p> <p>License number: A100799</p> <p>NPI: 1295911469</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego,</p>	<p><b>NEPHROLOGY</b></p> <p><b>DAVIS, JASON T</b></p> <p>Provider ID: 83879</p> <p>Board Certified Specialty: No</p> <p>BALBOA NEPHROLOGY MED GRP INC</p> <p>230 PROSPECT PL STE 340B</p> <p>CORONADO, CA 92118-1991</p> <p>Phone: (619) 299-2350</p> <p>Fax: (619) 297-8379</p> <p>After Hours Phone: (619) 299-2350</p> <p>Provider Gender: Male</p> <p>License number: A100799</p> <p>NPI: 1295911469</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### HAMMES, JOHN S

*Provider ID:* 290059  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 230 PROSPECT PL STE 340B CORONADO, CA 92118-1991  
*Phone:* (619) 299-2350  
*Fax:* (619) 297-8379  
*After Hours Phone:* (619) 299-2350

*Provider Gender:* Male  
*License number:* G84351  
*NPI:* 1891766994  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

### PEDIATRIC ALLERGY / IMMUNOLOGY

### COHEN, GARY A

*Provider ID:* 242806  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 230 PROSPECT PL STE 220 CORONADO, CA 92118-1978

*Phone:* (858) 458-0940  
*Fax:* (858) 458-3688  
*After Hours Phone:* (858) 458-0940  
*Provider Gender:* Male  
*License number:* G43070  
*NPI:* 1346424462  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Palomar Health  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M 1PM-4PM, TU-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### UROLOGY

### ROBERTS, JAMES L

*Provider ID:* 257532  
*Board Certified Specialty:* No

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
230 PROSPECT PL STE 300  
CORONADO, CA 92118-1978  
Phone: (619) 299-0670  
Fax: (858) 429-7929  
After Hours Phone: (619)  
299-0670  
Provider Gender: Male  
License number: G59945  
NPI: 1508972191  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Sharp  
Coronado Hosp And Healthcare  
Ctr, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health  
Plan Direct, Community Care  
Ipa Llc

**EL CAJON**

### CERTIFIED NURSE PRACTITIONER

**PARK, SUN MIN**  
Provider ID: 277908  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY, STE  
100  
EL CAJON, CA 92022  
Phone: (760) 480-8770  
Fax: (760) 480-8811  
After Hours Phone: (760)  
480-8770  
Provider Gender: Female  
License number: NP20538  
NPI: 1376678250  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA: Rady Childrens Health  
Network

**EL CAJON**

### ALLERGY IMMUNOLOGY


**REDDY, SUMANA**  
Provider ID: 295351  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
License number: C52581  
NPI: 1053300251  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cambodian, Hindi, Spanish,  
Telugu  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.




## D. Directorio de proveedores de atención especializada

*Email:* American Sign Language (ASL): Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medical Group(s):* No  
*IPA:* Community Care Ipa Llc,  *Accessibility:* Medi-Cal Open Panel: Yes  
 Imperial Health Holdings *Hours:* M-F 9AM-5PM, SA Min/Max Age: 0/999  
 Medical Group-Sd *9AM-5PM* American Sign Language (ASL):

### CARDIOLOGY


#### **KAFRI, HASSAN, MD**

*Provider ID:* 209019  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 328 HIGHLAND AVE STE 200  
 EL CAJON, CA 92020-5207  
*Phone:* (619) 930-9404  
*Fax:* (619) 930-9426  
*After Hours Phone:* (619) 930-9404  
*Provider Gender:* Male  
*License number:* A96002  
*NPI:* 1730258401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, German, Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*Website:* No  
*Email:*  *Accessibility:*  
*Medical Group(s):* Hours: M-F 9AM-5PM, SA  
*IPA:* Community Care Ipa Llc, 9AM-5PM  
 Ihp Of Southern California  
*Website:*

#### **KAFRI, HASSAN**

*Provider ID:* 295935  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 328 HIGHLAND AVE STE 200  
 EL CAJON, CA 92020-5207  
*Phone:* (619) 930-9404  
*Fax:* (619) 930-9426  
*After Hours Phone:* (619) 930-9404  
*Provider Gender:* Male  
*License number:* A96002  
*NPI:* 1730258401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, German, Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp

No  
 *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
*9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

#### **MOUSSAVIAN, MEHRAN**

*Provider ID:* 295960  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1625 E MAIN ST STE 201  
 EL CAJON, CA 92021-5244  
*Phone:* (619) 486-6512  
*Fax:* (619) 486-6470  
*After Hours Phone:* (619) 486-6512  
*Provider Gender:* Male  
*License number:* 20A7241  
*NPI:* 1689788234  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility:</i>  <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i></p> <p><b>PONCE, SONIA G</b>  <i>Provider ID: 268703</i>  <i>Board Certified Specialty: No</i>  <i>COMMUNITY CARE IPA LLC</i>  <i>328 HIGHLAND AVE STE 200</i>  <i>EL CAJON, CA 92020-5207</i>  <i>Phone: (619) 930-9404</i>  <i>Fax: (619) 930-9426</i>  <i>After Hours Phone: (619) 930-9404</i>  <i>Provider Gender: Female</i>  <i>License number: A145008</i>  <i>NPI: 1164659033</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i></p>	<p><i>Cultural Competency: No</i>  <i>Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility:</i>  <i>Hours: M-F 9AM-6PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i></p> <p><b>SHARF, ALBERT J , MD</b>  <i>Provider ID: 269167</i>  <i>Board Certified Specialty: No</i>  <i>COMMUNITY CARE IPA LLC</i>  <i>1240 BROADWAY STE 210</i>  <i>EL CAJON, CA 92021-4947</i>  <i>Phone: (619) 470-7700</i>  <i>Fax: (619) 900-4589</i>  <i>After Hours Phone: (619) 470-7700</i>  <i>Provider Gender: Male</i>  <i>License number: G72122</i>  <i>NPI: 1649349820</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency: No</i></p>	<p><i>Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility:</i>  <i>Hours: M-SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Community Care Ipa Llc</i></p> <p><b>SUDHAKAR, DEEPTHI</b>  <i>Provider ID: 295843</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CALIFORNIA</i>  <i>1625 E MAIN ST STE 201</i>  <i>EL CAJON, CA 92021-5244</i>  <i>Phone: (619) 486-6512</i>  <i>Fax: (619) 616-2104</i>  <i>After Hours Phone: (619) 486-6512</i>  <i>Provider Gender: Female</i>  <i>License number: A171932</i>  <i>NPI: 1811307051</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i></p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Grossmont Hospital, Sharp  
 Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### **YAU, STEPHEN H**

*Provider ID:* 295856  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 328 HIGHLAND AVE STE 200  
 EL CAJON, CA 92020-5207  
*Phone:* (619) 434-0204  
*Fax:* (619) 930-9426  
*After Hours Phone:* (619)  
 434-0204  
*Provider Gender:* Male  
*License number:* A151069  
*NPI:* 1689037376  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Ihp Of Southern California

### **CERTIFIED NURSE PRACTITIONER**

### **BRANNEN, MANDY M , NPA**

*Provider ID:* 241600  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 215 W MADISON AVE  
 EL CAJON, CA 92020-3405  
*Phone:* (619) 667-6125  
*Fax:* (619) 590-9036  
*After Hours Phone:* (619)  
 667-6125  
*Provider Gender:* Female  
*License number:* NP95007286  
*NPI:* 1891205159  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M,W,F 4PM-7PM,  
 TU,TH,SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **CHUDACEK, JANET M , MD**

*Provider ID:* 241626  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 215 W MADISON AVE  
 EL CAJON, CA 92020-3405  
*Phone:* (760) 737-6960  
*Fax:* (760) 741-2782  
*After Hours Phone:* (760)  
 737-6960  
*Provider Gender:* Female  
*License number:* NP95008776  
*NPI:* 1932606118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

🗎 *Accessibility:*  
*Hours:* M,W,F 4PM-7PM,  
 TU,TH,SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **GRIMM, HANA R**

*Provider ID:* 261035  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 250 E CHASE AVE STE 108  
 EL CAJON, CA 92020-6305  
*Phone:* (619) 442-2560  
*Fax:* (619) 442-7836  
*After Hours Phone:* (619)  
 442-2560  
*Provider Gender:* Female  
*License number:* NP22474  
*NPI:* 1831463751  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:*  
*Hours:* SU 10AM-2PM, M-TH  
 8AM-8:30PM, F 8AM-5PM, SA  
 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **KING, PAILAI I**

*Provider ID:* 104067  
*Board Certified Specialty:* No  
 ZAVARO CARDIOVASCULAR  
 INST A MED CORP  
 300 S PIERCE ST STE 102  
 EL CAJON, CA 92020-4124  
*Phone:* (619) 668-4700  
*Fax:*  
*After Hours Phone:* (619)  
 668-4700  
*Provider Gender:* Female  
*License number:* NP23405  
*NPI:* 1497187090  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:*  
**LEONARD, BEVERLY S**  
*Provider ID:* 115081  
*Board Certified Specialty:* No  
 CHASE AVENUE FAMILY  
 HEALTH CTRS INC  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:*  
*After Hours Phone:* (619)  
 515-2499  
*Provider Gender:* Female  
*License number:* NP10943  
*NPI:* 1285772392  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:* ME  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Chase  
 Avenue Family Health Ctrs Inc  
*IPA:*  
**MANGENE, CYNTHIA L**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 25690 Board Certified Specialty: No CHASE AVENUE FAMILY HEALTH CTRS INC 1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: After Hours Phone: (619) 515-2499 Provider Gender: Female License number: NP6782 NPI: 1548292626 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Chase Avenue Family Health Ctrs Inc IPA:</p>	<p>1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: After Hours Phone: (619) 515-2499 Provider Gender: Female License number: NP6782 NPI: 1548292626 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Chase Avenue Family Health Ctrs Inc IPA:</p>	<p>Phone: (619) 795-5991 Fax: After Hours Phone: (619) 795-5991 Provider Gender: Female License number: NP4430 NPI: 1346437464 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: www.lamaestra.org Email: Medical Group(s): La Maestra Chc El Cajon Broadway IPA:</p>
<p><b>MANGENE, CYNTHIA L</b> Provider ID: 25690 Board Certified Specialty: No VISTA COMMUNITY CLNC</p>	<p><b>OCHOA, ERLINDA A</b> Provider ID: 116673 Board Certified Specialty: No LA MAESTRA CHC EL CAJON BROADWAY 1032 BROADWAY EL CAJON, CA 92021-7416</p>	<p><b>PARNELL, TANIKA E</b> Provider ID: 287649 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 844 JACKMAN ST EL CAJON, CA 92020-3053</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 442-2560  
 Fax: (619) 442-7836  
 After Hours Phone: (619) 442-2560  
 Provider Gender: Female  
 License number: NP95013165  
 NPI: 1679121750  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: ME  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PIRTLE, KEYSHONE D**

Provider ID: 284244  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5442 SYCUAN RD  
 EL CAJON, CA 92019-1816  
 Phone: (619) 445-0707  
 Fax: (619) 445-9764  
 After Hours Phone: (619) 445-0707

Provider Gender: Male  
 License number: NP95247697  
 NPI: 1417567827  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SWAN, MELANIE A**

Provider ID: 89923  
 Board Certified Specialty: No  
 CHASE AVENUE FAMILY HEALTH CTRS INC  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax:  
 After Hours Phone: (619) 515-2499  
 Provider Gender: Female  
 License number: NP95000818  
 NPI: 1871934414  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: ME  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chase Avenue Family Health Ctrs Inc  
 IPA:

### **VILLANUEVA DE GUTIE, BERENICE**

Provider ID: 115614  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC INC  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
 Phone: (619) 312-0347  
 Fax:  
 After Hours Phone: (619) 312-0347  
 Provider Gender: Female  
 License number: NP95002188  
 NPI: 1952795536  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

<i>Hospital Affiliation:</i>	<i>Min/Max Age:</i> None	No
<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>
<i>Min/Max Age:</i> None	No	<i>Hours:</i> M 8AM-2PM, TU-F
<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i> W	8AM-5PM, SA 9AM-5PM
No	<i>Hours:</i> M-F 8AM-5:30PM, SA	<i>Website:</i>
♿ <i>Accessibility:</i> W	8:30AM-2PM	<i>Email:</i>
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Website:</i> www.lamaestra.org	<i>Medical Group(s):</i>
9AM-5PM	<i>Email:</i>	<i>IPA:</i>
<i>Website:</i> www.lamaestra.org	<i>Medical Group(s):</i> La Maestra	
<i>Email:</i>	Family Clinic Inc	<b>CHIROPRACTOR</b>
<i>Medical Group(s):</i> La Maestra	<i>IPA:</i>	
Family Clinic Inc		
<i>IPA:</i>		
<b>WILLIAMS, BREAHA A</b>	<b>WILLIAMS, SHANTRICE M</b>	<b>ZECHA, RONALD S</b>
<i>Provider ID:</i> 115128	<i>Provider ID:</i> 296007	<i>Provider ID:</i> 290678
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
LA MAESTRA FAMILY CLINIC	IHP OF SOUTHERN	IHP OF SOUTHERN
INC	CALIFORNIA	CALIFORNIA
165 S 1ST ST	855 E MADISON AVE	855 E MADISON AVE
EL CAJON, CA 92019-4795	EL CAJON, CA 92020-3819	EL CAJON, CA 92020-3819
<i>Phone:</i> (619) 312-0347	<i>Phone:</i> (619) 440-2751	<i>Phone:</i> (619) 440-2751
<i>Fax:</i>	<i>Fax:</i> (360) 462-2746	<i>Fax:</i> (858) 633-4692
<i>After Hours Phone:</i> (619)	<i>After Hours Phone:</i> (619)	<i>After Hours Phone:</i> (619)
312-0347	440-2751	440-2751
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Male
<i>License number:</i> NP95001840	<i>License number:</i> NP19664	<i>License number:</i> DC28605
<i>NPI:</i> 1063884864	<i>NPI:</i> 1578865549	<i>NPI:</i> 1427252121
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
Spanish	Spanish	Spanish
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i>	<i>Hospital Affiliation:</i>	<i>Hospital Affiliation:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
	<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> 0/999
	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
	No	No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### DERMATOLOGY

#### **BROGAN, JACQUELINE L , MD**

*Provider ID:* 265251  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 749-6174  
*After Hours Phone:* (619)  
 579-5115  
*Provider Gender:* Female  
*License number:* A160890  
*NPI:* 1801273479  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

☯ *Accessibility:*  
*Hours:* M-F 8:30AM-4:30PM, SA  
 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### **CELANO, NICHOLAS J**

*Provider ID:* 102191  
*Board Certified Specialty:* No  
 WILLIAM F RESH MD SKIN AND  
 SKIN CANCER MED GRP  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 749-6174  
*After Hours Phone:* (619)  
 579-5115  
*Provider Gender:* Male  
*License number:* A120411  
*NPI:* 1457662264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

☯ *Accessibility:*  
*Hours:* M-F 8:30AM-4:30PM, SA  
 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

#### **CELANO, NICHOLAS J**

*Provider ID:* 102191  
*Board Certified Specialty:* No  
 WILLIAM F RESH MD SKIN AND  
 SKIN CANCER MED GRP  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:*  
*After Hours Phone:* (619)  
 579-5115  
*Provider Gender:* Male  
*License number:* A120411  
*NPI:* 1457662264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Paradise Valley Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **CELANO, NICHOLAS J , MD**

*Provider ID:* 269114  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 749-6174  
*After Hours Phone:* (619)  
 579-5115  
*Provider Gender:* Male  
*License number:* A120411  
*NPI:* 1457662264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8:30AM-4:30PM, SA  
 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **CHIANG, JENNIFER Y**

*Provider ID:* 107659  
*Board Certified Specialty:* No  
 WILLIAM F RESH MD SKIN AND  
 SKIN CANCER MED GRP  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 749-6174  
*After Hours Phone:* (619)  
 579-5115  
*Provider Gender:* Female  
*License number:* A120528  
*NPI:* 1457656738  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8:30AM-4:30PM, SA  
 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **CHIANG, JENNIFER Y**

*Provider ID:* 107659  
*Board Certified Specialty:* No  
 WILLIAM F RESH MD SKIN AND  
 SKIN CANCER MED GRP  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 749-6174  
*After Hours Phone:* (619)  
 579-5115  
*Provider Gender:* Female  
*License number:* A120528  
*NPI:* 1457656738  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8:30AM-4:30PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **CHIANG, JENNIFER Y , MD**

Provider ID: 269156  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
292 AVOCADO AVE  
EL CAJON, CA 92020-4604  
Phone: (619) 579-5115  
Fax: (619) 749-6174  
After Hours Phone: (619)  
579-5115  
Provider Gender: Female  
License number: A120528  
NPI: 1457656738  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-4:30PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings

Medical Group-Sd

### **CROWLEY, CHRISTOPHER S , MD**

Provider ID: 269669  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
292 AVOCADO AVE  
EL CAJON, CA 92020-4604  
Phone: (619) 579-5115  
Fax: (619) 749-6174  
After Hours Phone: (619)  
579-5115  
Provider Gender: Male  
License number: A134188  
NPI: 1962836783  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton,  
Paradise Valley Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **KASSAB, GHADA K , MD**

Provider ID: 129190  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
330 S MAGNOLIA AVE  
EL CAJON, CA 92020-5290  
Phone: (858) 273-2726  
Fax: (858) 273-2725  
After Hours Phone: (858)  
273-2726  
Provider Gender: Female  
License number: A114457  
NPI: 1023278504  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic, Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-3PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **RESH, WILLIAM F**

Provider ID: 38883  
Board Certified Specialty: No  
WILLIAM F RESH MD SKIN AND

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

SKIN CANCER MED GRP  
292 AVOCADO AVE  
EL CAJON, CA 92020-4604  
Phone: (619) 579-5115  
Fax: (619) 749-6174  
After Hours Phone: (619) 579-5115  
Provider Gender: Male  
License number: C34661  
NPI: 1154309862  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SATEESH, BROOKE R , MD**

Provider ID: 269154  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
292 AVOCADO AVE  
EL CAJON, CA 92020-4604

Phone: (619) 579-5115  
Fax: (619) 749-6174  
After Hours Phone: (619) 579-5115  
Provider Gender: Female  
License number: A109670  
NPI: 1164565339  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital, Sharp  
Coronado Hosp And Healthcare  
Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-4:30PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **SATEESH, BROOKE R**

Provider ID: 83559  
Board Certified Specialty: No

WILLIAM F RESH MD SKIN AND  
SKIN CANCER MED GRP  
292 AVOCADO AVE  
EL CAJON, CA 92020-4604  
Phone: (619) 579-5115  
Fax: (619) 749-6174  
After Hours Phone: (619) 579-5115  
Provider Gender: Female  
License number: A109670  
NPI: 1164565339  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital, Sharp  
Coronado Hosp And Healthcare  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **SATEESH, BROOKE R**

*Provider ID:* 83559  
*Board Certified Specialty:* No  
**WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP**  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 749-6174  
*After Hours Phone:* (619) 579-5115  
*Provider Gender:* Female  
*License number:* A109670  
*NPI:* 1164565339  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

### **TYAGI, ABHILASHA**

*Provider ID:* 293506  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 749-6174  
*After Hours Phone:* (619) 579-5115  
*Provider Gender:* Female  
*License number:* A144751  
*NPI:* 1609262963  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

### **TYAGI, ABHILASHA**

*Provider ID:* 295773  
*Board Certified Specialty:* No  
**IHP OF SOUTHERN CALIFORNIA**  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 749-6174  
*After Hours Phone:* (619) 579-5115  
*Provider Gender:* Female  
*License number:* A144751  
*NPI:* 1609262963  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California  
**UEBELHOER, NATHAN S**  
*Provider ID:* 125012  
*Board Certified Specialty:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP SKIN CANCER MED GRP 292 AVOCADO AVE EL CAJON, CA 92020-4604 Phone: (619) 579-5115 Fax: (619) 749-7174 After Hours Phone: (619) 579-5115 Provider Gender: Male License number: 20A9328 NPI: 1659344513 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Naval Medical Ctr Sd Rbe Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>SKIN CANCER MED GRP 292 AVOCADO AVE EL CAJON, CA 92020-4604 Phone: (619) 579-5115 Fax: After Hours Phone: (619) 579-5115 Provider Gender: Male License number: 20A9328 NPI: 1659344513 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Naval Medical Ctr Sd Rbe Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>DIEGO-EL CAJON 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2498 Fax: After Hours Phone: (619) 515-2498 Provider Gender: Female License number: A144974 NPI: 1275948473 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Family Hlth Ctr San Diego-El Cajon IPA:</p>
<hr/>		
<b>FAMILY PRACTICE</b>		
<p><b>UEBELHOER, NATHAN S</b> Provider ID: 125012 Board Certified Specialty: No WILLIAM F RESH MD SKIN AND</p>	<p><b>AL ANI, NAJWAN N</b> Provider ID: 122626 Board Certified Specialty: No FAMILY HLTH CTR SAN</p>	<p><b>BROWN, BRANDON S</b> Provider ID: 127590 Board Certified Specialty: No FAMILY HLTH CTR SAN DIEGO-EL CAJON 525 E MAIN ST</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619) 515-2498  
 Provider Gender: Male  
 License number: A148499  
 NPI: 1013399559  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 8:30AM-5:30PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr San Diego-El Cajon  
 IPA:

### **CORMAN, DANIEL M**

Provider ID: 128275  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619) 515-2498  
 Provider Gender: Male  
 License number: 20A13060  
 NPI: 1629339593  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr San Diego-El Cajon  
 IPA:

### **GORDON, CHRISTOPHER J**

Provider ID: 110772  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619) 515-2498  
 Provider Gender: Male  
 License number: A83390  
 NPI: 1477711521  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr San Diego-El Cajon  
 IPA:

### **HASTANAN, CAROL L**

Provider ID: 98429  
 Board Certified Specialty: No  
 CHASE AVENUE FAMILY HEALTH CTRS INC  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 515-2499	Provider Gender: Female	NPI: 1174905871
Fax:	License number: A138887	Provider English Spoken: Yes
After Hours Phone: (619) 515-2499	NPI: 1689093684	Provider Language(s) Spoken: Farsi
Provider Gender: Female	Provider English Spoken: Yes	Cultural Competency: No
License number: A110192	Provider Language(s) Spoken: Mandarin	Hospital Affiliation:
NPI: 1861648461	Cultural Competency: No	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Hospital Affiliation:	Min/Max Age: None
Provider Language(s) Spoken: Cultural Competency: No	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Hospital Affiliation:	Min/Max Age: None	♿ Accessibility:
Medi-Cal Open Panel: Yes	American Sign Language (ASL): No	Hours: M-SA 8:30AM-5:30PM
Min/Max Age: None	♿ Accessibility: ME	Website: www.fhcsd.org
American Sign Language (ASL): No	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	Email:
♿ Accessibility: ME	Website: www.fhcsd.org	Medical Group(s): Family Hlth Ctr San Diego-El Cajon
Hours: M-SA 9AM-5PM	Email:	IPA:
Website: www.fhcsd.org	Medical Group(s): Chase Avenue Family Health Ctrs Inc	<b>SCHUMAKER, EDWARD W</b>
Email:	IPA:	Provider ID: 47828
Medical Group(s): Chase Avenue Family Health Ctrs Inc	<b>NIAZI, HARRIS O</b>	Board Certified Specialty: No
IPA:	Provider ID: 122797	LA MAESTRA FAMILY CLINIC INC
<b>LIN, SHUANG</b>	Board Certified Specialty: No	165 S 1ST ST
Provider ID: 122471	FAMILY HLTH CTR SAN DIEGO-EL CAJON	EL CAJON, CA 92019-4795
Board Certified Specialty: No	525 E MAIN ST	Phone: (619) 312-0347
CHASE AVENUE FAMILY HEALTH CTRS INC	EL CAJON, CA 92020-4007	Fax:
1111 W CHASE AVE	Phone: (619) 515-2498	After Hours Phone: (619) 312-0347
EL CAJON, CA 92020-5710	Fax:	Provider Gender: Male
Phone: (619) 515-2499	After Hours Phone: (619) 515-2498	License number: 20A6433
Fax:	Provider Gender: Male	NPI: 1184616872
After Hours Phone: (619) 515-2499	License number: A146111	Provider English Spoken: Yes
		Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.lamaestra.org  <i>Email:</i>  <i>Medical Group(s):</i> La Maestra            Family Clinic Inc  <i>IPA:</i></p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Paradise            Valley Hospital, Scripps Mercy            Hospital Chula Vista, Scripps            Mercy Hospital, Sharp Chula            Vista Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Imperial Health Holdings            Medical Group-Sd</p>	<p>Arabic, French, German,            Spanish, Urdu  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Parkview            Community Hospital Medical            Center, Sharp Grossmont            Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
<hr/>		
<b>GASTROENTEROLOGY</b>		
<p><b>CUBAS, IVAN P</b>  <i>Provider ID:</i> 120211  <i>Board Certified Specialty:</i> No            DIGESTIVE DISEASE ASSOCS            INC            2732 NAVAJO RD STE 201            EL CAJON, CA 92020-2149  <i>Phone:</i> (619) 266-3332  <i>Fax:</i> (619) 266-6000  <i>After Hours Phone:</i> (619)            266-3332  <i>Provider Gender:</i> Male  <i>License number:</i> C55825  <i>NPI:</i> 1447464912  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Portuguese, Spanish</p>	<p><b>HASSANEIN, TAREK I , MD</b>  <i>Provider ID:</i> 269556  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            463 N MAGNOLIA AVE            EL CAJON, CA 92020-3606  <i>Phone:</i> (619) 359-8380  <i>Fax:</i> (619) 359-8360  <i>After Hours Phone:</i> (619)            359-8380  <i>Provider Gender:</i> Male  <i>License number:</i> A54452  <i>NPI:</i> 1801854450  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>IMPERIAL, JOANNE C , MD</b>  <i>Provider ID:</i> 268979  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            465 N MAGNOLIA AVE            EL CAJON, CA 92020-3606  <i>Phone:</i> (619) 359-8380  <i>Fax:</i> (619) 359-8360  <i>After Hours Phone:</i> (619)            359-8380  <i>Provider Gender:</i> Female  <i>License number:</i> G44420  <i>NPI:</i> 1225101884  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

French, Spanish	Jolla John Sally Thornton, Ucsd	Valley Hospital, Scripps Mercy
<i>Cultural Competency:</i> No	Medical Ctr, University Of	Hospital Chula Vista, Sharp
<i>Hospital Affiliation:</i> Lucile Salter	California Irvine Med Ctr	Chula Vista Med Ctr, Scripps
Packard Childrens Hosp	<i>Medi-Cal Open Panel:</i> Yes	Mercy Hospital
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 18/999	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>	<i>Min/Max Age:</i> None
<i>American Sign Language (ASL):</i>	No	<i>American Sign Language (ASL):</i>
No	<b>♿ Accessibility:</b>	No
<b>♿ Accessibility:</b>	<i>Hours:</i> M-F 8AM-5PM, SA	<b>♿ Accessibility:</b>
<i>Hours:</i> M-F 9AM-5PM, SA	9AM-5PM	<i>Hours:</i> M-F 9AM-5PM, SA
9AM-5PM	<i>Website:</i>	9AM-5PM
<i>Website:</i>	<i>Email:</i>	<i>Website:</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>IPA:</i> Ihp Of Southern California	<i>Medical Group(s):</i>
<i>IPA:</i> Community Care Ipa Llc		<i>IPA:</i> Ihp Of Southern California,
	<b>SCHAEFFER, CYNTHIA L</b>	Imperial Health Holdings
	<i>Provider ID:</i> 120290	Medical Group-Sd
	<i>Board Certified Specialty:</i> No	
<b>NOVO, MEGAN E</b>	IMPERIAL HEALTH HOLDINGS	
<i>Provider ID:</i> 296067	MEDICAL GROUP-SD	
<i>Board Certified Specialty:</i> No	2732 NAVAJO RD STE 201	
IHP OF SOUTHERN	EL CAJON, CA 92020-2149	
CALIFORNIA	<i>Phone:</i> (619) 266-3332	
2732 NAVAJO RD STE 200	<i>Fax:</i> (619) 266-6000	
EL CAJON, CA 92020-2149	<i>After Hours Phone:</i> (619)	
<i>Phone:</i> (619) 266-3332	266-3332	
<i>Fax:</i> (619) 266-6000	<i>Provider Gender:</i> Female	
<i>After Hours Phone:</i> (619)	<i>License number:</i> A91771	
266-3332	<i>NPI:</i> 1740352293	
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	
<i>License number:</i> A147981	<i>Provider Language(s) Spoken:</i>	
<i>NPI:</i> 1770961971	Spanish	
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Paradise	
<i>Cultural Competency:</i> No		
<i>Hospital Affiliation:</i> Ucsd La		

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### **HEARING AID DEALER / SUPPLIER**

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**ANDERSON, ELAINE M , MD**  
*Provider ID:* 268692  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1767 E MAIN ST  
 EL CAJON, CA 92021-5219  
*Phone:* (619) 440-6516  
*Fax:* (619) 440-6547  
*After Hours Phone:* (619)  
 440-6516  
*Provider Gender:* Female  
*License number:* HA7100  
*NPI:* 1063558856

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Provider English Spoken:* Yes      *Min/Max Age:* 0/999      9AM-5PM  
*Provider Language(s) Spoken:* American Sign Language (ASL):      *Website:*  
*Cultural Competency:* No      No      *Email:*  
*Hospital Affiliation:*      ♿ *Accessibility:*      *Medical Group(s):*  
*Medi-Cal Open Panel:* Yes      *Hours:* M-F 8:30AM-5PM, SA      *IPA:* Community Care Ipa Llc  
*Min/Max Age:* 0/999      9AM-5PM

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**INTERNAL MEDICINE**

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*American Sign Language (ASL):* Website:  
 No      *Email:*  
 ♿ *Accessibility:*      *Medical Group(s):*  
*Hours:* M-F 8AM-5PM, SA      *IPA:* Community Care Ipa Llc

### **DANDURAND, JOHN M , MD**

*Provider ID:* 269780  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1767 E MAIN ST  
 EL CAJON, CA 92021-5219  
*Phone:* (619) 440-6516  
*Fax:* (619) 440-6547  
*After Hours Phone:* (619)  
 440-6516  
*Provider Gender:* Male  
*License number:* HA2056  
*NPI:* 1497901680  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes

### **DAVIS, KELLE L , MD**

*Provider ID:* 268650  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1767 E MAIN ST  
 EL CAJON, CA 92021-5219  
*Phone:* (619) 440-6516  
*Fax:* (619) 440-6547  
*After Hours Phone:* (619)  
 440-6516  
*Provider Gender:* Female  
*License number:* HA6083  
*NPI:* 1902853344  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8:30AM-5PM, SA

### **AWDISHO, ALAN**

*Provider ID:* 291282  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
*Phone:* (619) 662-4100  
*Fax:* (619) 205-6305  
*After Hours Phone:* (619)  
 662-4100  
*Provider Gender:* Male  
*License number:* 20A18702  
*NPI:* 1164795498  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Website:	Ctr San Diego-El Cajon	<b>KHAMOOSHIAN, KOUROSH</b>
Email:	IPA:	Provider ID: 293762
Medical Group(s):	<b>GORGES, RANDA A</b>	Board Certified Specialty: No
IPA: Ihp Of Southern California	Provider ID: 122495	IHP OF SOUTHERN CALIFORNIA
<b>DUONG, MAI T</b>	Board Certified Specialty: No	875 EL CAJON BLVD
Provider ID: 114973	FAMILY HLTH CTR SAN DIEGO-EL CAJON	EL CAJON, CA 92020-5714
Board Certified Specialty: No	525 E MAIN ST	Phone: (619) 662-4100
FAMILY HLTH CTR SAN DIEGO-EL CAJON	EL CAJON, CA 92020-4007	Fax: (619) 401-7411
525 E MAIN ST	Phone: (619) 515-2498	After Hours Phone: (619) 662-4100
EL CAJON, CA 92020-4007	Fax:	Provider Gender: Male
Phone: (619) 515-2498	After Hours Phone: (619) 515-2498	License number: A110901
Fax:	Provider Gender: Female	NPI: 1659523975
After Hours Phone: (619) 515-2498	License number: A138815	Provider English Spoken: Yes
Provider Gender: Female	NPI: 1285079509	Provider Language(s) Spoken: Farsi, Spanish, Turkish
License number: A127798	Provider English Spoken: Yes	Cultural Competency: No
NPI: 1629339304	Provider Language(s) Spoken: Arabic	Hospital Affiliation: Grossmont Hospital, Palomar Health, Alvarado Hospital Llc, Paradise Valley Hospital, Palomar Medical Center, Desert Regional Med Ctr, Dameron Hospital Assoc, Eisenhower Medical Ctr
Provider English Spoken: Yes	Cultural Competency: No	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken: Vietnamese	Hospital Affiliation:	Min/Max Age: None
Cultural Competency: No	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Hospital Affiliation:	Min/Max Age: None	⚠ Accessibility:
Medi-Cal Open Panel: Yes	American Sign Language (ASL): No	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM
Min/Max Age: None	⚠ Accessibility:	Website: www.fhcsd.org
American Sign Language (ASL): No	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	Email:
⚠ Accessibility:	Website: www.fhcsd.org	Medical Group(s): Family Hlth Ctr San Diego-El Cajon
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	Email:	IPA:
Website: www.fhcsd.org	Medical Group(s): Family Hlth Ctr San Diego-El Cajon	
Email:	Ctr San Diego-El Cajon	
Medical Group(s): Family Hlth	IPA:	

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## D. Directorio de proveedores de atención especializada

<i>Website:</i>	<i>IPA: Ihp Of Southern California</i>	<i>Provider ID: 294908</i>
<i>Email:</i>		<i>Board Certified Specialty: No</i>
<i>Medical Group(s):</i>	<b>MAY, LOUIS M</b>	<i>IHP OF SOUTHERN CALIFORNIA</i>
<i>IPA: Ihp Of Southern California</i>	<i>Provider ID: 294916</i>	<i>CALIFORNIA</i>
<b>MANSOUR, DAVID H</b>	<i>Board Certified Specialty: No</i>	<i>875 EL CAJON BLVD</i>
<i>Provider ID: 291543</i>	<i>IHP OF SOUTHERN CALIFORNIA</i>	<i>EL CAJON, CA 92020-5714</i>
<i>Board Certified Specialty: No</i>	<i>875 EL CAJON BLVD</i>	<i>Phone: (619) 662-4100</i>
<i>IHP OF SOUTHERN CALIFORNIA</i>	<i>EL CAJON, CA 92020-5714</i>	<i>Fax: (619) 785-3356</i>
<i>855 E MADISON AVE</i>	<i>Phone: (619) 662-4100</i>	<i>After Hours Phone: (619) 662-4100</i>
<i>EL CAJON, CA 92020-3819</i>	<i>Fax: (619) 205-6305</i>	<i>Provider Gender: Male</i>
<i>Phone: (619) 440-2751</i>	<i>After Hours Phone: (619) 662-4100</i>	<i>License number: A144513</i>
<i>Fax: (360) 462-2746</i>	<i>Provider Gender: Male</i>	<i>NPI: 1467871673</i>
<i>After Hours Phone: (619) 440-2751</i>	<i>License number: A138568</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Gender: Male</i>	<i>NPI: 1720497514</i>	<i>Provider Language(s) Spoken: Arabic</i>
<i>License number: 20A19086</i>	<i>Provider English Spoken: Yes</i>	<i>Cultural Competency: No</i>
<i>NPI: 1689164949</i>	<i>Provider Language(s) Spoken: Spanish</i>	<i>Hospital Affiliation: Scripps Memorial Hospital</i>
<i>Provider English Spoken: Yes</i>	<i>Cultural Competency: No</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Provider Language(s) Spoken: Arabic</i>	<i>Hospital Affiliation: Eisenhower Medical Ctr</i>	<i>Min/Max Age: 18/999</i>
<i>Cultural Competency: No</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>American Sign Language (ASL): No</i>
<i>Hospital Affiliation:</i>	<i>Min/Max Age: 0/999</i>	<i>♿ Accessibility:</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>American Sign Language (ASL): No</i>	<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>
<i>Min/Max Age: 14/999</i>	<i>♿ Accessibility:</i>	<i>Website:</i>
<i>American Sign Language (ASL): No</i>	<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>	<i>Email:</i>
<i>♿ Accessibility:</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>	<i>Email:</i>	<i>IPA: Ihp Of Southern California</i>
<i>Website:</i>	<i>Medical Group(s):</i>	<b>MUNSHI, DIPTI G</b>
<i>Email:</i>	<i>IPA: Ihp Of Southern California</i>	<i>Provider ID: 293571</i>
<i>Medical Group(s):</i>	<b>MICHAEL, RAMI Y</b>	<i>Board Certified Specialty: No</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

IHP OF SOUTHERN CALIFORNIA  
875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
Phone: (619) 662-4100  
Fax: (619) 785-3356  
After Hours Phone: (619) 662-4100  
Provider Gender: Female  
License number: A170593  
NPI: 1699162065  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic, Spanish, Syriac  
Cultural Competency: No  
Hospital Affiliation: Memorial Hospital, Scripps Memorial Hospital, Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: No  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s): Ihp Of Southern California

### ROUEL, WADI

Provider ID: 101639  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC INC  
165 S 1ST ST  
EL CAJON, CA 92019-4795

Phone: (619) 269-1262  
Fax:  
After Hours Phone: (619) 269-1262  
Provider Gender: Male  
License number: C55979  
NPI: 1740254713  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic, Spanish, Syriac  
Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Scripps Memorial Hospital, Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website: www.lamaestra.org  
Email:  
Medical Group(s): La Maestra Family Clinic Inc  
IPA:

### SHEIKH-MOHAMED, HALA

Provider ID: 295219  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619) 662-4100  
Provider Gender: Female  
License number: A159247  
NPI: 1972946770  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: No  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s): Ihp Of Southern California  
IPA: Ihp Of Southern California

### SIHOTA, GURPREET

Provider ID: 121259  
Board Certified Specialty: No  
CHASE AVENUE FAMILY HEALTH CTRS INC  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Phone: (619) 515-2499  
 Fax:  
 After Hours Phone: (619) 515-2499  
 Provider Gender: Female  
 License number: 20A13700  
 NPI: 1659715852  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: ME  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chase Avenue Family Health Ctrs Inc  
 IPA:

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### **INTERVENTIONAL CARDIOLOGY**

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#### **KAFRI, HASSAN**

Provider ID: 290539  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 436 S MAGNOLIA AVE STE 101  
 EL CAJON, CA 92020-5219

Phone: (619) 662-4100  
 Fax: (619) 401-7411  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: A96002  
 NPI: 1730258401  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, German, Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California

#### **KAFRI, HASSAN**

Provider ID: 290966  
 Board Certified Specialty: No  
 IHP OF SOUTHERN

CALIFORNIA  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: A96002  
 NPI: 1730258401  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, German, Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California

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### **NEPHROLOGY**

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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **MENDEZ, DIEGO**

*Provider ID:* 290636  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 436 S MAGNOLIA AVE STE 101  
 EL CAJON, CA 92020-5219  
*Phone:* (619) 662-4100  
*Fax:* (619) 401-7411  
*After Hours Phone:* (619) 662-4100  
*Provider Gender:* Male  
*License number:* A47906  
*NPI:* 1437181922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ihp Of Southern California  


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**OBSTETRICS / GYNECOLOGY**

### **ALIMONOS, LYSISTRATI A**

*Provider ID:* 114824  
*Board Certified Specialty:* No  
 FAMILY HLTH CTR SAN DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Provider Gender:* Female  
*License number:* 20A14919  
*NPI:* 1619397031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM  
*Website:* www.fhcsd.org

*Email:*  
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon  
*IPA:*

### **BUECHNER, CHARLENE A**

*Provider ID:* 127433  
*Board Certified Specialty:* No  
 FAMILY HLTH CTR SAN DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Provider Gender:* Female  
*License number:* A68463  
*NPI:* 1376663831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth

Ctr San Diego-El Cajon

IPA:

### **BUKOWSKI, KYLE C**

Provider ID: 269037

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1685 E MAIN ST STE 301

EL CAJON, CA 92021-5292

Phone: (310) 825-9945

Fax:

After Hours Phone: (310)

825-9945

Provider Gender: Male

License number: A133994

NPI: 1912249004

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ronald

Reagan UCLA Med Ctr, Santa

Monica UCLA Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **CARTER, KHALIL J**

Provider ID: 127377

Board Certified Specialty: No

FAMILY HLTH CTR SAN

DIEGO-EL CAJON

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Provider Gender: Male

License number: A113001

NPI: 1225231582

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Grossmont

Hospital, Tri City Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth

Ctr San Diego-El Cajon

IPA:

### **CERVANTES, SANDRA M**

Provider ID: 114871

Board Certified Specialty: No

FAMILY HLTH CTR SAN

DIEGO-EL CAJON

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp

Coronado Hosp And Healthcare

Ctr, Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Ctr San Diego-El Cajon  
IPA:

**FOLCH TORRES-AGUIAR,  
BEATRIZ M**

Provider ID: 120511  
Board Certified Specialty: No  
FAMILY HLTH CTR SAN  
DIEGO-EL CAJON  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Provider Gender: Female  
License number: A148014  
NPI: 1457794752  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Yue Chinese  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 8:30AM-5:30PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Family Hlth

Ctr San Diego-El Cajon  
IPA:

**KHAN, ALIYA I**

Provider ID: 109641  
Board Certified Specialty: No  
LA MAESTRA CHC EL CAJON  
BROADWAY  
1032 BROADWAY  
EL CAJON, CA 92021-7416  
Phone: (619) 795-5991  
Fax:  
After Hours Phone: (619)  
795-5991  
Provider Gender: Female  
License number: G50634  
NPI: 1285687350  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hindi, Urdu  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy  
Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-6PM, SA  
8AM-2PM  
Website: www.lamaestra.org  
Email:

Medical Group(s): La Maestra  
Chc El Cajon Broadway  
IPA:

**LIPSCHITZ, LISA S**

Provider ID: 115429  
Board Certified Specialty: No  
FAMILY HLTH CTR SAN  
DIEGO-EL CAJON  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Provider Gender: Female  
License number: A72005  
NPI: 1649208711  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Grossmont  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM  
Website: www.fhcsd.org

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i> Family Hlth Ctr San Diego-El Cajon	<i>Medical Group(s):</i> Family Hlth Ctr San Diego-El Cajon	<i>Medical Group(s):</i> Family Hlth Ctr San Diego-El Cajon
<i>IPA:</i>	<i>IPA:</i>	<i>IPA:</i>
<b>LOEFFLER, ALLISON M</b>	<b>MELLENDEZ BERRIOS, IARA DEL M</b>	<b>MENDEZ, DIEGO</b>
<i>Provider ID:</i> 115562	<i>Provider ID:</i> 115040	<i>Provider ID:</i> 290955
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
FAMILY HLTH CTR SAN DIEGO-EL CAJON	FAMILY HLTH CTR SAN DIEGO-EL CAJON	IHP OF SOUTHERN CALIFORNIA
525 E MAIN ST	525 E MAIN ST	875 EL CAJON BLVD
EL CAJON, CA 92020-4007	EL CAJON, CA 92020-4007	EL CAJON, CA 92020-5714
<i>Phone:</i> (619) 515-2498	<i>Phone:</i> (619) 515-2498	<i>Phone:</i> (619) 662-4100
<i>Fax:</i>	<i>Fax:</i>	<i>Fax:</i> (619) 205-6305
<i>After Hours Phone:</i> (619) 515-2498	<i>After Hours Phone:</i> (619) 515-2498	<i>After Hours Phone:</i> (619) 662-4100
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Male
<i>License number:</i> A116680	<i>License number:</i> A114181	<i>License number:</i> A47906
<i>NPI:</i> 1700073962	<i>NPI:</i> 1740514249	<i>NPI:</i> 1437181922
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Spanish
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital	<i>Hospital Affiliation:</i> Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital
<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> 16/999
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i>
<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>	
<i>Hours:</i> M-SA 8:30AM-5:30PM	<i>Hours:</i> M-SA 8:30AM-5:30PM	
<i>Website:</i> www.fhcsd.org	<i>Website:</i> www.fhcsd.org	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

No	No	Min/Max Age: None
♿ Accessibility:	♿ Accessibility:	American Sign Language (ASL):
Hours: M-SA 9AM-5PM	Hours: M-F 8:30AM-5:30PM, SA	No
Website:	9AM-5PM	♿ Accessibility:
Email:	Website: www.fhcsd.org	Hours: M-SA 8:30AM-5:30PM
Medical Group(s):	Email:	Website: www.fhcsd.org
IPA: Ihp Of Southern California	Medical Group(s): Family Hlth	Email:
	Ctr San Diego-El Cajon	Medical Group(s): Family Hlth
	IPA:	Ctr San Diego-El Cajon
		IPA:
<b>RODRIGUEZ JEREZ, ROBERTO</b>	<b>WINESBURG, JENNIFER J</b>	<b>ZIEG, ALAN J</b>
<b>D</b>		
Provider ID: 130083	Provider ID: 114806	Provider ID: 114825
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
FAMILY HLTH CTR SAN	FAMILY HLTH CTR SAN	FAMILY HLTH CTR SAN
DIEGO-EL CAJON	DIEGO-EL CAJON	DIEGO-EL CAJON
525 E MAIN ST	525 E MAIN ST	525 E MAIN ST
EL CAJON, CA 92020-4007	EL CAJON, CA 92020-4007	EL CAJON, CA 92020-4007
Phone: (619) 515-2498	Phone: (619) 515-2498	Phone: (619) 515-2498
Fax:	Fax:	Fax:
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
515-2498	515-2498	515-2498
Provider Gender: Male	Provider Gender: Female	Provider Gender: Male
License number: A154298	License number: 20A11535	License number: G78814
NPI: 1710316450	NPI: 1811162456	NPI: 1699790634
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Spanish	Spanish	Cultural Competency: No
Cultural Competency: No	Cultural Competency: No	Hospital Affiliation: Grossmont
Hospital Affiliation: Scripps	Hospital Affiliation: Scripps	Hospital, Scripps Mercy
Mercy Hospital, Sharp	Mercy Hospital, Sharp	Hospital, Sharp Coronado Hosp
Coronado Hosp And Healthcare	Coronado Hosp And Healthcare	And Healthcare Ctr, Scripps
Ctr, Grossmont Hospital	Ctr, Grossmont Hospital, Desert	Mercy Hospital Chula Vista
Medi-Cal Open Panel: Yes	Regional Med Ctr	Medi-Cal Open Panel: Yes
Min/Max Age: None	Medi-Cal Open Panel: Yes	
American Sign Language (ASL):		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: None          American Sign Language (ASL): No          ⚠ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website: www.fhcsd.org          Email:          Medical Group(s): Family Hlth Ctr San Diego-El Cajon          IPA:</p>	<p>Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ⚠ Accessibility:          Hours: M-SA 8:30AM-5:30PM          Website: www.fhcsd.org          Email:          Medical Group(s): Family Hlth Ctr San Diego-El Cajon          IPA:</p>	<p>American Sign Language (ASL): No          ⚠ Accessibility:          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
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### OPHTHALMOLOGY

#### **ALBORZIAN, SHERVIN**

Provider ID: 114628  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619) 515-2498  
 Provider Gender: Male  
 License number: A107093  
 NPI: 1588825129  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Sharp

#### **BINDER, NICHOLAS R, MD**

Provider ID: 268752  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Male  
 License number: A124698  
 NPI: 1306076716  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

#### **JARDON, JAVIER A**

Provider ID: 290533  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 436 S MAGNOLIA AVE STE 101  
 EL CAJON, CA 92020-5219  
 Phone: (619) 662-4100  
 Fax: (619) 401-7411  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: A131365  
 NPI: 1609171982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: California Hosp Med Ctr Los Angeles, El Centro Regional Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No            Accessibility:  <i>Accessibility:</i>            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>	<p>American Sign Language (ASL): No            Accessibility:  <i>Accessibility:</i>            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Ihp Of Southern California</p>	<p>Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>
<p><b>MANI, NASRIN</b>            Provider ID: 290379            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            436 S MAGNOLIA AVE STE 101            EL CAJON, CA 92020-5219            Phone: (619) 662-4100            Fax: (619) 401-7411            After Hours Phone: (619) 662-4100            Provider Gender: Female            License number: A40473            NPI: 1023061314            Provider English Spoken: Yes            Provider Language(s) Spoken: Arabic, Faroese, Farsi, Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999</p>	<p><b>MCGRAW, JOSEPH P , MD</b>            Provider ID: 269703            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            450 FLETCHER PKWY STE 112            EL CAJON, CA 92020-2520            Phone: (800) 898-2020            Fax: (844) 897-3788            After Hours Phone: (800) 898-2020            Provider Gender: Male            License number: A155228            NPI: 1588624852            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:  <i>Accessibility:</i></p>	<p><b>MILLER, DOUGLAS G</b>            Provider ID: 262441            Board Certified Specialty: No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD            450 FLETCHER PKWY STE 112            EL CAJON, CA 92020-2520            Phone: (800) 898-2020            Fax: (844) 897-3788            After Hours Phone: (800) 898-2020            Provider Gender: Male            License number: G52627            NPI: 1982636031            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:  <i>Accessibility:</i>            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **MILLER, DOUGLAS G , MD**

*Provider ID:* 68144  
*Board Certified Specialty:* No  
 WEST COAST EYE CARE  
 ASSOCS MED GRP  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
 898-2020  
*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **MORRISON-REYES, JOSHUA A**

*Provider ID:* 107940  
*Board Certified Specialty:* No  
 WEST COAST EYE CARE  
 ASSOCS MED GRP  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (619) 440-5400  
*Fax:* (619) 697-2410  
*After Hours Phone:* (619)  
 440-5400  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Scripps Memorial  
 Hospital, Sharp Memorial  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **PAPASTERGIOU, GEORGIOS**

*Provider ID:* 290720  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 436 S MAGNOLIA AVE STE 101  
 EL CAJON, CA 92020-5219  
*Phone:* (619) 662-4100  
*Fax:* (619) 401-7411  
*After Hours Phone:* (619)  
 662-4100  
*Provider Gender:* Male  
*License number:* A127706  
*NPI:* 1790054393  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Farsi, French, Greek,  
 Italian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro  
 Regional Medical Center,  
 Scripps Memorial Hospital,  
 Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc,            Ihp Of Southern California,            Imperial Health Holdings            Medical Group-Sd</p>	<p><i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> SU 10AM-4PM, M-F            8:30AM-5:30PM, SA 8AM-4PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc,            Ihp Of Southern California,            Imperial Health Holdings            Medical Group-Sd</p>	<p>Hospital, Paradise Valley            Hospital, Scripps Memorial            Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M,W,TH,SA 9AM-5PM,            TU,F 8AM-4PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>
<p><b>PAPASTERGIU, GEORGIOS</b>  <i>Provider ID:</i> 290892  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN            CALIFORNIA            875 EL CAJON BLVD            EL CAJON, CA 92020-5714  <i>Phone:</i> (619) 662-4100  <i>Fax:</i> (619) 205-6305  <i>After Hours Phone:</i> (619)            662-4100  <i>Provider Gender:</i> Male  <i>License number:</i> A127706  <i>NPI:</i> 1790054393  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic, Farsi, French, Greek,            Italian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> El Centro            Regional Medical Center,            Scripps Memorial Hospital,            Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><b>PATEL, GITANE</b>  <i>Provider ID:</i> 262318  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD            450 FLETCHER PKWY STE 112            EL CAJON, CA 92020-2520  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800)            898-2020  <i>Provider Gender:</i> Male  <i>License number:</i> A108603  <i>NPI:</i> 1710171434  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic, Gujarati, Spanish,            Tagalog, Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont</p>	<p><b>PATEL, GITANE, MD</b>  <i>Provider ID:</i> 268740  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            450 FLETCHER PKWY STE 112            EL CAJON, CA 92020-2520  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800)            898-2020  <i>Provider Gender:</i> Male  <i>License number:</i> A108603  <i>NPI:</i> 1710171434  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic, Gujarati, Spanish,            Tagalog, Vietnamese</p>

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## D. Directorio de proveedores de atención especializada

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M,W,TH,SA 9AM-5PM, TU,F 8AM-4PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p><i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish, Tagalog, Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p><i>License number:</i> A114976  <i>NPI:</i> 1316199326  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish, Tagalog, Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>PATEL, SARJAN H</b>  <i>Provider ID:</i> 262403  <i>Board Certified Specialty:</i> No  <b>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</b>  <b>450 FLETCHER PKWY STE 112 EL CAJON, CA 92020-2520</b>  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800) 898-2020  <i>Provider Gender:</i> Male  <i>License number:</i> A114976  <i>NPI:</i> 1316199326  <i>Provider English Spoken:</i> Yes</p>	<p><b>PATEL, SARJAN H , MD</b>  <i>Provider ID:</i> 268799  <i>Board Certified Specialty:</i> No  <b>COMMUNITY CARE IPA LLC</b>  <b>450 FLETCHER PKWY STE 112 EL CAJON, CA 92020-2520</b>  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800) 898-2020  <i>Provider Gender:</i> Male</p>	<p><b>PONS, MAURICIO E</b>  <i>Provider ID:</i> 290393  <i>Board Certified Specialty:</i> No  <b>IHP OF SOUTHERN CALIFORNIA</b>  <b>436 S MAGNOLIA AVE STE 101 EL CAJON, CA 92020-5219</b></p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

Phone: (619) 662-4100	EL CAJON, CA 92020-5714	450 FLETCHER PKWY STE 112
Fax: (619) 401-7411	Phone: (619) 662-4100	EL CAJON, CA 92020-2520
After Hours Phone: (619) 662-4100	Fax: (619) 205-6305	Phone: (800) 898-2020
Provider Gender: Male	After Hours Phone: (619) 662-4100	Fax: (844) 897-3788
License number: A87650	Provider Gender: Male	After Hours Phone: (800) 898-2020
NPI: 1376723759	License number: A87650	Provider Gender: Female
Provider English Spoken: Yes	NPI: 1376723759	License number: A115965
Provider Language(s) Spoken: Spanish	Provider English Spoken: Yes	NPI: 1982872552
Cultural Competency: No	Provider Language(s) Spoken: Spanish	Provider English Spoken: Yes
Hospital Affiliation: Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital, Mercy Hospital	Cultural Competency: No	Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese
Medi-Cal Open Panel: Yes	Hospital Affiliation: Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital, Mercy Hospital	Cultural Competency: No
Min/Max Age: 0/999	Medi-Cal Open Panel: Yes	Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
American Sign Language (ASL): No	Min/Max Age: 0/999	Medi-Cal Open Panel: Yes
♿ Accessibility:	American Sign Language (ASL): No	Min/Max Age: 0/999
Hours: M-SA 9AM-5PM	♿ Accessibility:	American Sign Language (ASL): No
Website:	Hours: M-SA 9AM-5PM	♿ Accessibility:
Email:	Website:	Hours: M-F 8AM-5PM, SA 9AM-5PM
Medical Group(s):	Email:	♿ Accessibility:
IPA: Community Care Ipa Llc, Ihp Of Southern California	Medical Group(s):	Hours: M-F 8AM-5PM, SA 9AM-5PM
<b>PONS, MAURICIO E</b>	IPA: Community Care Ipa Llc, Ihp Of Southern California	Website:
Provider ID: 290907	<b>PRABHU, SUJATA P</b>	Email:
Board Certified Specialty: No	Provider ID: 262390	Medical Group(s):
IHP OF SOUTHERN CALIFORNIA	Board Certified Specialty: No	IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
875 EL CAJON BLVD	IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD	<b>PRABHU, SUJATA P , MD</b>

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 268917</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p>450 FLETCHER PKWY STE 112</p> <p>EL CAJON, CA 92020-2520</p> <p>Phone: (800) 898-2020</p> <p>Fax: (844) 897-3788</p> <p>After Hours Phone: (800) 898-2020</p> <p>Provider Gender: Female</p> <p>License number: A115965</p> <p>NPI: 1982872552</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc, Imperial Health Holdings</p>	<p>Medical Group-Sd</p> <p><b>SKAF, AYHAM R</b></p> <p>Provider ID: 290231</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>436 S MAGNOLIA AVE STE 101</p> <p>EL CAJON, CA 92020-5219</p> <p>Phone: (916) 662-4100</p> <p>Fax: (619) 401-7411</p> <p>After Hours Phone: (916) 662-4100</p> <p>Provider Gender: Male</p> <p>License number: A120584</p> <p>NPI: 1285888628</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Arabic, Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc,</p>	<p>Ihp Of Southern California</p> <p><b>SKAF, AYHAM R</b></p> <p>Provider ID: 290875</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>875 EL CAJON BLVD</p> <p>EL CAJON, CA 92020-5714</p> <p>Phone: (619) 662-4100</p> <p>Fax: (619) 205-6305</p> <p>After Hours Phone: (619) 662-4100</p> <p>Provider Gender: Male</p> <p>License number: A120584</p> <p>NPI: 1285888628</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Arabic, Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc,</p>
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## D. Directorio de proveedores de atención especializada

Ihp Of Southern California

### PHYSICIANS ASSISTANT

#### PEDIATRICS

#### **KODSI, ALICIA M**

Provider ID: 120082

Board Certified Specialty: No  
FAMILY HLTH CTR SAN  
DIEGO-EL CAJON

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Provider Gender: Female

License number: A147976

NPI: 1932514353

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth

Ctr San Diego-El Cajon

IPA:

#### **INDA, PRISCILLA S , NPA**

Provider ID: 265073

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

328 HIGHLAND AVE STE 200  
EL CAJON, CA 92020-5207

Phone: (619) 930-9404

Fax: (619) 930-9426

After Hours Phone: (619)

930-9404

Provider Gender: Female

License number: PA54404

NPI: 1679008379

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Russian, Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 18/110

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### **PATEL, SHREYA M**

Provider ID: 48965

Board Certified Specialty: No  
CHASE AVENUE FAMILY  
HEALTH CTRS INC

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax:

After Hours Phone: (619)

515-2499

Provider Gender: Female

License number: PA18719

NPI: 1447468137

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

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

9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Chase

Avenue Family Health Ctrs Inc

IPA:

#### **TURNER, ERIC M**

Provider ID: 121894

Board Certified Specialty: No  
CHASE AVENUE FAMILY

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## D. Directorio de proveedores de atención especializada

<p>HEALTH CTRS INC 1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: After Hours Phone: (619) 515-2499 Provider Gender: Male License number: PA55067 NPI: 1669756128 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Chase Avenue Family Health Ctrs Inc IPA:</p>	<p>EL CAJON, CA 92020-3819 Phone: (619) 440-2751 Fax: (858) 633-4692 After Hours Phone: (619) 440-2751 Provider Gender: Male License number: DPM2895 NPI: 1215087770 Provider English Spoken: Yes Provider Language(s) Spoken: German, Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>	<p>Phone: (619) 445-0707 Fax: (619) 445-9764 After Hours Phone: (619) 445-0707 Provider Gender: Male License number: DPM2201 NPI: 1093998965 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, W Hours: M-F 8AM-4PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>
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### PODIATRIST

#### **FARMER, STEVEN G**

Provider ID: 268976  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
855 E MADISON AVE

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### VALLONE, MELCHIOR P

Provider ID: 204673  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5442 SYCUAN RD  
EL CAJON, CA 92019-1816

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### RADIOLOGY

#### **MOSHFEGH, AMIEL P**

Provider ID: 291528  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
463 N MAGNOLIA AVE STE B

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## D. Directorio de proveedores de atención especializada

EL CAJON, CA 92020-3606

Phone: (323) 347-1002

Fax: (323) 433-9177

After Hours Phone: (323)  
347-1002

Provider Gender: Male

License number: A109904

NPI: 1144539644

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Desert

Regional Med Ctr, Fountain

Valley Regional Hosp And Med

Ctr, John F Kennedy Memorial

Hosp, Pih Health Hospital -

Whittier, East Los Angeles

Doctors Hsp, Memorial Hosp Of

Gardena Inc, Greater El Monte

Community Hosp, Olympia

Medical Center, Coast Plaza

Hospital, Southern California

Hospital At Culver City

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **REGISTERED PHYSICAL THERAPIST**

#### **DASCENZO, EMILY D**

Provider ID: 290959

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

875 EL CAJON BLVD

EL CAJON, CA 92020-5714

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Provider Gender: Female

License number: PT40025

NPI: 1952982761

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

#### **MILLER, RICHARD J**

Provider ID: 269763

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1625 E MAIN ST STE 100

EL CAJON, CA 92021-5240

Phone: (619) 376-1082

Fax:

After Hours Phone: (619)

376-1082

Provider Gender: Male

License number: PT22474

NPI: 1255638979

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### **SANTIAGO, ALICIA L**

Provider ID: 269688

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1625 E MAIN ST STE 104

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## D. Directorio de proveedores de atención especializada

EL CAJON, CA 92021-5223  
 Phone: (619) 873-2160  
 Fax: (619) 873-2168  
 After Hours Phone: (619) 873-2160  
 Provider Gender: Female  
 License number: PT292418  
 NPI: 1497297964  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Phone: (619) 386-6637  
 Fax: (619) 825-3406  
 After Hours Phone: (619) 386-6637  
 Provider Gender: Male  
 License number: 20A13344  
 NPI: 1700121472  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-TH,SA 9AM-5PM, F 9AM-9PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

1580 N 2ND ST  
 EL CAJON, CA 92021-3447  
 Phone: (619) 396-6637  
 Fax: (619) 825-3406  
 After Hours Phone: (619) 396-6637  
 Provider Gender: Male  
 License number: 20A13344  
 NPI: 1700121472  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

### SURGERY GENERAL

#### AVULOV, VADIM

Provider ID: 125016  
 Board Certified Specialty: Yes  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 671 S MOLLISON AVE  
 EL CAJON, CA 92020-6682

#### AVULOV, VADIM

Provider ID: 262163  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

### ENCINITAS

### ALLERGY IMMUNOLOGY

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### LAUBACH, SUSAN S

Provider ID: 53685

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

477 N EL CAMINO REAL STE

D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-6377

Fax: (760) 755-7699

After Hours Phone: (760)

944-6377

Provider Gender: Female

License number: A114061

NPI: 1366656209

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital,

Childrens Hosp And Resrch Ctr

At Oakland

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### ANESTHESIOLOGY PAIN

### MANAGEMENT

### FISHER, CASEY J

Provider ID: 269185

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

326 ENCINITAS BLVD STE 100

ENCINITAS, CA 92024-8703

Phone: (619) 825-8511

Fax: (858) 726-6291

After Hours Phone: (619)

825-8511

Provider Gender: Male

License number: A118592

NPI: 1275780686

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Scripps

Mercy Hospital, Palomar

Health, Scripps Mercy Hospital

Chula Vista, Scripps Memorial

Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Ihp Of Southern California

### FISHER, CASEY J

Provider ID: 295637

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

326 ENCINITAS BLVD STE 100

ENCINITAS, CA 92024-8703

Phone: (619) 825-8511

Fax: (858) 726-6291

After Hours Phone: (619)

825-8511

Provider Gender: Male

License number: A118592

NPI: 1275780686

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Scripps

Mercy Hospital, Palomar

Health, Scripps Mercy Hospital

Chula Vista, Scripps Memorial

Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

🗎 *Accessibility:* No  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Ihp Of Southern California

🗎 *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### CARDIOLOGY

#### HOFFMAYER, KURT S

*Provider ID:* 118218  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 477 N EL CAMINO REAL STE  
 B300  
 ENCINITAS, CA 92024-1328  
*Phone:* (760) 634-8273  
*Fax:*  
*After Hours Phone:* (760)  
 634-8273  
*Provider Gender:* Male  
*License number:* A98256  
*NPI:* 1841322195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

#### NARAYAN, HARI K

*Provider ID:* 239115  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Male  
*License number:* A144821  
*NPI:* 1376705707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA

### CARDIOVASCULAR DISEASE

#### FELD, GREGORY K

*Provider ID:* 64680  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 477 N EL CAMINO REAL STE  
 B300  
 ENCINITAS, CA 92024-1328  
*Phone:* (760) 634-8273  
*Fax:* (619) 543-7418  
*After Hours Phone:* (760)  
 634-8273  
*Provider Gender:* Male  
*License number:* G37258  
*NPI:* 1720003924  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### TAUB, PAM R

Provider ID: 64683

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
477 N EL CAMINO REAL STE  
B300

ENCINITAS, CA 92024-1328

Phone: (760) 634-8273

Fax:

After Hours Phone: (760)  
634-8273

Provider Gender: Female

License number: A89612

NPI: 1346355161

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital Encinitas,  
Ucsd Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

---

### CERTIFIED NURSE PRACTITIONER

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### BINAVI, HOWNAZ Z , NPA

Provider ID: 265370

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
477 N EL CAMINO REAL STE  
D308

ENCINITAS, CA 92024-1370

Phone: (760) 436-2300

Fax: (760) 436-5482

After Hours Phone: (760)  
436-2300

Provider Gender: Female

License number: NP95010956

NPI: 1083276273

Provider English Spoken: Yes

Provider Language(s) Spoken:

Kurdish, Spanish

Cultural Competency: No

Hospital Affiliation:  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### CARDINELL, ANNA C

Provider ID: 291412

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024-2477

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: NP95002252

NPI: 1306978614

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### ELAMPARO, KAYE L , NPA

Provider ID: 258927

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

477 N EL CAMINO REAL STE D200  
 ENCINITAS, CA 92024-1375  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760) 452-3340  
 Provider Gender: Female  
 License number: NP20795  
 NPI: 1851673610  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Korean, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Alvarado Hosp Med Ctr, Paradise Valley Hospital, Alvarado Hospital Llc, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Community Care Ipa Llc  
**FAIQ, JAMILA, NPA**  
 Provider ID: 254824  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D200  
 ENCINITAS, CA 92024-1375  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760) 452-3340  
 Provider Gender: Female  
 License number: NP95004759  
 NPI: 1518414366  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/120  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd  
**FRANZ, CORTNEY D , NPA**

Provider ID: 253241  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D200  
 ENCINITAS, CA 92024-1375  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760) 452-3340  
 Provider Gender: Female  
 License number: NP95004258  
 NPI: 1174077507  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/120  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd  
**HEAD, KRISTIN N**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 126782  <i>Board Certified Specialty:</i> No  RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  477 N EL CAMINO REAL ENCINITAS, CA 92024-1328  <i>Phone:</i> (760) 944-5545  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 944-5545  <i>Provider Gender:</i> Female  <i>License number:</i> NP20264  <i>NPI:</i> 1699078923  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>HEAD, KRISTIN N</b>  <i>Provider ID:</i> 268657</p>	<p><i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  477 N EL CAMINO REAL STE D302  ENCINITAS, CA 92024-1374  <i>Phone:</i> (760) 944-5545  <i>Fax:</i> (760) 944-3927  <i>After Hours Phone:</i> (760) 944-5545  <i>Provider Gender:</i> Female  <i>License number:</i> NP20264  <i>NPI:</i> 1699078923  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>HOOPER, BONNIE J , NPA</b>  <i>Provider ID:</i> 275253  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC</p>	<p>477 N EL CAMINO REAL STE D308  ENCINITAS, CA 92024-1370  <i>Phone:</i> (760) 436-2300  <i>Fax:</i> (760) 436-5482  <i>After Hours Phone:</i> (760) 436-2300  <i>Provider Gender:</i> Female  <i>License number:</i> NP6495  <i>NPI:</i> 1821062878  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>KORMANIK, PATRICIA A</b>  <i>Provider ID:</i> 282071  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  1200 GARDEN VIEW RD STE 200  ENCINITAS, CA 92024-2475</p>
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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	Phone: (760) 944-5545	Phone: (760) 452-3340
Fax: (888) 539-8781	Fax:	Fax: (760) 452-3344
After Hours Phone: (800) 926-8273	After Hours Phone: (760) 944-5545	After Hours Phone: (760) 452-3340
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: NP9707	License number: NP95003383	License number: NP95009639
NPI: 1093895047	NPI: 1316396807	NPI: 1598320996
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	Hospital Affiliation: Medi-Cal Open Panel: No	Hospital Affiliation: Tri City Medical Ctr
Medi-Cal Open Panel: Yes	Min/Max Age: 0/99	Medi-Cal Open Panel: Yes
Min/Max Age: 0/999	American Sign Language (ASL): No	Min/Max Age: 0/999
American Sign Language (ASL): No	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	American Sign Language (ASL): No
♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	Website:	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM
Website:	Email:	Website:
Email:	Medical Group(s):	Email:
Medical Group(s):	IPA: Rady Childrens Health Network	Medical Group(s):
IPA: Ucsd Medical Group		IPA: Community Care Ipa Llc
<b>LEVY, SHARON B</b>	<b>MWAURA, WAIRIMU R , NPA</b>	<b>PARK, SUN MIN</b>
Provider ID: 262167	Provider ID: 269680	Provider ID: 262381
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK	COMMUNITY CARE IPA LLC	RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302	477 N EL CAMINO REAL STE D200	477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374	ENCINITAS, CA 92024-1375	ENCINITAS, CA 92024-1374

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-6789  
 Fax: (760) 944-3927  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Female  
 License number: NP20538  
 NPI: 1376678250  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **POLIZZI, BRITTANY**

Provider ID: 289717  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D308  
 ENCINITAS, CA 92024-1370

Phone: (760) 436-2300  
 Fax: (460) 436-5482  
 After Hours Phone: (760) 436-2300  
 Provider Gender: Female  
 License number: NP95018533  
 NPI: 1821692336  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SCOTT, MARYLOU**

Provider ID: 262842  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374

Phone: (858) 966-6377  
 Fax: (760) 944-3927  
 After Hours Phone: (858) 966-6377  
 Provider Gender: Female  
 License number: NP10261  
 NPI: 1023223252  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SRILASAK, MICHELE**

Provider ID: 281856  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP13694  
 NPI: 1265487326  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **STEARNS, PHILIP H**

Provider ID: 265081  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374

Phone: (858) 966-6377  
 Fax: (760) 944-3927  
 After Hours Phone: (858) 966-6377  
 Provider Gender: Male  
 License number: NP11899  
 NPI: 1609900810  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/99  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **TOMICICH, STEPHANIE S**

Provider ID: 286885  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024-5141

Phone: (760) 436-4558  
 Fax: (858) 429-7926  
 After Hours Phone: (760) 436-4558  
 Provider Gender: Female  
 License number: NP95002402  
 NPI: 1316333792  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/125  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **WILLEY, MARTI L , NPA**

Provider ID: 256422  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D200  
 ENCINITAS, CA 92024-1375

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 452-3340	ENCINITAS, CA 92024-5008	Phone: (760) 436-2300
Fax: (760) 452-3344	Phone: (760) 943-9994	Fax: (760) 436-5482
After Hours Phone: (760) 452-3340	Fax:	After Hours Phone: (760) 436-2300
Provider Gender: Female	After Hours Phone: (760) 943-9994	Provider Gender: Female
License number: NP22548	Provider Gender: Female	License number: A98641
NPI: 1144574062	License number: NMW276	NPI: 1629234380
Provider English Spoken: Yes	NPI: 1720098155	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: No	Provider English Spoken: Yes	Provider Language(s) Spoken: Spanish
Hospital Affiliation: Scripps Memorial Hospital Encinitas	Provider Language(s) Spoken: Cultural Competency: No	Cultural Competency: No
Medi-Cal Open Panel: Yes	Hospital Affiliation:	Hospital Affiliation:
Min/Max Age: 18/120	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
American Sign Language (ASL): No	Min/Max Age: 0/999	Min/Max Age: 0/999
Accessibility:	American Sign Language (ASL): No	American Sign Language (ASL): No
Hours: M-F 8AM-5PM, SA 9AM-5PM	Accessibility:	Accessibility:
Website:	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
Email:	Website:	Website:
Medical Group(s):	Email:	Email:
IPA: Community Care Ipa Llc	Medical Group(s):	Medical Group(s):
	IPA: Blue Shield Promise Health Plan Direct	IPA: Community Care Ipa Llc

---

### CERTIFIED REGISTERED NURSE

#### MIDWIFE

**KARVER CHRISTENSON, ELYSE S**  
 Provider ID: 257565  
 Board Certified Specialty: Yes  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 1130 2ND ST

---

### DERMATOLOGY

**GLADSDJO, JULIE A, MD**  
 Provider ID: 269052  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D308  
 ENCINITAS, CA 92024-1370

---

### HEMPERLY, STEPHEN E

Provider ID: 243725  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D308  
 ENCINITAS, CA 92024-1370

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 436-2300  
 Fax: (760) 436-5482  
 After Hours Phone: (760) 436-2300  
 Provider Gender: Male  
 License number: 20A14658  
 NPI: 1013277045  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **RILEY, JESSICA A**

Provider ID: 243457  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D308  
 ENCINITAS, CA 92024-1370

Phone: (760) 436-2300  
 Fax: (760) 436-5482  
 After Hours Phone: (760) 436-2300  
 Provider Gender: Female  
 License number: 20A16345  
 NPI: 1548677438  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SCHAIRER, DAVID O**

Provider ID: 264680  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE 302  
 ENCINITAS, CA 92024-1328

Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760) 944-5545  
 Provider Gender: Male  
 License number: A148597  
 NPI: 1619311164  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **TOMPKINS, STACY D , MD**

Provider ID: 246363  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D308  
 ENCINITAS, CA 92024-1370

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (760) 436-2300  
 Fax: (760) 436-5482  
 After Hours Phone: (760) 436-2300  
 Provider Gender: Female  
 License number: A52958  
 NPI: 1255418265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### HUPFELD, CHRISTOPHER J

Provider ID: 277111  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

1200 GARDEN VIEW RD STE 100  
 ENCINITAS, CA 92024-2475  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A64102  
 NPI: 1568429165  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### FAMILY PRACTICE SPORTS

### MEDICINE

#### ACHAR, SURAJ A

Provider ID: 255633  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 477 N EL CAMINO REAL STE 302  
 ENCINITAS, CA 92024-1328  
 Phone: (858) 966-6789  
 Fax: (760) 944-3927  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Male  
 License number: G80093  
 NPI: 1235167321  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### GASTROENTEROLOGY

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><b>DILAURO, STEVEN C , MD</b>            Provider ID: 66036            Board Certified Specialty: No            GENESIS HEALTHCARE PARTNERS PC            700 GARDEN VIEW CT STE 102            ENCINITAS, CA 92024-2478            Phone: (760) 783-0441            Fax: (760) 635-5972            After Hours Phone: (760) 783-0441            Provider Gender: Male            License number: A104332            NPI: 1629117643            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital Encinitas            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessibility: No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Board Certified Specialty: No            COMMUNITY CARE IPA LLC            700 GARDEN VIEW CT STE 102            ENCINITAS, CA 92024-2478            Phone: (760) 783-0441            Fax: (760) 635-5972            After Hours Phone: (760) 783-0441            Provider Gender: Male            License number: G69237            NPI: 1275527657            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessibility: No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>IHP OF SOUTHERN CALIFORNIA            700 GARDEN VIEW CT STE 102            ENCINITAS, CA 92024-2478            Phone: (760) 783-0441            Fax: (760) 635-5972            After Hours Phone: (760) 783-0441            Provider Gender: Female            License number: A84301            NPI: 1225253651            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital Encinitas            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility: No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Ihp Of Southern California</p>
<p><b>GOLDKLANG, ROBERT H , MD</b>            Provider ID: 66037</p>	<p><b>LAJOIE, ADRIANNE M</b>            Provider ID: 295951            Board Certified Specialty: No</p>	<p><b>LAJOIE, ADRIANNE M , MD</b>            Provider ID: 65629            Board Certified Specialty: No            COASTAL</p>

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## D. Directorio de proveedores de atención especializada

<p>GASTROENTEROLOGY A PROF CORP 700 GARDEN VIEW CT STE 102 ENCINITAS, CA 92024-2478 Phone: (760) 783-0441 Fax: (760) 635-5972 After Hours Phone: (760) 783-0441 Provider Gender: Female License number: A84301 NPI: 1225253651 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California</p> <p><b>LAJOIE, ADRIANNE M , MD</b> Provider ID: 65629 Board Certified Specialty: No GENESIS HEALTHCARE</p>	<p>PARTNERS PC 700 GARDEN VIEW CT STE 102 ENCINITAS, CA 92024-2478 Phone: (760) 783-0441 Fax: (760) 635-5972 After Hours Phone: (760) 783-0441 Provider Gender: Female License number: A84301 NPI: 1225253651 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California</p> <p><b>SINGH, MARVIN M , MD</b> Provider ID: 123127 Board Certified Specialty: No GENESIS HEALTHCARE PARTNERS PC</p>	<p>700 GARDEN VIEW CT STE 102 ENCINITAS, CA 92024-2478 Phone: (760) 783-0441 Fax: (760) 635-5972 After Hours Phone: (760) 783-0441 Provider Gender: Male License number: A102749 NPI: 1306968417 Provider English Spoken: Yes Provider Language(s) Spoken: Korean, Russian, Spanish, Tagalog Cultural Competency: No Hospital Affiliation: University Of California Irvine Med Ctr, Scripps Memorial Hospital Encinitas Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <hr/> <p><b>GYNECOLOGIC ONCOLOGY</b></p> <p><b>ESKANDER, RAMEZ N</b> Provider ID: 282164</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A102482  
*NPI:* 1144486929  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* University  
 Of California Irvine Med Ctr,  
 Earl And Lorraine Miller  
 Childrens Hsp, Long Beach  
 Memorial Med Ctr, Providence  
 St Joseph Hospital, Providence  
 St Jude Medical Center, Orange  
 Coast Mem Med Ctr, Fountain  
 Valley Regional Hosp And Med  
 Ctr, Corona Regional Med Ctr,  
 Ucsd La Jolla John Sally  
 Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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**HEMATOLOGY / ONCOLOGY**

**BALL, EDWARD D**  
*Provider ID:* 83201  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
*Phone:* (760) 944-0223  
*Fax:*  
*After Hours Phone:* (760)  
 944-0223  
*Provider Gender:* Male  
*License number:* G84752  
*NPI:* 1093740110  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*  
**BESSUDO, ALBERTO**  
*Provider ID:* 278508  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 326 SANTA FE DR STE 105  
 ENCINITAS, CA 92024-5157  
*Phone:* (760) 452-3340  
*Fax:* (760) 452-3344  
*After Hours Phone:* (760)  
 452-3340  
*Provider Gender:* Male  
*License number:* A50309  
*NPI:* 1003888074  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas, Temecula  
 Valley Hospital Inc, Pomerado  
 Hospital, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5PM, SA  
 9AM-5PM  
*Website:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,  Imperial Health Holdings  Medical Group-Sd</p>	<p> <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5PM, SA  9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,  Imperial Health Holdings  Medical Group-Sd</p>	<p><i>American Sign Language (ASL):</i>  No   <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5PM, SA  9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,  Imperial Health Holdings  Medical Group-Sd</p>
<p><b>BESSUDO, ALBERTO</b>  <i>Provider ID:</i> 278509  <i>Board Certified Specialty:</i> No  IMPERIAL HEALTH HOLDINGS  MEDICAL GROUP-SD  326 SANTA FE DR STE 105  ENCINITAS, CA 92024-5157  <i>Phone:</i> (760) 452-3340  <i>Fax:</i> (760) 452-3344  <i>After Hours Phone:</i> (760)  452-3340  <i>Provider Gender:</i> Male  <i>License number:</i> A50309  <i>NPI:</i> 1003888074  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Hebrew, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Tri City  Medical Ctr, Scripps Memorial  Hospital Encinitas, Temecula  Valley Hospital Inc, Pomerado  Hospital, Palomar Medical  Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/120  <i>American Sign Language (ASL):</i>  No</p>	<p><b>FLORES, EDNA I, MD</b>  <i>Provider ID:</i> 256367  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  477 N EL CAMINO REAL STE  D200  ENCINITAS, CA 92024-1375  <i>Phone:</i> (760) 452-3440  <i>Fax:</i>  <i>After Hours Phone:</i> (760)  452-3440  <i>Provider Gender:</i> Female  <i>License number:</i> A114373  <i>NPI:</i> 1396994604  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Pioneers  Memorial Hospital, Scripps  Memorial Hospital Encinitas,  Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None</p>	<p><b>FRAKES, LAURIE A</b>  <i>Provider ID:</i> 54038  <i>Board Certified Specialty:</i> No  CA CANCER ASSOC FOR RES &amp;  EXCEL-ENCINITA  477 N EL CAMINO REAL STE  D200  ENCINITAS, CA 92024-1375  <i>Phone:</i> (760) 452-3340  <i>Fax:</i> (760) 452-3344  <i>After Hours Phone:</i> (760)  452-3340  <i>Provider Gender:</i> Female  <i>License number:</i> A52663  <i>NPI:</i> 1174595144  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Tri City  Medical Ctr, Scripps Memorial  Hospital, Scripps Memorial</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/120  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-F 8:30AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **SIDDIQUI, FAREEHA H**

*Provider ID:* 282174  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A108879  
*NPI:* 1104848720  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City

Medical Ctr, Scripps Memorial  
 Hospital Encinitas, Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SUBRAMANIAN, RUPA**

*Provider ID:* 282180  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A67026  
*NPI:* 1376547174  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Tamil  
*Cultural Competency:* No

*Hospital Affiliation:* Corona  
 Regional Med Ctr, Tri City  
 Medical Ctr, Ucsd Medical Ctr,  
 Scripps Memorial Hospital  
 Encinitas, Fountain Valley  
 Regional Hosp And Med Ctr,  
 University Of California Irvine  
 Med Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group


### **SULLIVAN, JESSICA E , MD**


*Provider ID:* 243484  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D200  
 ENCINITAS, CA 92024-1375  
*Phone:* (760) 452-3340  
*Fax:* (760) 452-3344  
*After Hours Phone:* (760)  
 452-3340  
*Provider Gender:* Female  
*License number:* 20A16273


*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

NPI: 1942407150  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Provider Gender: Female  
 License number: C50413  
 NPI: 1871529461  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Mercy Medical Center Redding, Palomar Health  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Provider Gender: Female  
 License number: A119245  
 NPI: 1811200652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HOSPICE AND PALLIATIVE MEDICINE**

#### **PASHA, SABIHA**

Provider ID: 287252  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 326 SANTA FE DR STE 105  
 ENCINITAS, CA 92024-5157  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760) 452-3340

#### **RUBENZIK, TAMARA T**

Provider ID: 245575  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 100  
 ENCINITAS, CA 92024-2475  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

#### **RUBENZIK, TAMARA T**

Provider ID: 282127  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 200  
 ENCINITAS, CA 92024-2475  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A119245

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

NPI: 1811200652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### INTERNAL MEDICINE

#### MCCLAY, EDWARD F , MD

Provider ID: 243933  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D200  
 ENCINITAS, CA 92024-1375  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760) 452-3340  
 Provider Gender: Male  
 License number: G64594

NPI: 1497727465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

#### MULRONEY, CAROLYN M

Provider ID: 84293  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 200  
 ENCINITAS, CA 92024-2475  
 Phone: (760) 536-7700  
 Fax:  
 After Hours Phone: (760) 536-7700  
 Provider Gender: Female

License number: A48368  
 NPI: 1215124664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### RAISINGHANI, AJIT B

Provider ID: 64681  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 477 N EL CAMINO REAL STE B300  
 ENCINITAS, CA 92024-1328  
 Phone: (760) 634-8273  
 Fax:  
 After Hours Phone: (760) 634-8273  
 Provider Gender: Male  
 License number: G75914  
 NPI: 1831292796  
 Provider English Spoken: Yes

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	Memorial Hospital, Scripps	<i>NPI:</i> 1447428420
<i>Cultural Competency:</i> No	Memorial Hospital Encinitas,	<i>Provider English Spoken:</i> Yes
<i>Hospital Affiliation:</i> Ucsd La	Sharp Memorial Hospital	<i>Provider Language(s) Spoken:</i>
Jolla John Sally Thornton, Ucsd	<i>Medi-Cal Open Panel:</i> Yes	<i>Cultural Competency:</i> No
Medical Ctr	<i>Min/Max Age:</i> 0/999	<i>Hospital Affiliation:</i> Rady
<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>	Childrens Hospital San Diego,
<i>Min/Max Age:</i> None	No	Sharp Memorial Hospital, Tri
<i>American Sign Language (ASL):</i>	<i>Accessibility:</i>	City Medical Ctr, Sharp Mary
No	<i>Hours:</i> M-F 9AM-5PM, SA	Birch Hosp For Women And
<i>Accessibility:</i>	9AM-5PM	Newborns
<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>Website:</i>	<i>Email:</i>	<i>Min/Max Age:</i> 0/18
<i>Email:</i>	<i>Medical Group(s):</i>	<i>American Sign Language (ASL):</i>
<i>Medical Group(s):</i>	IPA: Community Care Ipa Llc,	No
<i>IPA:</i>	Imperial Health Holdings	<i>Accessibility:</i>
	Medical Group-Sd	<i>Hours:</i> M-F 8AM-5PM, SA
		9AM-5PM

### **TOROSIAN, KARO**

*Provider ID:* 272858  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 212  
 ENCINITAS, CA 92024-5139  
*Phone:* (858) 558-8150  
*Fax:* (858) 346-1024  
*After Hours Phone:* (858)  
 558-8150  
*Provider Gender:* Male  
*License number:* 20A12445  
*NPI:* 1275822082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Armenian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps

### **MATERNAL AND FETAL MEDICINE**

### **ADAMCZAK, JOANNA E**

*Provider ID:* 258902  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 302  
 ENCINITAS, CA 92024-1328  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
 966-6710  
*Provider Gender:* Female  
*License number:* A116982

*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

### **ADAMI, REBECCA R**

*Provider ID:* 277180  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A149389  
 NPI: 1992149447  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **BALLAS, JERASIMOS**

Provider ID: 209562  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481

Phone: (858) 657-7200  
 Fax:  
 After Hours Phone: (858) 657-7200  
 Provider Gender: Male  
 License number: A112607  
 NPI: 1871767384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Eisenhower Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **CASELE, HOLLY L**

Provider ID: 258871  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374

Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: G87630  
 NPI: 1255348744  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network


### **CATANZARITE, VALERIAN A**


Provider ID: 258849  
 Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Male  
 License number: G46026  
 NPI: 1174694939  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Rady Childrens Health Network  
**HULL, ANDREW D**  
 Provider ID: 209483  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481  
 Phone: (858) 657-7200  
 Fax:  
 After Hours Phone: (858) 657-7200  
 Provider Gender: Male  
 License number: A53578  
 NPI: 1902862121  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility:  Accessibility:

Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group  
**KELLY, THOMAS F**  
 Provider ID: 210191  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481  
 Phone: (858) 657-7200  
 Fax:  
 After Hours Phone: (858) 657-7200  
 Provider Gender: Male  
 License number: G60630  
 NPI: 1336203496  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California, Ucsd Medical Group</p>	<p>♿ <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>LAURENT, LOUISE C</b>  <i>Provider ID:</i> 208641  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  781 GARDEN VIEW CT STE 200  ENCINITAS, CA 92024-2481  <i>Phone:</i> (858) 657-7200  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-7200  <i>Provider Gender:</i> Female  <i>License number:</i> A80409  <i>NPI:</i> 1770532707  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i></p>	<p><b>MCCULLOUGH, DEIRDRE M</b>  <i>Provider ID:</i> 277264  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  477 N EL CAMINO REAL STE D302  ENCINITAS, CA 92024-1374  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> C159758  <i>NPI:</i> 1639153018  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><b>MOORE, THOMAS R</b>  <i>Provider ID:</i> 208645  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  781 GARDEN VIEW CT STE 200  ENCINITAS, CA 92024-2481  <i>Phone:</i> (858) 657-7200  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-7200  <i>Provider Gender:</i> Male  <i>License number:</i> G49930  <i>NPI:</i> 1184682379  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999  <i>American Sign Language (ASL):</i></p>

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## D. Directorio de proveedores de atención especializada

<p>No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p>Sharp Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>
<p><b>RICHARDSON, ALVIE C</b>  <i>Provider ID:</i> 277315  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            477 N EL CAMINO REAL STE            D302            ENCINITAS, CA 92024-1374  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858)            966-6710  <i>Provider Gender:</i> Male  <i>License number:</i> C160063  <i>NPI:</i> 1154305977  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp            Memorial Hospital, Rady            Childrens Hospital San Diego,            Sharp Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i></p>	<p><b>SCHWENDEMANN, WADE D</b>  <i>Provider ID:</i> 205436  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            477 N EL CAMINO REAL            ENCINITAS, CA 92024-1328  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858)            966-6710  <i>Provider Gender:</i> Male  <i>License number:</i> A109228  <i>NPI:</i> 1477563302  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Scripps Memorial Hospital,            Grossmont Hospital, Sharp            Memorial Hospital, Sharp Mary            Birch Hosp For Women And            Newborns, Tri City Medical Ctr,</p>	<p><b>TARSA, MARYAM</b>  <i>Provider ID:</i> 209393  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            781 GARDEN VIEW CT STE 200            ENCINITAS, CA 92024-2481  <i>Phone:</i> (858) 657-7200  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            657-7200  <i>Provider Gender:</i> Female  <i>License number:</i> A69894  <i>NPI:</i> 1295768638  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Farsi  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Memorial Hospital, Scripps            Mercy Hospital Chula Vista,</p>

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## D. Directorio de proveedores de atención especializada

<p>Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>License number:</i> A103521  <i>NPI:</i> 1588816086  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>THOMAS, STEVEN J</b>  <i>Provider ID:</i> 209480  <i>Board Certified Specialty:</i> No                      UCSD MEDICAL GROUP                      781 GARDEN VIEW CT STE 200 ENCINITAS, CA 92024-2481  <i>Phone:</i> (858) 657-7200  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-7200  <i>Provider Gender:</i> Male  <i>License number:</i> A40379  <i>NPI:</i> 1639242589  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish</p>	<p><b>TITH, TEVY</b>  <i>Provider ID:</i> 277328  <i>Board Certified Specialty:</i> No                      RADY CHILDRENS HEALTH NETWORK                      477 N EL CAMINO REAL STE D302                      ENCINITAS, CA 92024-1374  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female</p>	<p><b>WESTERMANN, MELISSA L</b>  <i>Provider ID:</i> 277354  <i>Board Certified Specialty:</i> No                      RADY CHILDRENS HEALTH NETWORK                      477 N EL CAMINO REAL STE D302</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

ENCINITAS, CA 92024-1374  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A130149  
 NPI: 1760730758  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **WILLIAMS, KRISTIN M**

Provider ID: 277386  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A72985  
 NPI: 1992847131  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network  
**WOELKERS, DOUGLAS A**  
 Provider ID: 209384  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481  
 Phone: (858) 657-7200  
 Fax:  
 After Hours Phone: (858) 657-7200  
 Provider Gender: Male  
 License number: G77134  
 NPI: 1013965748  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>
<hr/>		
<b>NEPHROLOGY</b>		
<p><b>WOLF, RICHARD B</b>  <i>Provider ID:</i> 209254  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            781 GARDEN VIEW CT STE 200            ENCINITAS, CA 92024-2481  <i>Phone:</i> (858) 657-7200  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            657-7200  <i>Provider Gender:</i> Male  <i>License number:</i> 20A6028  <i>NPI:</i> 1497713846  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Memorial Hospital, Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista, Scripps            Memorial Hospital Encinitas,            Palomar Medical Center, Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999</p>	<p><b>BOISKIN, MARK M</b>  <i>Provider ID:</i> 113514  <i>Board Certified Specialty:</i> No            BALBOA NEPHROLOGY MED            GRP INC            320 SANTA FE DR STE 212            ENCINITAS, CA 92024-5139  <i>Phone:</i> (760) 509-1040  <i>Fax:</i> (760) 967-6769  <i>After Hours Phone:</i> (760)            509-1040  <i>Provider Gender:</i> Male  <i>License number:</i> A52055  <i>NPI:</i> 1437154143  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Afrikaans, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Memorial Hospital Encinitas,            Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><b>BOISKIN, MARK M</b>  <i>Provider ID:</i> 113514  <i>Board Certified Specialty:</i> No            BALBOA NEPHROLOGY MED            GRP INC            320 SANTA FE DR STE 212            ENCINITAS, CA 92024-5139  <i>Phone:</i> (760) 509-1040  <i>Fax:</i>  <i>After Hours Phone:</i> (760)            509-1040  <i>Provider Gender:</i> Male  <i>License number:</i> A52055  <i>NPI:</i> 1437154143  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Afrikaans, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Memorial Hospital Encinitas,            Scripps Memorial Hospital,</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

<p>Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.balboacare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p><i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p>Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.balboacare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>
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### **BOISKIN, MARK M , MD**

*Provider ID:* 273106  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 212  
 ENCINITAS, CA 92024-5139  
*Phone:* (760) 509-1040  
*Fax:* (760) 967-6769  
*After Hours Phone:* (760)  
 509-1040  
*Provider Gender:* Male  
*License number:* A52055  
*NPI:* 1437154143  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Afrikaans, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital

### **LAKHERA, YOGITA**

*Provider ID:* 109347  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 320 SANTA FE DR STE 212  
 ENCINITAS, CA 92024-5139  
*Phone:* (760) 509-1040  
*Fax:*  
*After Hours Phone:* (760)  
 509-1040  
*Provider Gender:* Female  
*License number:* A125173  
*NPI:* 1083972483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas,

### **LAKHERA, YOGITA**

*Provider ID:* 262129  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 320 SANTA FE DR STE 212  
 ENCINITAS, CA 92024-5139  
*Phone:* (760) 509-1040  
*Fax:* (760) 967-6769  
*After Hours Phone:* (760)  
 509-1040  
*Provider Gender:* Female  
*License number:* A125173  
*NPI:* 1083972483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **STEER, DYLAN L , MD**

Provider ID: 272853  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 212  
 ENCINITAS, CA 92024-5139  
 Phone: (760) 509-1040  
 Fax: (760) 967-6769  
 After Hours Phone: (760)  
 509-1040  
 Provider Gender: Male  
 License number: A65604  
 NPI: 1437154978  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps

Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care  
 Ipa Llc, Imperial Health  
 Holdings Medical Group-Sd

### **NEUROLOGY CHILD**

### **KIM MCMANUS, OLIVIA S**

Provider ID: 206258  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 License number: A120194  
 NPI: 1174870067  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: University  
 Of California Irvine Med Ctr,  
 Childrens Hospital Of Orange  
 County, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SAHAGIAN, MICHELLE L**

Provider ID: 206073  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 License number: A80990

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NPI: 1275604035          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>	<p>License number: A96574          NPI: 1730247974          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego,          Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/25          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>	<p>License number: A149444          NPI: 1194046581          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>
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### NEUROLOGY

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#### **BUI, JONATHAN D**

Provider ID: 269966  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 302  
 ENCINITAS, CA 92024-1328  
 Phone: (760) 944-6377  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-6377  
 Provider Gender: Male

#### **JINDAL, ANUJA V**

Provider ID: 206264  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 302  
 ENCINITAS, CA 92024-1328  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female

#### **SAHAGIAN, MICHELLE L**

Provider ID: 52601  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545  
 Fax:  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

License number: A80990	NPI: 1174758031	Cultural Competency: No
NPI: 1275604035	Provider English Spoken: Yes	Hospital Affiliation: Sharp
Provider English Spoken: Yes	Provider Language(s) Spoken:	Memorial Hospital
Provider Language(s) Spoken:	Cultural Competency: No	Medi-Cal Open Panel: Yes
Cultural Competency: No	Hospital Affiliation: Ucsd	Min/Max Age: 16/999
Hospital Affiliation: Rady	Medical Ctr, Ucsd La Jolla John	American Sign Language (ASL):
Childrens Hospital San Diego	Sally Thornton	No
Medi-Cal Open Panel: No	Medi-Cal Open Panel: Yes	♿ Accessibility:
Min/Max Age: None	Min/Max Age: 0/999	Hours: M-SA 9AM-5PM
American Sign Language (ASL):	American Sign Language (ASL):	Website:
No	No	Email:
♿ Accessibility: W	♿ Accessibility:	Medical Group(s):
Hours: M-SA 9AM-5PM	Hours: M-F 8AM-5PM, SA	IPA: Ucsd Medical Group
Website:	9AM-5PM	
Email:	Website:	
Medical Group(s):	Email:	
IPA: Rady Childrens Health	Medical Group(s):	
Network	IPA: Ucsd Medical Group	

### **DRIEBE, AMY M**

Provider ID: 291336  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD  
 ENCINITAS, CA 92024-2477  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A142172  
 NPI: 1730507567  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999

### **OBSTETRICS / GYNECOLOGY**

#### **BINDER, PRATIBHA S**

Provider ID: 282167  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A149945

#### **DELCORE, LAURA M**

Provider ID: 291325  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD  
 ENCINITAS, CA 92024-2477  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A133536  
 NPI: 1790128759  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>American Sign Language (ASL):</i> No	<i>Email:</i>	<i>Board Certified Specialty:</i> No
<i>Accessibility:</i>	<i>Medical Group(s):</i>	UCSD MEDICAL GROUP
<i>Hours:</i> M-SA 9AM-5PM	<i>IPA:</i> Ucsd Medical Group	781 GARDEN VIEW CT STE 200
<i>Website:</i>	<b>DRIEBE, AMY M</b>	ENCINITAS, CA 92024-2481
<i>Email:</i>	<i>Provider ID:</i> 293448	<i>Phone:</i> (858) 657-7200
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	<i>Fax:</i>
<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (858)
	1505 ENCINITAS BLVD	657-7200
	ENCINITAS, CA 92024-2933	<i>Provider Gender:</i> Female
	<i>Phone:</i> (800) 926-8372	<i>License number:</i> A135831
	<i>Fax:</i> (888) 539-8781	<i>NPI:</i> 1396904876
	<i>After Hours Phone:</i> (800)	<i>Provider English Spoken:</i> Yes
	926-8372	<i>Provider Language(s) Spoken:</i>
	<i>Provider Gender:</i> Female	Spanish
	<i>License number:</i> A142172	<i>Cultural Competency:</i> No
	<i>NPI:</i> 1730507567	<i>Hospital Affiliation:</i> Ucsd La
	<i>Provider English Spoken:</i> Yes	Jolla John Sally Thornton, Ucsd
	<i>Provider Language(s) Spoken:</i>	Medical Ctr, Eisenhower
	<i>Cultural Competency:</i> No	Medical Ctr
	<i>Hospital Affiliation:</i> Sharp	<i>Medi-Cal Open Panel:</i> Yes
	Memorial Hospital	<i>Min/Max Age:</i> 16/999
	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>
	<i>Min/Max Age:</i> 16/999	No
	<i>American Sign Language (ASL):</i>	<i>Accessibility:</i>
	No	<i>Hours:</i> M-F 8AM-5PM, SA
	<i>Accessibility:</i>	9AM-5PM
	<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>
	<i>Website:</i>	<i>Email:</i>
	<i>Email:</i>	<i>Medical Group(s):</i>
	<i>Medical Group(s):</i>	<i>IPA:</i> Ucsd Medical Group
	<i>IPA:</i> Ucsd Medical Group	
	<b>LAMALE-SMITH, LEAH M</b>	<b>RIES, MAUREEN C</b>
	<i>Provider ID:</i> 208682	<i>Provider ID:</i> 125253
		<i>Board Certified Specialty:</i> No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 100  
 ENCINITAS, CA 92024-2475  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A127234  
 NPI: 1750544516  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Indonesian, Spanish, Swahili  
 Cultural Competency: No  
 Hospital Affiliation: University  
 Of California Irvine Med Ctr,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### SHAH, NEMI M

Provider ID: 272578  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 100  
 ENCINITAS, CA 92024-2475  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A168801  
 NPI: 1558715268  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### FRAKES, LAURIE A , MD

Provider ID: 269133  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 C204  
 ENCINITAS, CA 92024-1332  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760)  
 452-3340  
 Provider Gender: Female  
 License number: A52663  
 NPI: 1174595144  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### OPHTHALMOLOGY

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **ABBOUD, JEAN-PAUL J**

*Provider ID:* 214189  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Male  
*License number:* A124825  
*NPI:* 1760776728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

Network

### **ADAMS, MONA N**

*Provider ID:* 260961  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE 302  
 ENCINITAS, CA 92024-1328  
*Phone:* (760) 944-5545  
*Fax:*  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* OPT14457  
*NPI:* 1942564521  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BANSAL, PREETI**

*Provider ID:* 205617  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* A90890  
*NPI:* 1871664631  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Website:</i>	<i>Min/Max Age: None</i>	<i>Min/Max Age: 0/999</i>
<i>Email:</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>Medical Group(s):</i>	No	No
<i>IPA: Rady Childrens Health Network</i>	<i>♿ Accessibility: W</i>	<i>♿ Accessibility:</i>
	<i>Hours: M-SA 9AM-5PM</i>	<i>Hours: M-SA 9AM-5PM</i>
	<i>Website:</i>	<i>Website:</i>
	<i>Email:</i>	<i>Email:</i>
	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
	<i>IPA: Rady Childrens Health Network</i>	<i>IPA: Rady Childrens Health Network</i>
<b>BANSAL, PREETI</b>	<b>BHATIA, SHAGUN K</b>	<b>LEE, JASON</b>
<i>Provider ID: 52611</i>	<i>Provider ID: 267315</i>	<i>Provider ID: 262162</i>
<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN	RADY CHILDRENS HEALTH NETWORK	RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302	477 N EL CAMINO REAL STE D302	477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374	ENCINITAS, CA 92024-1374	ENCINITAS, CA 92024-1374
<i>Phone: (760) 944-5545</i>	<i>Phone: (760) 944-5545</i>	<i>Phone: (760) 944-5545</i>
<i>Fax: (858) 966-7403</i>	<i>Fax: (760) 944-3927</i>	<i>Fax: (760) 944-3927</i>
<i>After Hours Phone: (760) 944-5545</i>	<i>After Hours Phone: (760) 944-5545</i>	<i>After Hours Phone: (760) 944-5545</i>
<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Male</i>
<i>License number: A90890</i>	<i>License number: A154902</i>	<i>License number: OPT14881</i>
<i>NPI: 1871664631</i>	<i>NPI: 1104237353</i>	<i>NPI: 1679985584</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>
<i>Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr</i>	<i>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego</i>	<i>Hospital Affiliation: Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego</i>
<i>Medi-Cal Open Panel: No</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: Yes</i>
		<i>Min/Max Age: 0/99</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility:  Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p> <p><b>MCGRAW, JOSEPH P , MD</b>          Provider ID: 269706          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          320 SANTA FE DR STE 104          ENCINITAS, CA 92024-5139          Phone: (760) 943-7141          Fax: (760) 943-0371          After Hours Phone: (760) 943-7141          Provider Gender: Male          License number: A155228          NPI: 1588624852          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility: </p>	<p>Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>MOLL, ANGELA M</b>          Provider ID: 205507          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          477 N EL CAMINO REAL STE D302          ENCINITAS, CA 92024-1374          Phone: (760) 944-5545          Fax: (760) 944-3927          After Hours Phone: (760) 944-5545          Provider Gender: Female          License number: A105472          NPI: 1861648602          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista          Medi-Cal Open Panel: Yes</p>	<p>Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p> <p><b>MOLL, ANGELA M</b>          Provider ID: 52618          Board Certified Specialty: No          RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN          477 N EL CAMINO REAL STE D302          ENCINITAS, CA 92024-1374          Phone: (760) 944-5545          Fax: (760) 944-3927          After Hours Phone: (760) 944-5545          Provider Gender: Female          License number: A105472          NPI: 1861648602          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp</p>
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## D. Directorio de proveedores de atención especializada

Memorial Hospital, Ucsf Benioff Children's Hospital Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group	Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>MOVAGHAR, MANSOOR</b> Provider ID: 216413 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024-1374 Phone: (760) 944-5545 Fax: After Hours Phone: (760) 944-5545 Provider Gender: Male License number: A100897 NPI: 1497792220 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No	<b>OHALLORAN, HENRY S</b> Provider ID: 205886 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024-1374 Phone: (760) 944-5545 Fax: (760) 944-3927 After Hours Phone: (760) 944-5545 Provider Gender: Male License number: A73282 NPI: 1235287947 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy	<b>OHALLORAN, HENRY S</b> Provider ID: 52621 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024-1374 Phone: (760) 944-5545 Fax: (760) 944-3927 After Hours Phone: (760) 944-5545 Provider Gender: Male License number: A73282 NPI: 1235287947 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PANSARA, MEGHA L**

*Provider ID:* 286600  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* A143429  
*NPI:* 1184983728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Spanish

### **SCOTTI, FRANK A , MD**

*Provider ID:* 255689  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
*Phone:* (760) 943-7141  
*Fax:* (760) 943-0371  
*After Hours Phone:* (760) 943-7141  
*Provider Gender:* Male  
*License number:* G40698  
*NPI:* 1801824313  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* No

### **BLISS, MORGAN R**

*Provider ID:* 206085  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE 302  
 ENCINITAS, CA 92024-1328  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* A134647  
*NPI:* 1760707657  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## **OTOLARYNGOLOGY**

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i>	At Oakland
<i>Hospital Affiliation:</i> Rady	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
Childrens Hospital San Diego	<i>Min/Max Age:</i> 0/18	<i>Min/Max Age:</i> 0/18
<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i> 0/999	No	No
<i>American Sign Language (ASL):</i>	<i>Accessibility:</i>	<i>Accessibility:</i>
No	<i>Hours:</i> M-SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Accessibility:</i>	<i>Website:</i>	9AM-5PM
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	<i>Website:</i>
9AM-5PM	<i>Medical Group(s):</i>	<i>Email:</i>
<i>Website:</i>	<i>IPA:</i> Rady Childrens Health	<i>Medical Group(s):</i>
<i>Email:</i>	Network	<i>IPA:</i> Rady Childrens Health
<i>Medical Group(s):</i>		Network
<i>IPA:</i> Rady Childrens Health	<b>LEUIN, SHELBY C</b>	
Network	<i>Provider ID:</i> 206112	<b>LEUIN, SHELBY C</b>
	<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 52722
<b>FRIESEN, TZYYNONG L</b>	RADY CHILDRENS HEALTH	<i>Board Certified Specialty:</i> No
<i>Provider ID:</i> 244900	NETWORK	RADY CHILDRENS
<i>Board Certified Specialty:</i> No	477 N EL CAMINO REAL STE	SPECIALISTS SAN DIEGO MED
RADY CHILDRENS HEALTH	D302	FNDTN
NETWORK	ENCINITAS, CA 92024-1374	477 N EL CAMINO REAL STE
477 N EL CAMINO REAL STE	<i>Phone:</i> (760) 944-5545	D302
D302	<i>Fax:</i> (760) 944-3927	ENCINITAS, CA 92024-1374
ENCINITAS, CA 92024-1374	<i>After Hours Phone:</i> (760)	<i>Phone:</i> (760) 944-5545
<i>Phone:</i> (760) 944-5545	944-5545	<i>Fax:</i> (760) 944-3927
<i>Fax:</i>	<i>Provider Gender:</i> Female	<i>After Hours Phone:</i> (760)
<i>After Hours Phone:</i> (760)	<i>License number:</i> A112930	944-5545
944-5545	<i>NPI:</i> 1124230909	<i>Provider Gender:</i> Female
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>License number:</i> A112930
<i>License number:</i> A152327	<i>Provider Language(s) Spoken:</i>	<i>NPI:</i> 1124230909
<i>NPI:</i> 1952740177	<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Rady	<i>Provider Language(s) Spoken:</i>
<i>Provider Language(s) Spoken:</i>	Childrens Hospital San Diego,	<i>Cultural Competency:</i> No
<i>Cultural Competency:</i> No	Childrens Hosp And Resrch Ctr	<i>Hospital Affiliation:</i> Rady

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, German, Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **NATION, JAVAN J**

Provider ID: 83129  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Male  
License number: A125279  
NPI: 1043478902  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

### **PEDIATRIC ALLERGY / IMMUNOLOGY**

**GREINER, ALEXANDER N**  
Provider ID: 205696  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-6377  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-6377  
Provider Gender: Male  
License number: A77327  
NPI: 1609801299

**HOFFMAN, HAROLD M**  
Provider ID: 206003  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Male  
License number: A53101  
NPI: 1326074261

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **LAUBACH, SUSAN S**

*Provider ID:* 205801  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6377  
*Fax:* (760) 944-3927  
*After Hours Phone:* (858)  
 966-6377  
*Provider Gender:* Female  
*License number:* A114061  
*NPI:* 1366656209

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRIC CARDIOLOGY**

### **FAGAN, BRIAN T**

*Provider ID:* 205344  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374

*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Male  
*License number:* A82153  
*NPI:* 1740308550  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* San Gabriel  
 Valley Med Ctr, California Hosp  
 Med Ctr Los Angeles, Emanate  
 Health Inter-Community  
 Hospital, Rady Childrens  
 Hospital San Diego, Huntington  
 Memorial Hospital, Emanate  
 Health Queen Of The Valley  
 Hospital, Childrens Hosp And  
 Resrch Ctr At Oakland,  
 Childrens Hosp Of Los Angeles  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### HALEY, JESSICA E

*Provider ID:* 205688  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* A125568  
*NPI:* 1023329885  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

*Provider ID:* 206077  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Male  
*License number:* A112326  
*NPI:* 1306036884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Male  
*License number:* A120119  
*NPI:* 1417222472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

---

### PEDIATRIC DERMATOLOGY

---

### HEGDE, SANJEET R

### SILVA SEPULVEDA, JOSE A

*Provider ID:* 206299

### DOHIL, MAGDALENE A

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider ID:* 205417  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* A86265  
*NPI:* 1528139383  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health Network  


---

**PEDIATRIC EMERGENCY MEDICINE**  


---

**HORTON, LAURA A**  
*Provider ID:* 295701  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* NP21815  
*NPI:* 1164608675  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/99  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  


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**PEDIATRIC ENDOCRINOLOGY**  


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**DEMETERCO BERGGREN, CARLA**  
*Provider ID:* 206160  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* A98629  
*NPI:* 1619130655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **GOTTSCHALK, MICHAEL E**

Provider ID: 205776

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

477 N EL CAMINO REAL STE D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)

944-5545

Provider Gender: Male

License number: G55424

NPI: 1033280888

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **NEWFIELD, RON S**

Provider ID: 205371

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

477 N EL CAMINO REAL STE D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)

944-5545

Provider Gender: Male

License number: A73875

NPI: 1679644421

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **PEDIATRIC GASTROENTEROLOGY**

### **NEWTON, KIMBERLY P**

Provider ID: 205360

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

477 N EL CAMINO REAL STE D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)

944-5545

Provider Gender: Female

License number: A101980

NPI: 1912071655

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Naval

Medical Ctr Sd Rbe

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

American Sign Language (ASL): No 🔊 Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No 🔊 Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Min/Max Age: 0/18 American Sign Language (ASL): No 🔊 Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
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### NEWTON, KIMBERLY P

Provider ID: 52263  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
License number: A101980  
NPI: 1912071655  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Naval  
Medical Ctr Sd Rbe

### YOUNG, JOCELYN A

Provider ID: 294676  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
License number: A146576  
NPI: 1306227491  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Uc Davis  
Medical Ctr, Rady Childrens  
Hospital San Diego  
Medi-Cal Open Panel: Yes

### PEDIATRIC ORTHOPEDICS

### WALLACE, CHARLES D

Provider ID: 205660  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (858) 966-6789  
Fax: (760) 944-3927  
After Hours Phone: (858)  
966-6789  
Provider Gender: Male  
License number: G67953  
NPI: 1144229600  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Parkview Community Hospital

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## D. Directorio de proveedores de atención especializada

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Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

Hospital Affiliation: Childrens  
Hosp And Resrch Ctr At  
Oakland, Rady Childrens  
Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

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### **PEDIATRIC PULMONOLOGY**

#### **CERNELC KOHAN, MATEJKA**

Provider ID: 243043  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
License number: A116947  
NPI: 1871752451  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

#### **LENHART-PENDERGRASS,**

#### **PATRICIA M**

Provider ID: 294642  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
License number: A179331  
NPI: 1144615659  
Provider English Spoken: Yes

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### **PEDIATRIC RHEUMATOLOGY**

#### **CHANG, JOHANNA C**

Provider ID: 246395  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax:  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
License number: A98479  
NPI: 1821242199  
Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>
<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Rady</i>	<i>Hospital Affiliation: Rady</i>
<i>Hospital Affiliation: Rady</i>	<i>Childrens Hospital San Diego</i>	<i>Childrens Hospital San Diego</i>
<i>Childrens Hospital San Diego</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: No</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Min/Max Age: 0/18</i>	<i>Min/Max Age: None</i>
<i>Min/Max Age: 0/18</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>American Sign Language (ASL):</i>	<i>No</i>	<i>No</i>
<i>No</i>	<i>♿ Accessibility:</i>	<i>♿ Accessibility: W</i>
<i>♿ Accessibility:</i>	<i>Hours: M-F 8AM-5PM, SA</i>	<i>Hours: M-SA 9AM-5PM</i>
<i>Hours: M-SA 9AM-5PM</i>	<i>9AM-5PM</i>	<i>Website:</i>
<i>Website:</i>	<i>Website:</i>	<i>Email:</i>
<i>Email:</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>IPA: Rady Childrens Health</i>
<i>IPA: Rady Childrens Health</i>	<i>IPA: Rady Childrens Health</i>	<i>Network</i>
<i>Network</i>		

### **PEDIATRICS**

#### **BAI-TONG, SHIYU S**

*Provider ID: 283286*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 354 SANTA FE DR  
 ENCINITAS, CA 92024-5142  
*Phone: (760) 633-6120*  
*Fax:*  
*After Hours Phone: (760) 633-6120*  
*Provider Gender: Female*  
*License number: A155419*  
*NPI: 1528454188*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*

### **GOTTSCHALK, MICHAEL E**

*Provider ID: 52048*  
*Board Certified Specialty: No*  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone: (760) 944-5545*  
*Fax: (760) 944-3927*  
*After Hours Phone: (760) 944-5545*  
*Provider Gender: Male*  
*License number: G55424*  
*NPI: 1033280888*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*

### **PHYSICAL MEDICINE / REHABILITATION**

#### **BELNAP, BRIAN D**

*Provider ID: 92105*  
*Board Certified Specialty: No*  
**WEST COAST PAIN SPECIALISTS**  
 4405 MANCHESTER AVE STE 101  
 ENCINITAS, CA 92024-4940  
*Phone: (760) 650-4040*  
*Fax:*  
*After Hours Phone: (760) 650-4040*  
*Provider Gender: Male*  
*License number: 20A10439*  
*NPI: 1457360448*  
*Provider English Spoken: Yes*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	Medical Ctr, Ucsd La Jolla John	<i>Hospital Affiliation:</i> Rady
<i>Cultural Competency:</i> No	Sally Thornton	Childrens Hospital San Diego
<i>Hospital Affiliation:</i> Scripps	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> No
Memorial Hospital Encinitas	<i>Min/Max Age:</i> 0/999	<i>Min/Max Age:</i> 0/18
<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i> None	No	No
<i>American Sign Language (ASL):</i>	<i>Accessibility:</i>	<i>Accessibility:</i>
No	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Accessibility:</i> W	9AM-5PM	9AM-5PM
<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>	<i>Website:</i>
<i>Website:</i> www.wcpaindoc.com	<i>Email:</i>	<i>Email:</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>Medical Group(s):</i>	<i>IPA:</i> Ucsd Medical Group	<i>IPA:</i> Rady Childrens Health
<i>IPA:</i>		Network

---

### PHYSICIANS ASSISTANT

---

#### LEE, HAEWON

*Provider ID:* 256227  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 477 N EL CAMINO REAL STE  
 C100  
 ENCINITAS, CA 92024-1332  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A161567  
*NPI:* 1447661657  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Korean  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd

#### ASARO, AMANDA M

*Provider ID:* 260262  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6789  
*Fax:* (760) 944-3927  
*After Hours Phone:* (858)  
 966-6789  
*Provider Gender:* Female  
*License number:* PA18493  
*NPI:* 1306961313  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No

#### CLARK, YVONNE L

*Provider ID:* 260063  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 302  
 ENCINITAS, CA 92024-1328  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Female  
*License number:* PA20447  
*NPI:* 1629302476  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Rady

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health Network</p>	<p><i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health Network</p>	<p><i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health Network</p>
<p><b>DICKINSON, ALLISON J</b>  <i>Provider ID:</i> 260626  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            477 N EL CAMINO REAL STE D302            ENCINITAS, CA 92024-1374  <i>Phone:</i> (858) 966-6789  <i>Fax:</i> (760) 944-3927  <i>After Hours Phone:</i> (858) 966-6789  <i>Provider Gender:</i> Female  <i>License number:</i> PA17163  <i>NPI:</i> 1972655389  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego</p>	<p><b>DOMINGUEZ, KATHLEEN H</b>  <i>Provider ID:</i> 270355  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            477 N EL CAMINO REAL STE B105            ENCINITAS, CA 92024-1330  <i>Phone:</i> (760) 753-7143  <i>Fax:</i> (760) 753-2155  <i>After Hours Phone:</i> (760) 753-7143  <i>Provider Gender:</i> Female  <i>License number:</i> PA17714  <i>NPI:</i> 1689784530  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18</p>	<p><b>DOUGHERTY, CLARA, NPA</b>  <i>Provider ID:</i> 269171  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            320 SANTA FE DR STE 108            ENCINITAS, CA 92024-5141  <i>Phone:</i> (760) 436-4558  <i>Fax:</i> (858) 429-7926  <i>After Hours Phone:</i> (760) 436-4558  <i>Provider Gender:</i> Female  <i>License number:</i> PA17439  <i>NPI:</i> 1609987619  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas,            Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Ihp Of Southern California

### **DOUGHERTY, CLARA**

*Provider ID:* 295926  
*Board Certified Specialty:* No  
IHP OF SOUTHERN  
CALIFORNIA  
320 SANTA FE DR STE 108  
ENCINITAS, CA 92024-5141  
*Phone:* (760) 436-4558  
*Fax:* (858) 429-7926  
*After Hours Phone:* (760)  
436-4558  
*Provider Gender:* Female  
*License number:* PA17439  
*NPI:* 1609987619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No

♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Ihp Of Southern California

### **DOUGHERTY, CLARA**

*Provider ID:* 56020  
*Board Certified Specialty:* No  
GENESIS HEALTHCARE  
PARTNERS PC  
320 SANTA FE DR STE 108  
ENCINITAS, CA 92024-5141  
*Phone:* (760) 436-4558  
*Fax:*  
*After Hours Phone:* (760)  
436-4558  
*Provider Gender:* Female  
*License number:* PA17439  
*NPI:* 1609987619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8AM-5:30PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Ihp Of Southern California

### **FLOCO, VIRGINIA A**

*Provider ID:* 260683  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
302  
ENCINITAS, CA 92024-1328  
*Phone:* (760) 944-5545  
*Fax:*  
*After Hours Phone:* (760)  
944-5545  
*Provider Gender:* Female  
*License number:* PA20788  
*NPI:* 1982798112  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### HIGGINS, JOSHUA B

Provider ID: 287134  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
1505 ENCINITAS BLVD  
ENCINITAS, CA 92024-2933  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: PA20471  
NPI: 1861624181  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### LAZAR, ANITA A

Provider ID: 262301  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
License number: PA55984  
NPI: 1609208198  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA: Rady Childrens Health  
Network

### MCCAULEY, KRISTINA R

Provider ID: 262243  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
302  
ENCINITAS, CA 92024-1328  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
License number: PA52100  
NPI: 1063819944  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health  
Network

### **MUNCH, LINH D**

Provider ID: 260089  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (858) 966-6377  
Fax: (760) 944-3927  
After Hours Phone: (858)  
966-6377  
Provider Gender: Female  
License number: PA14223  
NPI: 1679792725  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health

Network

### **NGUYEN, CECILIA**

Provider ID: 289155  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
License number: PA57419  
NPI: 1629636816  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **PADDOCK, DIANA L**

Provider ID: 295968  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
License number: PA52175  
NPI: 1447657804  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California,  
Ucsd Medical Group  
  
**PAIK, CHRISTINA N**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 295995            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            477 N EL CAMINO REAL STE D302            ENCINITAS, CA 92024-1374            Phone: (858) 966-6789            Fax: (760) 944-3927            After Hours Phone: (858) 966-6789            Provider Gender: Female            License number: PA21680            NPI: 1174811475            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Board Certified Specialty: No            UCSD MEDICAL GROUP            1200 GARDEN VIEW RD            ENCINITAS, CA 92024-2477            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Male            License number: PA16037            NPI: 1386791028            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Phone: (858) 966-6789            Fax: (760) 944-3927            After Hours Phone: (858) 966-6789            Provider Gender: Female            License number: PA14357            NPI: 1356560650            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>PELIO, DARREN A</b>            Provider ID: 293443</p>	<p><b>SANCHEZ, RAQUEL</b>            Provider ID: 262630            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            477 N EL CAMINO REAL STE D302            ENCINITAS, CA 92024-1374</p>	<p><b>SUTTON, BRIAN C</b>            Provider ID: 272241            Board Certified Specialty: No            UCSD MEDICAL GROUP            1200 GARDEN VIEW RD STE 200            ENCINITAS, CA 92024-2475</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 598-1776  
 Fax: (760) 598-5744  
 After Hours Phone: (760) 598-1776  
 Provider Gender: Male  
 License number: PA18573  
 NPI: 1629174727  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **VANETSKY, GARY E**

Provider ID: 108458  
 Board Certified Specialty: Yes  
 WEST DERMATOLOGY AND  
 SURG MED GRP  
 477 N EL CAMINO REAL STE  
 D308  
 ENCINITAS, CA 92024-1370

Phone: (760) 436-2300  
 Fax:  
 After Hours Phone: (760) 436-2300  
 Provider Gender: Male  
 License number: PA15456  
 NPI: 1417034489  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **VANETSKY, GARY E , NPA**

Provider ID: 269152  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D308  
 ENCINITAS, CA 92024-1370  
 Phone: (760) 436-2300  
 Fax: (760) 436-5482  
 After Hours Phone: (760) 436-2300  
 Provider Gender: Male

License number: PA15456  
 NPI: 1417034489  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **VILLAPANDO, NORMA O**

Provider ID: 264058  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760) 944-5545  
 Provider Gender: Female  
 License number: PA56098  
 NPI: 1376947960  
 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Rady
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps	Childrens Hospital San Diego,
<i>Hospital Affiliation:</i>	Memorial Hospital Encinitas	Ucsd Medical Ctr, Ucsd La Jolla
<i>Medi-Cal Open Panel:</i> No	<i>Medi-Cal Open Panel:</i> Yes	John Sally Thornton
<i>Min/Max Age:</i> 0/18	<i>Min/Max Age:</i> 0/999	<i>Medi-Cal Open Panel:</i> Yes
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	<i>Min/Max Age:</i> 0/999
No	No	<i>American Sign Language (ASL):</i>
<i>Accessibility:</i>	<i>Accessibility:</i>	No
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Hours:</i> M-F 9AM-5PM, SA	<i>Accessibility:</i>
9AM-5PM	9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Website:</i>	<i>Website:</i>	9AM-5PM
<i>Email:</i>	<i>Email:</i>	<i>Website:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Email:</i>
<i>IPA:</i> Rady Childrens Health	<i>IPA:</i> Ucsd Medical Group	<i>Medical Group(s):</i>
Network		<i>IPA:</i> Community Care Ipa Llc,
		Rady Childrens Health Network,
		Ucsd Medical Group

### RADIATION ONCOLOGY

#### PODIATRIST

#### **DUSTIN, ADAM F**

*Provider ID:* 275800  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 326 ENCINITAS BLVD STE 100  
 ENCINITAS, CA 92024-8703  
*Phone:* (760) 436-5533  
*Fax:* (760) 436-0611  
*After Hours Phone:* (760)  
 436-5533  
*Provider Gender:* Male  
*License number:* DPM4254  
*NPI:* 1043389026  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

#### **MACEWAN, IAIN J**

*Provider ID:* 205876  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 210  
 ENCINITAS, CA 92024-2475  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A129079  
*NPI:* 1326300401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

#### **RASH, DOMINIQUE L**

*Provider ID:* 108346  
*Board Certified Specialty:* No  
 UCSD RADIATION ONCOLOGY  
 1200 GARDEN VIEW RD STE  
 210  
 ENCINITAS, CA 92024-2475  
*Phone:* (858) 246-0500  
*Fax:*  
*After Hours Phone:* (858)  
 246-0500  
*Provider Gender:* Female  
*License number:* A116999  
*NPI:* 1699908640  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Cultural Competency:* No  
*Hospital Affiliation:* Methodist Hosp Of Sacramento, Mercy Hospital Of Folsom, Mercy General Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Tri City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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### **RADIOLOGY DIAGNOSTIC X-RAY**

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#### **ROSE, BRENT S**

*Provider ID:* 113904  
*Board Certified Specialty:* No  
 UCSD RADIATION ONCOLOGY  
 1200 GARDEN VIEW RD STE 210  
 ENCINITAS, CA 92024-2475  
*Phone:* (858) 246-0500  
*Fax:*  
*After Hours Phone:* (858) 246-0500  
*Provider Gender:* Male  
*License number:* A142735  
*NPI:* 1518250869  
*Provider English Spoken:* Yes

#### **URBANIC, JAMES J**

*Provider ID:* 87271  
*Board Certified Specialty:* No  
 UCSD RADIATION ONCOLOGY  
 1200 GARDEN VIEW RD STE 210  
 ENCINITAS, CA 92024-2475  
*Phone:* (858) 246-0500  
*Fax:* (858) 246-0501  
*After Hours Phone:* (858) 246-0500  
*Provider Gender:* Male  
*License number:* C131112  
*NPI:* 1164607875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

#### **ALLEN, DERRICK R**

*Provider ID:* 125985  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 477 N EL CAMINO REAL STE 102  
 ENCINITAS, CA 92024-1328  
*Phone:* (858) 658-6500  
*Fax:* (760) 632-5389  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A69840  
*NPI:* 1215982970  
*Provider English Spoken:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Scripps	Mercy Hospital, Scripps Mercy
<i>Cultural Competency:</i> No	Mercy Hospital, Scripps Mercy	Hospital Chula Vista
<i>Hospital Affiliation:</i> Scripps	Hospital Chula Vista	<i>Medi-Cal Open Panel:</i> No
Mercy Hospital, Scripps Mercy	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> None
Hospital Chula Vista	<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i> No	No
<i>Min/Max Age:</i> None	No	♿ <i>Accessibility:</i> W
<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>	<i>Hours:</i> M-F 8AM-5PM, SA
No	<i>Hours:</i> M-F 8AM-5PM, SA	9AM-5PM
♿ <i>Accessibility:</i> W	9AM-5PM	<i>Website:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>	www.imaginghealthcare.com
<i>Website:</i>	<i>Email:</i>	<i>Email:</i>
www.imaginghealthcare.com	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>Email:</i>	<i>IPA:</i> Community Care Ipa Llc	<i>IPA:</i>
<i>Medical Group(s):</i>		
<i>IPA:</i> Community Care Ipa Llc		
<b>ALLEN, DERRICK R , MD</b>	<b>ANDERSON, GREGORY S</b>	<b>BAKER, LORI L</b>
<i>Provider ID:</i> 268358	<i>Provider ID:</i> 125983	<i>Provider ID:</i> 125992
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
COMMUNITY CARE IPA LLC	IHS RADIOLOGY MEDICAL	IHS RADIOLOGY MEDICAL
477 N EL CAMINO REAL STE	GROUP INC	GROUP INC
A102	477 N EL CAMINO REAL STE 102	477 N EL CAMINO REAL STE 102
ENCINITAS, CA 92024-1329	ENCINITAS, CA 92024-1328	ENCINITAS, CA 92024-1328
<i>Phone:</i> (760) 452-7150	<i>Phone:</i> (858) 658-6500	<i>Phone:</i> (858) 658-6500
<i>Fax:</i> (866) 558-4329	<i>Fax:</i>	<i>Fax:</i> (760) 632-5389
<i>After Hours Phone:</i> (760)	<i>After Hours Phone:</i> (858)	<i>After Hours Phone:</i> (858)
452-7150	658-6500	658-6500
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Female
<i>License number:</i> A69840	<i>License number:</i> A90018	<i>License number:</i> G62517
<i>NPI:</i> 1215982970	<i>NPI:</i> 1841467099	<i>NPI:</i> 1063465219
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i> No	Spanish	<i>Cultural Competency:</i> No
	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps
	<i>Hospital Affiliation:</i> Scripps	Mercy Hospital, Medical Ctr At

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## D. Directorio de proveedores de atención especializada

Ucsf, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:	Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:	Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc
<b>BORSO, MAYA G</b> Provider ID: 126005 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328 Phone: (858) 658-6500 Fax: (760) 632-5389 After Hours Phone: (858) 658-6500 Provider Gender: Female License number: A97134 NPI: 1548473507 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy	<b>BUCKLEY, DAVID W</b> Provider ID: 243264 Board Certified Specialty: No COMMUNITY CARE IPA LLC 477 N EL CAMINO REAL STE A102 ENCINITAS, CA 92024-1329 Phone: (760) 452-7150 Fax: (866) 558-4329 After Hours Phone: (760) 452-7150 Provider Gender: Male License number: G57383 NPI: 1982657060 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy	<b>CHOU, ERIC T</b> Provider ID: 126011 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328 Phone: (858) 658-6500 Fax: (760) 632-5389 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A96095 NPI: 1689627838 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.imaginghealthcare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p>Kindred Hospital South Bay,  Loma Linda University Med Ctr  Murrieta, Coast Plaza Hospital,  Community Hospital Of  Huntington Park, Foothill  Regional Medical Center  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.imaginghealthcare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Redlands  Community Hosp, Barstow  Community Hospital, Kindred  Hospital Riverside, Victor Valley  Global Med Ctr, Alvarado  Hospital Llc  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA  9AM-5PM  <i>Website:</i> www.imaginghealthcare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>COOPER, JAMES A</b>  <i>Provider ID:</i> 126040  <i>Board Certified Specialty:</i> No  IHS RADIOLOGY MEDICAL  GROUP INC  477 N EL CAMINO REAL STE 102  ENCINITAS, CA 92024-1328  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (760) 632-5389  <i>After Hours Phone:</i> (858)  658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> A62473  <i>NPI:</i> 1497708622  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> East Los  Angeles Doctors Hsp, Memorial  Hosp Of Gardena Inc, Riverside  Community Hosp, Palmdale  Regional Medical Center,  Barstow Community Hospital,</p>	<p><b>FIROOZANIA, NILOFAR</b>  <i>Provider ID:</i> 126169  <i>Board Certified Specialty:</i> No  IHS RADIOLOGY MEDICAL  GROUP INC  477 N EL CAMINO REAL STE 102  ENCINITAS, CA 92024-1328  <i>Phone:</i> (858) 658-6500  <i>Fax:</i>  <i>After Hours Phone:</i> (858)  658-6500  <i>Provider Gender:</i> Female  <i>License number:</i> A109806  <i>NPI:</i> 1962521419  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>FRANKE, MARK A</b>  <i>Provider ID:</i> 126053  <i>Board Certified Specialty:</i> No  IHS RADIOLOGY MEDICAL  GROUP INC  477 N EL CAMINO REAL STE 102  ENCINITAS, CA 92024-1328  <i>Phone:</i> (858) 658-6500  <i>Fax:</i>  <i>After Hours Phone:</i> (858)  658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> A118792  <i>NPI:</i> 1114246329</p>

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## D. Directorio de proveedores de atención especializada

<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Santa                      Monica Ucla Med Ctr, Ronald                      Reagan Ucla Med Ctr, Alvarado                      Hospital Llc  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>                      No                      ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>                      www.imaginghealthcare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc                 </p> <p> <b>HARMAN, SCOTT A</b>  <i>Provider ID:</i> 126066  <i>Board Certified Specialty:</i> No                      IHS RADIOLOGY MEDICAL                      GROUP INC                      477 N EL CAMINO REAL STE 102                      ENCINITAS, CA 92024-1328  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (760) 632-5389  <i>After Hours Phone:</i> (858)                      658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> G57284  <i>NPI:</i> 1124071311  <i>Provider English Spoken:</i> Yes                 </p>	<p> <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Alvarado                      Hospital Llc  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>                      No                      ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>                      www.imaginghealthcare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p> <p> <b>JOHNSON, JOHN O</b>  <i>Provider ID:</i> 126077  <i>Board Certified Specialty:</i> No                      IHS RADIOLOGY MEDICAL                      GROUP INC                      477 N EL CAMINO REAL STE 102                      ENCINITAS, CA 92024-1328  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (760) 632-5389  <i>After Hours Phone:</i> (858)                      658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> G59632  <i>NPI:</i> 1073565792  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps                 </p>	<p>                     Mercy Hospital, Scripps Mercy                      Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>                      No                      ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>                      www.imaginghealthcare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p> <p> <b>LIZERBRAM, ERIC K</b>  <i>Provider ID:</i> 126091  <i>Board Certified Specialty:</i> No                      IHS RADIOLOGY MEDICAL                      GROUP INC                      477 N EL CAMINO REAL STE 102                      ENCINITAS, CA 92024-1328  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (760) 632-5389  <i>After Hours Phone:</i> (858)                      658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> G74959  <i>NPI:</i> 1598718926  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps                      Mercy Hospital, Scripps Mercy                      Hospital Chula Vista                 </p>
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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No  🗎 Accessibility: W  Hours: M-SA 9AM-5PM  Website:  www.imaginghealthcare.com  Email:  Medical Group(s):  IPA:</p>	<p>Min/Max Age: None  American Sign Language (ASL): No  🗎 Accessibility: W  Hours: M-SA 9AM-5PM  Website:  www.imaginghealthcare.com  Email:  Medical Group(s):  IPA:</p>	<p>Monica Ucla Med Ctr, Alvarado Hospital Llc  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  🗎 Accessibility: W  Hours: M-F 8AM-7PM, SA 9AM-5PM  Website:  www.imaginghealthcare.com  Email:  Medical Group(s):  IPA:</p>
<p><b>LUBISICH, JOHN P</b>  Provider ID: 126097  Board Certified Specialty: No  IHS RADIOLOGY MEDICAL GROUP INC  477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328  Phone: (858) 658-6500  Fax: (760) 632-5389  After Hours Phone: (858) 658-6500  Provider Gender: Male  License number: G77575  NPI: 1194863902  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  Medi-Cal Open Panel: No</p>	<p><b>OLOUGHLIN, BRIAN J</b>  Provider ID: 126124  Board Certified Specialty: No  IHS RADIOLOGY MEDICAL GROUP INC  477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328  Phone: (858) 658-6500  Fax:  After Hours Phone: (858) 658-6500  Provider Gender: Male  License number: A120064  NPI: 1972709087  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Santa</p>	<p><b>SCHECHTER, MARK S</b>  Provider ID: 126136  Board Certified Specialty: No  IHS RADIOLOGY MEDICAL GROUP INC  477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328  Phone: (858) 658-6500  Fax: (760) 632-5389  After Hours Phone: (858) 658-6500  Provider Gender: Male  License number: G42390  NPI: 1942253018  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital, El Centro</p>

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## D. Directorio de proveedores de atención especializada

Regional Medical Center, Selma Community Hospital, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista, Adventist Medical Center Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:	Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA: Community Care Ipa Llc	Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:
<b>SCHWARTZBERG, ROSS E</b> Provider ID: 126143 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328 Phone: (858) 658-6500 Fax: (760) 632-5389 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G72997 NPI: 1215976766 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No	<b>SNYDER, WILLIAM C</b> Provider ID: 126150 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328 Phone: (858) 658-6500 Fax: (866) 558-4329 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A65059 NPI: 1477505162 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Alvarado Hospital Llc	<b>SPOTO, GARY P</b> Provider ID: 126156 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328 Phone: (858) 658-6500 Fax: (760) 632-5389 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G58131 NPI: 1659332062 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy

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## D. Directorio de proveedores de atención especializada

Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:	Hospital Of San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA: Community Care Ipa Llc	Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:
<b>TENA, ROWENA G</b> Provider ID: 126162 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328 Phone: (858) 658-6500 Fax: (760) 632-5389 After Hours Phone: (858) 658-6500 Provider Gender: Female License number: A69607 NPI: 1629029335 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra	<b>TOBIN, MICHAEL L</b> Provider ID: 126215 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328 Phone: (858) 658-6500 Fax: (760) 632-5389 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A45908 NPI: 1730132150 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No	<b>TSUKADA, GLENN H</b> Provider ID: 126200 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 477 N EL CAMINO REAL STE 102 ENCINITAS, CA 92024-1328 Phone: (858) 658-6500 Fax: (760) 632-5389 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A60235 NPI: 1710938394 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Hospital Encinitas, Scripps  
 Green Hospital, Alvarado  
 Hospital Llc, Palomar Health  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
 www.imaginghealthcare.com  
*Email:*  
*Medical Group(s):*  
*IPA:*

### ZINK BRODY, GORDON C

*Provider ID:* 126193  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 477 N EL CAMINO REAL STE 102  
 ENCINITAS, CA 92024-1328  
*Phone:* (858) 658-6500  
*Fax:* (760) 632-5389  
*After Hours Phone:* (858)  
 658-6500  
*Provider Gender:* Male  
*License number:* G68636  
*NPI:* 1689610362  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital,  
 Alvarado Hospital Llc, Oak  
 Valley Dist Hosp  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
 www.imaginghealthcare.com  
*Email:*  
*Medical Group(s):*  
*IPA:*

### RADIOLOGY

### DOEMENY, JOHN M

*Provider ID:* 269750  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 A102  
 ENCINITAS, CA 92024-1329  
*Phone:* (760) 452-7150  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760)  
 452-7150  
*Provider Gender:* Male  
*License number:* G50925  
*NPI:* 1841243912

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### FRANKE, MARK A

*Provider ID:* 269635  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 A102  
 ENCINITAS, CA 92024-1329  
*Phone:* (760) 452-7150  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760)  
 452-7150  
*Provider Gender:* Male  
*License number:* A118792  
*NPI:* 1114246329  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MOFFIT, BRIAN J**

*Provider ID:* 269524  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE A102  
 ENCINITAS, CA 92024-1329  
*Phone:* (760) 452-7150  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760) 452-7150  
*Provider Gender:* Male  
*License number:* G51551  
*NPI:* 1508817305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SCHWARTZBERG, ROSS E**

*Provider ID:* 245629  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE A102  
 ENCINITAS, CA 92024-1329  
*Phone:* (760) 452-7150  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760) 452-7150  
*Provider Gender:* Male  
*License number:* G72997  
*NPI:* 1215976766  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont

*Hospital Affiliation:* Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TENA, ROWENA G , MD**

*Provider ID:* 269824  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE 102  
 ENCINITAS, CA 92024-1328  
*Phone:* (760) 452-7150  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760) 452-7150  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 7:30AM-9PM, SA  
 7AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Center At Mount Zion, Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SURGERY COLON SURGERY**

### **SURGERY GENERAL**

#### **PARRY, LISA A**

Provider ID: 278552  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A131297  
 NPI: 1235369067  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton

#### **ARMANI, AVA**

Provider ID: 282143  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A118231  
 NPI: 1861759383  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Medical Ctr  
 At Ucsf, Ucsf Medical Center At  
 Mission Bay, Ucsf Medical

#### **COSMAN, BARD C**

Provider ID: 63746  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
 Phone: (760) 944-0223  
 Fax:  
 After Hours Phone: (760)  
 944-0223  
 Provider Gender: Male  
 License number: G66321  
 NPI: 1477513810  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John

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## D. Directorio de proveedores de atención especializada

Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility: No  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### JACOBSEN, GARTH R

Provider ID: 201730  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD  
 ENCINITAS, CA 92024-2477  
 Phone: (858) 657-8860  
 Fax:  
 After Hours Phone: (858) 657-8860  
 Provider Gender: Male  
 License number: A99668  
 NPI: 1265649966  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 ♿ Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### WALLACE, ANNE M

Provider ID: 64488  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
 Phone: (760) 944-0223  
 Fax:  
 After Hours Phone: (760) 944-0223  
 Provider Gender: Female  
 License number: G73000  
 NPI: 1699732941  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

## SURGERY NEUROLOGICAL

### YOO, FRANK K, MD

Provider ID: 257374  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D200  
 ENCINITAS, CA 92024-1375  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760) 452-3340  
 Provider Gender: Male  
 License number: G86513  
 NPI: 1295774545  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean, Spanish, Telugu,  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr, Pomerado  
 Hospital, Alvarado Hospital Llc,  
 Paradise Valley Hospital,

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## D. Directorio de proveedores de atención especializada

Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0/999</i> <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA</i> 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Community Care Ipa Llc,</i> Imperial Health Holdings Medical Group-Sd	<i>NPI: 1962450031</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> German <i>Cultural Competency: No</i> <i>Hospital Affiliation: Ucsd</i> Medical Ctr, Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel: No</i> <i>Min/Max Age: None</i> <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours: M-SA 9AM-5PM</i> <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i>	<i>Provider Language(s) Spoken:</i> <i>Cultural Competency: No</i> <i>Hospital Affiliation: Ucsd</i> Medical Ctr <i>Medi-Cal Open Panel: No</i> <i>Min/Max Age: None</i> <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours: M-SA 9AM-5PM</i> <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i>
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### **KIM, PAUL D**

*Provider ID: 295659*  
*Board Certified Specialty: No*  
IHP OF SOUTHERN  
CALIFORNIA  
332 SANTA FE DR STE 110  
ENCINITAS, CA 92024-5143  
*Phone: (619) 265-7912*  
*Fax: (619) 265-7922*  
*After Hours Phone: (619)*  
265-7912  
*Provider Gender: Male*  
*License number: A111653*  
*NPI: 1639336043*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
Arabic, Korean, Spanish  
*Cultural Competency: No*  
*Hospital Affiliation: Sharp*

### **SURGERY ORTHOPEDIC**

#### **CHANG, DOUGLAS G**

*Provider ID: 104611*  
*Board Certified Specialty: No*  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD STE  
200  
ENCINITAS, CA 92024-2475  
*Phone: (858) 657-8200*  
*Fax:*  
*After Hours Phone: (858)*  
657-8200  
*Provider Gender: Male*  
*License number: A77281*

#### **COVEY, DANA C**

*Provider ID: 83309*  
*Board Certified Specialty: No*  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD STE  
200  
ENCINITAS, CA 92024-2475  
*Phone: (760) 944-0223*  
*Fax:*  
*After Hours Phone: (760)*  
944-0223  
*Provider Gender: Male*  
*License number: G89432*  
*NPI: 1780651794*  
*Provider English Spoken: Yes*

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## D. Directorio de proveedores de atención especializada

Memorial Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **RAISZADEH, RAMIN**

Provider ID: 295521  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 332 SANTA FE DR STE 110  
 ENCINITAS, CA 92024-5143  
 Phone: (619) 265-7912  
 Fax: (619) 265-7922  
 After Hours Phone: (619) 265-7912  
 Provider Gender: Male  
 License number: A88341  
 NPI: 1518021369  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Sharp

Memorial Hospital, Palomar Medical Center, Sharp  
 Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **VITALE, KENNETH C**

Provider ID: 104654  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 200  
 ENCINITAS, CA 92024-2475  
 Phone: (760) 536-7670  
 Fax:  
 After Hours Phone: (760) 536-7670  
 Provider Gender: Male  
 License number: C132964  
 NPI: 1730176868  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **WALLACE, CHARLES D**

Provider ID: 52696  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545  
 Fax:  
 After Hours Phone: (760) 944-5545  
 Provider Gender: Male  
 License number: G67953  
 NPI: 1144229600  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: No	Min/Max Age: None	Memorial Hospital, Childrens
Min/Max Age: None	American Sign Language (ASL):	Hosp And Resrch Ctr At
American Sign Language (ASL):	No	Oakland
No	♿ Accessibility:	Medi-Cal Open Panel: Yes
♿ Accessibility: W	Hours: M-SA 9AM-5PM	Min/Max Age: 0/18
Hours: M-SA 9AM-5PM	Website:	American Sign Language (ASL):
Website:	Email:	No
Email:	Medical Group(s):	♿ Accessibility:
Medical Group(s):	IPA:	Hours: M-F 8AM-5PM, SA
IPA: Rady Childrens Health		9AM-5PM
Network		Website:

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### SURGERY PEDIATRIC

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#### ZLOMISLIC, VINKO

Provider ID: 84071  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
 Phone: (760) 944-0223  
 Fax: (858) 657-8235  
 After Hours Phone: (760)  
 944-0223  
 Provider Gender: Male  
 License number: A112819  
 NPI: 1346351509  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Serbo-Croatian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No

#### FAIRBANKS, TIMOTHY J

Provider ID: 205497  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Male  
 License number: A80244  
 NPI: 1407010556  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Sharp  
 Memorial Hospital, Scripps

Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

#### KLING, KAREN M

Provider ID: 206128  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 License number: A53583  
 NPI: 1982775144  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, National Naval Med Ctr, Sharp Memorial Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network, Ucsd Medical Group</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc</p>
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### SURGERY PLASTIC

**REID, CHRISTOPHER M**  
*Provider ID:* 238130  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024-2477  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A122947  
*NPI:* 1982964276

### UROLOGY

**BUTLER, PHILIP A , MD**  
*Provider ID:* 269433  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
320 SANTA FE DR STE 305  
ENCINITAS, CA 92024-5140  
*Phone:* (760) 436-4558  
*Fax:* (858) 429-7925  
*After Hours Phone:* (760) 436-4558  
*Provider Gender:* Male  
*License number:* G47129  
*NPI:* 1184665911

### BUTLER, PHILIP A

*Provider ID:* 55907  
*Board Certified Specialty:* No  
GENESIS HEALTHCARE PARTNERS PC  
320 SANTA FE DR STE 108  
ENCINITAS, CA 92024-5141  
*Phone:* (760) 436-4558  
*Fax:*  
*After Hours Phone:* (760) 436-4558  
*Provider Gender:* Male  
*License number:* G47129  
*NPI:* 1184665911  
*Provider English Spoken:* Yes

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>CHIANG, GEORGE</b>  <i>Provider ID:</i> 205942  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            477 N EL CAMINO REAL STE D302            ENCINITAS, CA 92024-1374  <i>Phone:</i> (760) 944-5545  <i>Fax:</i> (760) 944-3927  <i>After Hours Phone:</i> (760) 944-5545  <i>Provider Gender:</i> Male  <i>License number:</i> A98687  <i>NPI:</i> 1093773954  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p>Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Northern Inyo Hosp  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>COHEN, EDWARD S , MD</b>  <i>Provider ID:</i> 269340  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            320 SANTA FE DR STE 305            ENCINITAS, CA 92024-5140  <i>Phone:</i> (760) 436-4558  <i>Fax:</i> (858) 429-7925  <i>After Hours Phone:</i> (760) 436-4558  <i>Provider Gender:</i> Male  <i>License number:</i> G56844  <i>NPI:</i> 1093756827  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>COHEN, EDWARD S</b>  <i>Provider ID:</i> 56014  <i>Board Certified Specialty:</i> No            GENESIS HEALTHCARE PARTNERS PC            320 SANTA FE DR STE 108            ENCINITAS, CA 92024-5141  <i>Phone:</i> (760) 436-4558  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 436-4558  <i>Provider Gender:</i> Male  <i>License number:</i> G56844  <i>NPI:</i> 1093756827  <i>Provider English Spoken:</i> Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Hospital Affiliation: Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, T</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Hospital Affiliation:</i> Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 18/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, T</p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc</p>	<p>Memorial Hospital, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p>♿ <i>Accessibility:</i> P, EB, IB, E, R, T</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc</p>
<p><b>JUMA, SAAD, MD</b></p> <p><i>Provider ID:</i> 244006</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>320 SANTA FE DR STE 108 ENCINITAS, CA 92024-5141</p> <p><i>Phone:</i> (760) 753-8373</p> <p><i>Fax:</i> (858) 429-7932</p> <p><i>After Hours Phone:</i> (760) 753-8373</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A42398</p> <p><i>NPI:</i> 1013931930</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p>	<p><b>JUMA, SAAD</b></p> <p><i>Provider ID:</i> 40234</p> <p><i>Board Certified Specialty:</i> No</p> <p>GENESIS HEALTHCARE PARTNERS PC</p> <p>320 SANTA FE DR STE 108 ENCINITAS, CA 92024-5141</p> <p><i>Phone:</i> (760) 753-8373</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (760) 753-8373</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A42398</p> <p><i>NPI:</i> 1013931930</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas</p>	<p><b>NAITOH, JOHN, MD</b></p> <p><i>Provider ID:</i> 269477</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>320 SANTA FE DR STE 305 ENCINITAS, CA 92024-5140</p> <p><i>Phone:</i> (760) 436-4558</p> <p><i>Fax:</i> (858) 429-7925</p> <p><i>After Hours Phone:</i> (760) 436-4558</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G82079</p> <p><i>NPI:</i> 1629010509</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p>Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  No  🗎 Accessibility:  Hours: M-F 8AM-4PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Min/Max Age: None  American Sign Language (ASL): No  🗎 Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>No  🗎 Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc,  Ihp Of Southern California</p>
<p><b>NAITOH, JOHN</b>  Provider ID: 55261  Board Certified Specialty: No  GENESIS HEALTHCARE  PARTNERS PC  320 SANTA FE DR STE 305  ENCINITAS, CA 92024-5140  Phone: (760) 436-4558  Fax: (858) 429-7925  After Hours Phone: (760)  436-4558  Provider Gender: Male  License number: G82079  NPI: 1629010509  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Scripps  Memorial Hospital Encinitas,  Scripps Memorial Hospital  Medi-Cal Open Panel: No</p>	<p><b>NGUYEN, HUNG H</b>  Provider ID: 295972  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  320 SANTA FE DR STE 108  ENCINITAS, CA 92024-5141  Phone: (760) 436-4558  Fax: (858) 429-7926  After Hours Phone: (760)  436-4558  Provider Gender: Male  License number: A142209  NPI: 1023488806  Provider English Spoken: Yes  Provider Language(s) Spoken:  Vietnamese  Cultural Competency: No  Hospital Affiliation: Scripps  Memorial Hospital, Scripps  Memorial Hospital Encinitas  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):</p>	<p><b>ESCONDIDO</b></p> <hr/> <p><b>ALLERGY IMMUNOLOGY</b></p> <hr/> <p><b>LAUBACH, SUSAN S</b>  Provider ID: 277885  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  2125 CITRACADO PKWY STE  200  ESCONDIDO, CA 92029-4159  Phone: (760) 755-7600  Fax: (760) 755-7699  After Hours Phone: (760)  755-7600  Provider Gender: Female  License number: A114061  NPI: 1366656209  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Rady</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsf Benioff Children's Hospital Oakland Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Palomar Medical Center, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Health Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California</p>	<p>License number: 20A11914 NPI: 1326363300 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: No Hospital Affiliation: Riverside Community Hosp, Parkview Community Hospital Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>
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### **ANESTHESIOLOGY PAIN MANAGEMENT**

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#### **COHEN, ZACHARY C , MD**

Provider ID: 268178  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029-4159  
Phone: (442) 281-5000  
Fax:  
After Hours Phone: (442)  
281-5000  
Provider Gender: Male  
License number: A146733  
NPI: 1598021982  
Provider English Spoken: Yes

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### **ANESTHESIOLOGY**

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#### **KHATIBI, NIKAN H**

Provider ID: 239611  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
160 N DATE ST  
ESCONDIDO, CA 92025-3406  
Phone: (888) 873-6222  
Fax: (888) 873-6220  
After Hours Phone: (888)  
873-6222  
Provider Gender: Male

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### **CARDIOLOGY**

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#### **ACHEATEL, ROGER J , MD**

Provider ID: 269351  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1955 CITRACADO PKWY STE  
300  
ESCONDIDO, CA 92029-4113

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (760) 743-0546  
 Fax: (760) 743-8837  
 After Hours Phone: (760) 743-0546  
 Provider Gender: Male  
 License number: G45947  
 NPI: 1730182619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Palomar Health, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BAYAT, HAMED**

Provider ID: 257491  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 1955 CITRACADO PKWY STE 300  
 ESCONDIDO, CA 92029-4113

Phone: (760) 743-0546  
 Fax: (760) 743-4779  
 After Hours Phone: (760) 743-0546  
 Provider Gender: Male  
 License number: A61356  
 NPI: 1356344196  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **BAYAT, HAMED, MD**

Provider ID: 53687  
 Board Certified Specialty: No  
 ARCH HEALTH PARTNERS  
 1955 CITRACADO PKWY STE 300

ESCONDIDO, CA 92029-4113  
 Phone: (760) 743-0546  
 Fax: (760) 743-4779  
 After Hours Phone: (760) 743-0546  
 Provider Gender: Male  
 License number: A61356  
 NPI: 1356344196  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **CHEN, ANDREW K , MD**

Provider ID: 269314  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

1955 CITRACADO PKWY STE  
300  
ESCONDIDO, CA 92029-4113  
Phone: (760) 743-4789  
Fax: (760) 743-8005  
After Hours Phone: (760)  
743-4789  
Provider Gender: Male  
License number: A120866  
NPI: 1134357007  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Green Hospital, Palomar  
Health, Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **DAVIS, CHRISTOPHER K**

Provider ID: 277811  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92029-4159  
Phone: (760) 294-9260  
Fax: (760) 294-9274  
After Hours Phone: (760)  
294-9260  
Provider Gender: Male  
License number: A100260  
NPI: 1760691950  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Grossmont Hospital, Scripps  
Memorial Hospital, Sharp  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **FAGAN, BRIAN T**

Provider ID: 277840  
Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92029-4159  
Phone: (760) 294-9260  
Fax: (760) 294-9274  
After Hours Phone: (760)  
294-9260  
Provider Gender: Male  
License number: A82153  
NPI: 1740308550  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: San Gabriel  
Valley Med Ctr, California Hosp  
Med Ctr Los Angeles, Emanate  
Health Inter-Community  
Hospital, Rady Childrens  
Hospital San Diego, Huntington  
Memorial Hospital, Emanate  
Health Queen Of The Valley  
Hospital, Ucsf Benioff Children's  
Hospital Oakland, Childrens  
Hosp Of Los Angeles  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Medical Group(s):</i>	<i>IPA: Community Care Ipa Llc</i>
<i>Medical Group(s):</i>	<i>IPA: Community Care Ipa Llc</i>	
<i>IPA: Rady Childrens Health Network</i>		
<b>GILBERT, CHRISTOPHER R , MD</b>	<b>GORWIT, JEFFREY I , MD</b>	<b>HALEY, JESSICA E</b>
<i>Provider ID: 63549</i>	<i>Provider ID: 63540</i>	<i>Provider ID: 277867</i>
<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>
<i>COMMUNITY CARE IPA LLC</i>	<i>COMMUNITY CARE IPA LLC</i>	<i>RADY CHILDRENS HEALTH NETWORK</i>
<i>1955 CITRACADO PKWY STE 300</i>	<i>1955 CITRACADO PKWY STE 300</i>	<i>2125 CITRACADO PKWY STE 100</i>
<i>ESCONDIDO, CA 92029-4113</i>	<i>ESCONDIDO, CA 92029-4113</i>	<i>ESCONDIDO, CA 92029-4159</i>
<i>Phone: (760) 743-0546</i>	<i>Phone: (760) 743-0546</i>	<i>Phone: (760) 294-9260</i>
<i>Fax: (760) 743-8837</i>	<i>Fax: (760) 743-8837</i>	<i>Fax: (760) 294-9274</i>
<i>After Hours Phone: (760) 743-0546</i>	<i>After Hours Phone: (760) 743-0546</i>	<i>After Hours Phone: (760) 294-9260</i>
<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>	<i>Provider Gender: Female</i>
<i>License number: A35403</i>	<i>License number: G25365</i>	<i>License number: A125568</i>
<i>NPI: 1487657243</i>	<i>NPI: 1891798658</i>	<i>NPI: 1023329885</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken: Spanish</i>	<i>Provider Language(s) Spoken: Spanish</i>	<i>Provider Language(s) Spoken: Cultural Competency: No</i>
<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Rady Childrens Hospital San Diego</i>
<i>Hospital Affiliation: Palomar Medical Center, Palomar Health</i>	<i>Hospital Affiliation: Pomerado Hospital, Palomar Medical Center</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Min/Max Age: 0/999</i>
<i>Min/Max Age: None</i>	<i>Min/Max Age: None</i>	<i>American Sign Language (ASL): No</i>
<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>	<i>♿ Accessibility:</i>
<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>	<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>
<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>	<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>	<i>Website:</i>
<i>Website:</i>	<i>Website:</i>	<i>Email:</i>
<i>Email:</i>	<i>Email:</i>	<i>Medical Group(s):</i>
	<i>Medical Group(s):</i>	<i>IPA: Rady Childrens Health Network</i>

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## D. Directorio de proveedores de atención especializada

### LEE, YOUNG E

Provider ID: 269316  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE  
 300  
 ESCONDIDO, CA 92029-4113  
 Phone: (760) 743-0546  
 Fax: (760) 743-8837  
 After Hours Phone: (760)  
 743-0546  
 Provider Gender: Male  
 License number: A130275  
 NPI: 1285833764  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### MALEK, MIKHAIL R , MD

Provider ID: 269307  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE  
 300  
 ESCONDIDO, CA 92029-4113  
 Phone: (760) 743-0546  
 Fax: (760) 743-8837  
 After Hours Phone: (760)  
 743-0546  
 Provider Gender: Male  
 License number: A50952  
 NPI: 1467455212  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### MOUSSAVIAN, MEHRAN

Provider ID: 295961  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 488 E VALLEY PKWY STE 107

ESCONDIDO, CA 92025-3363  
 Phone: (760) 294-0480  
 Fax: (760) 294-0481  
 After Hours Phone: (760)  
 294-0480  
 Provider Gender: Male  
 License number: 20A7241  
 NPI: 1689788234  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Tri City Medical  
 Ctr, Sharp Memorial Hospital,  
 Alvarado Hospital Llc,  
 Grossmont Hospital, Scripps  
 Mercy Hospital, Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### NARAYAN, HARI K

Provider ID: 277846

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Male  
*License number:* A144821  
*NPI:* 1376705707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SAWHNEY, NAVINDER S , MD**

*Provider ID:* 112701  
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE 300  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 743-0546  
*Fax:* (858) 673-5187  
*After Hours Phone:* (760) 743-0546  
*Provider Gender:* Male  
*License number:* A86378  
*NPI:* 1619174133  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital, Scripps Green Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SERRY, ROD D , MD**

*Provider ID:* 54469

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE 300  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 743-0546  
*Fax:* (760) 743-8837  
*After Hours Phone:* (760) 743-0546  
*Provider Gender:* Male  
*License number:* A76061  
*NPI:* 1912945130  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Palomar Health, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SUDHAKAR, DEEPTHI**

*Provider ID:* 295845  
*Board Certified Specialty:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IHP OF SOUTHERN CALIFORNIA  
 488 E VALLEY PKWY STE 107  
 ESCONDIDO, CA 92025-3363  
 Phone: (760) 294-0480  
 Fax: (619) 616-2104  
 After Hours Phone: (760) 294-0480  
 Provider Gender: Female  
 License number: A171932  
 NPI: 1811307051  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, Sharp  
 Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

**CERTIFIED NURSE  
 PRACTITIONER**

**AMADOR, JODI N**

Provider ID: 294613  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442)  
 281-3193  
 Provider Gender: Female  
 License number: NP95006378  
 NPI: 1447677174  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**BARMACK, KIMBERLY M , NPA**  
 Provider ID: 269270

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE  
 200  
 ESCONDIDO, CA 92029-4112  
 Phone: (760) 743-4789  
 Fax: (760) 743-4779  
 After Hours Phone: (760)  
 743-4789  
 Provider Gender: Female  
 License number: NP20705  
 NPI: 1881018067  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**BATAC, NADINE M**  
 Provider ID: 295364  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

1955 CITRACADO PKWY STE  
203  
ESCONDIDO, CA 92029-4112  
Phone: (760) 738-5533  
Fax: (760) 738-3835  
After Hours Phone: (760)  
738-5533  
Provider Gender: Female  
License number: NP21763  
NPI: 1942657937  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M,W 8AM-5PM, TU,TH  
7AM-3:30PM, F,SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California

### **BERNHARD, SARAH M**

Provider ID: 294729  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029-4159

Phone: (442) 281-3193  
Fax: (442) 281-3197  
After Hours Phone: (442)  
281-3193  
Provider Gender: Female  
License number: NP20604  
NPI: 1114226370  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Methodist  
Hosp Of Southern California,  
Palomar Medical Center,  
Palomar Health, Rady Childrens  
Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **CARLSON, AMANDA W**

Provider ID: 291371  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2185 CITRACADO PKWY

ESCONDIDO, CA 92029-4159  
Phone: (442) 281-3193  
Fax: (442) 281-3197  
After Hours Phone: (442)  
281-3193  
Provider Gender: Female  
License number: NP14220  
NPI: 1023077674  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **DEFELICE, BRIDGET T**

Provider ID: 295394  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029-4159

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442) 281-3193  
 Provider Gender: Female  
 License number: NP95020100  
 NPI: 1669128153  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Palomar Health  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **DICKINSON, NATASHA A**

Provider ID: 283660  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 200  
 ESCONDIDO, CA 92029-4159

Phone: (858) 966-8801  
 Fax: (858) 966-8511  
 After Hours Phone: (858) 966-8801  
 Provider Gender: Female  
 License number: NP17677  
 NPI: 1073845327  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **GREEN, AMANDA M**

Provider ID: 294274  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159

Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442) 281-3193  
 Provider Gender: Female  
 License number: NP95012325  
 NPI: 1457905697  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Rady Childrens  
 Hospital San Diego, Sharp  
 Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **HAASS, ADRIANNA M**

Provider ID: 261044  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 625 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92025-6428

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

Phone: (760) 746-2641  
 Fax: (760) 740-2178  
 After Hours Phone: (760) 746-2641  
 Provider Gender: Female  
 License number: NP95005120  
 NPI: 1225588130  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 8AM-12PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HEAD, KRISTIN N**

Provider ID: 277866  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100

ESCONDIDO, CA 92029-4159  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 294-9260  
 Provider Gender: Female  
 License number: NP20264  
 NPI: 1699078923  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HEDGES, MEGAN**

Provider ID: 295138  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159

Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442) 281-3193  
 Provider Gender: Female  
 License number: NP95013558  
 NPI: 1700425170  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Palomar Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **KIMMEL, JENNIFER M**

Provider ID: 294517  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442) 281-3193  
 Provider Gender: Female  
 License number: NP95001764  
 NPI: 1396153201  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **KOROGODSKI, ANNA**

Provider ID: 290941  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 704 E GRAND AVE  
 ESCONDIDO, CA 92025-4405

Phone: (619) 662-4100  
 Fax: (760) 745-7847  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 License number: NP95019424  
 NPI: 1326634890  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **KROCHMAL, RACHEL E**

Provider ID: 276935  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 488 E VALLEY PKWY STE 400  
 ESCONDIDO, CA 92025-3378  
 Phone: (760) 658-6101  
 Fax: (760) 658-6106  
 After Hours Phone: (760) 658-6101

Provider Gender: Female  
 License number: NP457272  
 NPI: 1326117920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **KROCHMAL, RACHEL E**

Provider ID: 276936  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 1955 CITRACADO PKWY STE 302  
 ESCONDIDO, CA 92029-4113  
 Phone: (760) 233-1896  
 Fax: (760) 233-1899  
 After Hours Phone: (760) 233-1896

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider Gender:* Female  
*License number:* NP457272  
*NPI:* 1326117920  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital, Palomar  
 Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-TH 9AM-4:30PM, F  
 9AM-2PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **LANE, LINDA K**

*Provider ID:* 291227  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-3193  
*Fax:* (442) 281-3197  
*After Hours Phone:* (442)  
 281-3193  
*Provider Gender:* Female

*License number:* NP95004541  
*NPI:* 1912179813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **LAVIN, BARBARA C**

*Provider ID:* 291290  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-3193  
*Fax:* (442) 281-3197  
*After Hours Phone:* (442)  
 281-3193  
*Provider Gender:* Female  
*License number:* NP6489  
*NPI:* 1477760635

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **LEVY, SHARON B**

*Provider ID:* 277876  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760)  
 755-7600  
*Provider Gender:* Female  
*License number:* NP95003383  
*NPI:* 1316396807  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/18	<i>Medi-Cal Open Panel:</i> No
<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i> No	<i>Min/Max Age:</i> 0/18
<i>Medi-Cal Open Panel:</i> Yes	<i>Accessibility:</i>	<i>American Sign Language (ASL):</i> No
<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Accessibility:</i>
<i>American Sign Language (ASL):</i> No	9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Accessibility:</i>	<i>Website:</i>	9AM-5PM
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	<i>Website:</i>
9AM-5PM	<i>Medical Group(s):</i>	<i>Email:</i>
<i>Website:</i>	<i>IPA:</i> Rady Childrens Health	<i>Medical Group(s):</i>
<i>Email:</i>	Network	<i>IPA:</i> Rady Childrens Health
<i>Medical Group(s):</i>		Network
<i>IPA:</i> Rady Childrens Health	<b>LILLY, ANNA M</b>	
Network	<i>Provider ID:</i> 289233	<b>LIPMAN, RACHEL E</b>
	<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 265114
<b>LIGGINS, MELISSA L</b>	RADY CHILDRENS HEALTH	<i>Board Certified Specialty:</i> No
<i>Provider ID:</i> 291307	NETWORK	RADY CHILDRENS HEALTH
<i>Board Certified Specialty:</i> No	2185 CITRACADO PKWY	NETWORK
RADY CHILDRENS HEALTH	ESCONDIDO, CA 92029-4159	625 CITRACADO PKWY STE 200
NETWORK	<i>Phone:</i> (442) 281-3193	ESCONDIDO, CA 92025-6428
2185 CITRACADO PKWY	<i>Fax:</i> (442) 281-3197	<i>Phone:</i> (760) 746-2641
ESCONDIDO, CA 92029-4159	<i>After Hours Phone:</i> (442)	<i>Fax:</i> (760) 740-2178
<i>Phone:</i> (442) 281-3193	281-3193	<i>After Hours Phone:</i> (760)
<i>Fax:</i> (442) 281-3197	<i>Provider Gender:</i> Female	746-2641
<i>After Hours Phone:</i> (442)	<i>License number:</i> NP95009518	<i>Provider Gender:</i> Female
281-3193	<i>NPI:</i> 1831596667	<i>License number:</i> NP95000707
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1871933879
<i>License number:</i> NP20432	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1598844003	<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Palomar	<i>Cultural Competency:</i> No
<i>Provider Language(s) Spoken:</i>	Medical Center, Rady Childrens	<i>Hospital Affiliation:</i>
<i>Cultural Competency:</i> No	Hospital San Diego, Scripps	<i>Medi-Cal Open Panel:</i> No
<i>Hospital Affiliation:</i>	Memorial Hospital, Scripps	<i>Min/Max Age:</i> 0/18
<i>Medi-Cal Open Panel:</i> No	Mercy Hospital Chula Vista	<i>American Sign Language (ASL):</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No	9AM-2PM, SA 9AM-5PM	Email:
♿ Accessibility:	Website:	Medical Group(s):
Hours: M-F 8AM-5PM, SA 8AM-12PM	Email:	IPA: Rady Childrens Health Network
Website:	Medical Group(s):	
Email:	IPA: Rady Childrens Health Network	<b>MEYERS, JUDITH S , NPA</b>
Medical Group(s):		Provider ID: 274695
IPA: Rady Childrens Health Network	<b>MANCHESTER, KAREN L</b>	Board Certified Specialty: No
	Provider ID: 276927	COMMUNITY CARE IPA LLC
<b>MANCHESTER, KAREN L</b>	Board Certified Specialty: No	1955 CITRACADO PKWY STE 300
Provider ID: 276926	RADY CHILDRENS HEALTH NETWORK	ESCONDIDO, CA 92029-4113
Board Certified Specialty: No	1955 CITRACADO PKWY STE 302	Phone: (760) 743-4789
RADY CHILDRENS HEALTH NETWORK	ESCONDIDO, CA 92029-4113	Fax: (760) 743-8005
488 E VALLEY PKWY STE 400	Phone: (760) 233-1896	After Hours Phone: (760) 743-4789
ESCONDIDO, CA 92025-3378	Fax: (760) 233-1899	Provider Gender: Female
Phone: (760) 658-6101	After Hours Phone: (760) 233-1896	License number: NP95010314
Fax: (760) 658-6106	Provider Gender: Female	NPI: 1538637194
After Hours Phone: (760) 658-6101	License number: NP20883	Provider English Spoken: Yes
Provider Gender: Female	NPI: 1801225941	Provider Language(s) Spoken:
License number: NP20883	Provider English Spoken: Yes	Cultural Competency: No
NPI: 1801225941	Provider Language(s) Spoken:	Hospital Affiliation:
Provider English Spoken: Yes	Cultural Competency: No	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken:	Hospital Affiliation:	Min/Max Age: 0/999
Cultural Competency: No	Medi-Cal Open Panel: No	American Sign Language (ASL):
Hospital Affiliation:	Min/Max Age: 0/18	No
Medi-Cal Open Panel: No	American Sign Language (ASL):	♿ Accessibility:
Min/Max Age: 0/18	No	Hours: M-F 8AM-5PM, SA 9AM-5PM
American Sign Language (ASL):	♿ Accessibility:	Website:
No	Hours: M-TH 9AM-4:30PM, F	Email:
♿ Accessibility:	9AM-2PM, SA 9AM-5PM	Medical Group(s):
Hours: M-TH 9AM-4:30PM, F	Website:	IPA: Community Care Ipa Llc

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **MURRAY, CARLA M , NPA**

*Provider ID:* 242749  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1509 E VALLEY PKWY  
 ESCONDIDO, CA 92027-2315  
*Phone:* (760) 520-8100  
*Fax:* (760) 741-2782  
*After Hours Phone:* (760) 520-8100  
*Provider Gender:* Female  
*License number:* NP12682  
*NPI:* 1346453503  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M,TU 9AM-5PM, W-F 11AM-7:30PM, SA 12PM-4PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PARNELL, TANIKA E**

*Provider ID:* 295384  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

625 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 746-2641  
*Fax:* (760) 740-2178  
*After Hours Phone:* (760) 746-2641  
*Provider Gender:* Female  
*License number:* NP95013165  
*NPI:* 1679121750  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PASSEHL CAPACI, CHAUNDRA R**

*Provider ID:* 294576  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159

*Phone:* (442) 281-3193  
*Fax:* (442) 281-3197  
*After Hours Phone:* (442) 281-3193  
*Provider Gender:* Female  
*License number:* NP21154  
*NPI:* 1699045252  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PIDDING, APRYL D**

*Provider ID:* 269252  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 625 CITRACADO PKWY STE 110  
 ESCONDIDO, CA 92025-6428

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## D. Directorio de proveedores de atención especializada

Phone: (760) 747-8935  
 Fax: (760) 466-0078  
 After Hours Phone: (760) 747-8935  
 Provider Gender: Female  
 License number: NP20027  
 NPI: 1518259936  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### QUACH, LINDA L

Provider ID: 286020  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442)  
 281-3193

Provider Gender: Female  
 License number: NP95013206  
 NPI: 1275053811  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: The Mount  
 Sinai Hosp, Rady Childrens  
 Hospital San Diego, Palomar  
 Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### REIMER, ERRIN B

Provider ID: 294319  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442)  
 281-3193

Provider Gender: Female  
 License number: NP95013162  
 NPI: 1649826678  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### SCHNEIDER-BIEHL, TERRI A

Provider ID: 291293  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442)  
 281-3193  
 Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*License number:* NP6647  
*NPI:* 1710022504  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Ihp Of Southern California,  
 Imperial Health Holdings  
 Medical Group-Sd

### **SCOTT, MARYLOU**

*Provider ID:* 277892  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 480-8770  
*Fax:* (760) 480-8811  
*After Hours Phone:* (760)  
 480-8770  
*Provider Gender:* Female  
*License number:* NP10261  
*NPI:* 1023223252

### **SPAULDING, ENJOLI B**

*Provider ID:* 129202  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:*  
*After Hours Phone:* (760)  
 294-1660  
*Provider Gender:* Female  
*License number:* NP21947  
*NPI:* 1174828099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

### **SPAULDING, ENJOLI B**

*Provider ID:* 262456  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760)  
 294-1660  
*Provider Gender:* Female  
*License number:* NP21947  
*NPI:* 1174828099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

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## D. Directorio de proveedores de atención especializada

<i>Hospital Affiliation:</i>	<i>Min/Max Age: 0/999</i>	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>American Sign Language (ASL):</i>	No
<i>Min/Max Age: 0/999</i>	No	<i>♿ Accessibility:</i>
<i>American Sign Language (ASL):</i>	<i>♿ Accessibility:</i>	<i>Hours: M-F 9AM-5PM, SA</i>
No	<i>Hours: M-F 9AM-5PM, SA</i>	9AM-5PM
<i>♿ Accessibility:</i>	9AM-5PM	<i>Website:</i>
<i>Hours: M-F 9AM-5PM, SA</i>	<i>Website:</i>	<i>Email:</i>
9AM-5PM	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Website:</i>	<i>Medical Group(s):</i>	<i>IPA: Community Care Ipa Llc,</i>
<i>Email:</i>	<i>IPA: Community Care Ipa Llc,</i>	<i>Ihp Of Southern California,</i>
<i>Medical Group(s):</i>	<i>Ihp Of Southern California,</i>	<i>Imperial Health Holdings</i>
<i>IPA: Community Care Ipa Llc,</i>	<i>Imperial Health Holdings</i>	<i>Medical Group-Sd</i>
<i>Ihp Of Southern California,</i>	<i>Medical Group-Sd</i>	
<i>Imperial Health Holdings</i>		
<i>Medical Group-Sd</i>		
	<b>SPAULDING, ENJOLI B</b>	<b>STEARNS, PHILIP H</b>
	<i>Provider ID: 295837</i>	<i>Provider ID: 277882</i>
	<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>
<b>SPAULDING, ENJOLI B , NPA</b>	<i>IHP OF SOUTHERN</i>	<i>RADY CHILDRENS HEALTH</i>
<i>Provider ID: 269259</i>	<i>CALIFORNIA</i>	<i>NETWORK</i>
<i>Board Certified Specialty: No</i>	<i>631 E GRAND AVE</i>	<i>2125 CITRACADO PKWY STE</i>
<i>COMMUNITY CARE IPA LLC</i>	<i>ESCONDIDO, CA 92025-4402</i>	<i>100</i>
<i>631 E GRAND AVE</i>	<i>Phone: (760) 294-1660</i>	<i>ESCONDIDO, CA 92029-4159</i>
<i>ESCONDIDO, CA 92025-4402</i>	<i>Fax: (760) 745-5016</i>	<i>Phone: (760) 480-8770</i>
<i>Phone: (760) 294-1660</i>	<i>After Hours Phone: (760)</i>	<i>Fax: (760) 480-8811</i>
<i>Fax: (760) 745-5016</i>	<i>294-1660</i>	<i>After Hours Phone: (760)</i>
<i>After Hours Phone: (760)</i>	<i>Provider Gender: Female</i>	<i>480-8770</i>
<i>294-1660</i>	<i>License number: NP21947</i>	<i>Provider Gender: Male</i>
<i>Provider Gender: Female</i>	<i>NPI: 1174828099</i>	<i>License number: NP11899</i>
<i>License number: NP21947</i>	<i>Provider English Spoken: Yes</i>	<i>NPI: 1609900810</i>
<i>NPI: 1174828099</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken: Yes</i>
<i>Provider English Spoken: Yes</i>	<i>Cultural Competency: No</i>	<i>Provider Language(s) Spoken:</i>
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i>	<i>Cultural Competency: No</i>
<i>Cultural Competency: No</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Hospital Affiliation: Rady</i>
<i>Hospital Affiliation:</i>	<i>Min/Max Age: 0/999</i>	<i>Childrens Hospital San Diego</i>
<i>Medi-Cal Open Panel: Yes</i>		<i>Medi-Cal Open Panel: Yes</i>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999	Min/Max Age: 0/999	American Sign Language (ASL):
American Sign Language (ASL):	American Sign Language (ASL):	No
No	No	♿ Accessibility:
♿ Accessibility:	♿ Accessibility:	Hours: M-F 8AM-5PM, SA
Hours: M-F 8AM-5PM, SA	Hours: M-F 8AM-5PM, SA	9AM-5PM
9AM-5PM	9AM-5PM	Website:
Website:	Website:	Email:
Email:	Email:	Medical Group(s):
Medical Group(s):	Medical Group(s):	IPA: Ihp Of Southern California
IPA: Rady Childrens Health Network	IPA: Ihp Of Southern California	
		<b>VALLES, ELIZABETH A</b>
		Provider ID: 277847
		Board Certified Specialty: No
<b>TEHRAN, SAGHI J</b>	<b>TEHRAN, SAGHI J</b>	RADY CHILDRENS HEALTH NETWORK
Provider ID: 290958	Provider ID: 291079	2125 CITRACADO PKWY STE 200
Board Certified Specialty: No	Board Certified Specialty: No	ESCONDIDO, CA 92029-4159
IHP OF SOUTHERN CALIFORNIA	IHP OF SOUTHERN CALIFORNIA	Phone: (858) 966-8801
704 E GRAND AVE	255 N ASH ST STE 101	Fax: (858) 966-8511
ESCONDIDO, CA 92025-4405	ESCONDIDO, CA 92027-3069	After Hours Phone: (858) 966-8801
Phone: (619) 662-4100	Phone: (619) 662-4100	Provider Gender: Female
Fax: (760) 745-7847	Fax: (619) 205-6305	License number: NP95002921
After Hours Phone: (619) 662-4100	After Hours Phone: (619) 662-4100	NPI: 1609235589
662-4100	Provider Gender: Female	Provider English Spoken: Yes
Provider Gender: Female	License number: NP95018423	Provider Language(s) Spoken:
License number: NP95018423	NPI: 1134792245	Cultural Competency: No
NPI: 1134792245	Provider English Spoken: Yes	Hospital Affiliation: Rady Childrens Hospital San Diego
Provider English Spoken: Yes	Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken:	Farsi, Persian	Min/Max Age: 0/999
Farsi, Persian	Cultural Competency: No	American Sign Language (ASL):
Cultural Competency: No	Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego	No
Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego	Medi-Cal Open Panel: Yes	
Medi-Cal Open Panel: Yes	Min/Max Age: 0/999	

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p><i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California</p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California</p>
<b>CHIROPRACTOR</b>	<p><b>ZECHA, RONALD S</b>  <i>Provider ID:</i> 290679  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN            CALIFORNIA            460 N ELM ST            ESCONDIDO, CA 92025-3002  <i>Phone:</i> (760) 520-8100  <i>Fax:</i> (858) 633-4691  <i>After Hours Phone:</i> (760)            520-8100  <i>Provider Gender:</i> Male  <i>License number:</i> DC28605  <i>NPI:</i> 1427252121  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            8AM-12PM  <i>Website:</i></p>	<p style="text-align: center;"><b>DERMATOLOGY</b></p> <p><b>DOHIL, MAGDALENE A</b>  <i>Provider ID:</i> 277243  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            2125 CITRACADO PKWY STE            100            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (760) 755-7600  <i>Fax:</i> (760) 755-7699  <i>After Hours Phone:</i> (760)            755-7600  <i>Provider Gender:</i> Female  <i>License number:</i> A86265  <i>NPI:</i> 1528139383  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            German, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Ucsd Medical Ctr, Sharp            Memorial Hospital, Sharp Mary            Birch Hosp For Women And            Newborns  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i></p>
<p><b>ROBINSON, DEAN A</b>  <i>Provider ID:</i> 290603  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN            CALIFORNIA            460 N ELM ST            ESCONDIDO, CA 92025-3002  <i>Phone:</i> (760) 520-8100  <i>Fax:</i> (360) 462-2745  <i>After Hours Phone:</i> (760)            520-8100  <i>Provider Gender:</i> Male  <i>License number:</i> DC12036  <i>NPI:</i> 1851320337  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i></p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No  
 ☯ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### SCHAIRER, DAVID O

Provider ID: 277850  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760)  
 755-7600  
 Provider Gender: Male  
 License number: A148597  
 NPI: 1619311164  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hospital Of Orange  
 County  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### EMERGENCY MEDICINE

### KEARNEY, LAUREN K

Provider ID: 277832  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 739-1543  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 739-1543  
 Provider Gender: Female  
 License number: G83666  
 NPI: 1740296268  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Palomar Medical Center

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: SA,SU 1PM-10PM, M-F  
 4PM-10PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### RILEY-HAGAN, MARGARET

Provider ID: 277817  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 739-1543  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 739-1543  
 Provider Gender: Female  
 License number: A49609  
 NPI: 1548352388  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Rady Childrens

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: SA,SU 1PM-10PM, M-F  
 4PM-10PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### ROSE, OLGA D

Provider ID: 205955  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 739-1543  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 739-1543  
 Provider Gender: Female  
 License number: A143536  
 NPI: 1740560044  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Rady Childrens

Hospital San Diego, Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### VAIDYA, KAMALA

Provider ID: 205812  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 739-1543  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 739-1543  
 Provider Gender: Female  
 License number: A124814  
 NPI: 1083840920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

---

### ENDOCRINOLOGY METABOLISM DIABETES

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### AIKEN, MARGOT J

Provider ID: 106005  
 Board Certified Specialty: No  
 ADVANCED METABOLIC CARE  
 AND RESEARCH INC  
 625 CITRACADO PKWY STE 108  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 743-1431  
 Fax:  
 After Hours Phone: (760)  
 743-1431  
 Provider Gender: Female  
 License number: A40833  
 NPI: 1952476236  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Spanish	Medical Center, Pomerado Hospital	Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Green Hospital
Cultural Competency: No	Medi-Cal Open Panel: No	Medi-Cal Open Panel: Yes
Hospital Affiliation:	Min/Max Age: None	Min/Max Age: 0/18
Medi-Cal Open Panel: No	American Sign Language (ASL): No	American Sign Language (ASL): No
Min/Max Age: None	♿ Accessibility: W	♿ Accessibility:
American Sign Language (ASL): No	Hours: M-SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
No	Website: amcrclinic.com	Website:
♿ Accessibility: W	Email:	Email:
Hours: M-F 8AM-5PM, SA 9AM-5PM	Medical Group(s):	Medical Group(s):
Website: amcrclinic.com	IPA:	IPA: Rady Childrens Health Network
Email:		
Medical Group(s):	<b>FAMILY PRACTICE SPORTS MEDICINE</b>	
IPA:		

### BAILEY, TIMOTHY S

Provider ID: 106006  
 Board Certified Specialty: No  
 ADVANCED METABOLIC CARE AND RESEARCH INC  
 625 CITRACADO PKWY STE 108  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 743-1431  
 Fax: (760) 294-2902  
 After Hours Phone: (760) 743-1431  
 Provider Gender: Male  
 License number: G60763  
 NPI: 1194800052  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar

### KAUFMAN, ELIZABETH A

Provider ID: 285906  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 480-8770  
 Fax: (760) 480-8811  
 After Hours Phone: (760) 480-8770  
 Provider Gender: Female  
 License number: A135037  
 NPI: 1942644679  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No

### GASTROENTEROLOGY

### CHELIMILLA, HARITHA R , MD

Provider ID: 269204  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 735 E OHIO AVE STE 204  
 ESCONDIDO, CA 92025-3437  
 Phone: (760) 294-7600  
 Fax: (760) 294-7603  
 After Hours Phone: (760) 294-7600  
 Provider Gender: Female  
 License number: A124727  
 NPI: 1528235892  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Telugu

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Cultural Competency:* No  
*Hospital Affiliation:* Hemet  
 Global Medical Center, Palomar  
 Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHOI, LILLIAN J**

*Provider ID:* 277813  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760)  
 294-9260  
*Provider Gender:* Female  
*License number:* A90646  
*NPI:* 1831350453  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Korean

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **GARA, NAVEEN, MD**

*Provider ID:* 269145  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 661 E PENNSYLVANIA AVE  
 ESCONDIDO, CA 92025-3003  
*Phone:* (760) 690-2800  
*Fax:* (619) 345-4055  
*After Hours Phone:* (760)  
 690-2800  
*Provider Gender:* Male  
*License number:* A149265  
*NPI:* 1942406533  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Telugu  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton,  
 Palomar Medical Center,  
 Palomar Health  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **GARCIA, MARY ABIGAIL S**

*Provider ID:* 277804  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760)  
 294-9260  
*Provider Gender:* Female  
*License number:* A89980  
*NPI:* 1386805877  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Tagalog

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### HOM, XENIA B

Provider ID: 277854  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Female  
 License number: G86642  
 NPI: 1982775748  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Chinese (Family), Mandarin,

Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### HEARING AID DEALER / SUPPLIER

### ANDERSON, ELAINE M , MD

Provider ID: 268690  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 330 W FELICITA AVE STE A4  
 ESCONDIDO, CA 92025-6531  
 Phone: (760) 489-1323  
 Fax: (760) 489-0975  
 After Hours Phone: (760)  
 489-1323  
 Provider Gender: Female  
 License number: HA7100  
 NPI: 1063558856  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### DANDURAND, JOHN M , MD

Provider ID: 269783  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 330 W FELICITA AVE STE A4  
 ESCONDIDO, CA 92025-6531  
 Phone: (760) 489-1323  
 Fax: (760) 489-0975  
 After Hours Phone: (760)  
 489-1323  
 Provider Gender: Male  
 License number: HA2056  
 NPI: 1497901680  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

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## D. Directorio de proveedores de atención especializada

American Sign Language (ASL): No	♿ Accessibility: W
No	Hours: M-SA 9AM-5PM
♿ Accessibility:	Website: www.balboacare.com
Hours: M-F 8:30AM-5PM, SA	Email:
9AM-5PM	Medical Group(s):
Website:	IPA: Community Care Ipa Llc,
Email:	Imperial Health Holdings
Medical Group(s):	Medical Group-Sd
IPA: Community Care Ipa Llc	

### INTERNAL MEDICINE

#### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### OTOSHI, JAMES S , MD

Provider ID: 269095  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 488 E VALLEY PKWY STE 201  
 ESCONDIDO, CA 92025-3398  
 Phone: (760) 489-1458  
 Fax: (760) 489-1246  
 After Hours Phone: (760) 489-1458  
 Provider Gender: Male  
 License number: G27763  
 NPI: 1679681027  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

#### GREENSTEIN, JOSHUA K

Provider ID: 53809  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
 Phone: (760) 294-1660  
 Fax: (760) 745-5016  
 After Hours Phone: (760) 294-1660  
 Provider Gender: Male  
 License number: A68100  
 NPI: 1104881457  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

#### KHAWAR, OSMAN S

Provider ID: 53715  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
 Phone: (760) 294-1660  
 Fax: (760) 745-5016  
 After Hours Phone: (760) 294-1660  
 Provider Gender: Male  
 License number: A92165  
 NPI: 1598813644  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Punjabi, Spanish, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Palomar  
 Health, Tri City Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website: www.balboacare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### **MATERNAL AND FETAL MEDICINE**

#### **TRESTMAN, KENNETH G**

Provider ID: 287047  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2125 CITRACADO PKWY STE  
 230  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 489-1458  
 Fax: (760) 489-1246  
 After Hours Phone: (760)  
 489-1458  
 Provider Gender: Male  
 License number: G69663  
 NPI: 1346358793  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Palomar Health  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:

#### **ADAMCZAK, JOANNA E**

Provider ID: 287120  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 200  
 ESCONDIDO, CA 92029-4159  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 License number: A116982  
 NPI: 1447428420  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Tri  
 City Medical Ctr, Sharp Mary  
 Birch Hosp For Women And  
 Newborns

Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

#### **ADAMI, REBECCA R**

Provider ID: 287130  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 200  
 ESCONDIDO, CA 92029-4159  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 License number: A149389  
 NPI: 1992149447  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p>Hospital, Tri City Medical Ctr,            Sharp Mary Birch Hosp For            Women And Newborns, Scripps            Memorial Hospital Encinitas,            Rady Childrens Hospital San            Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Mary            Birch Hosp For Women And            Newborns, Sharp Grossmont            Hospital, Sharp Memorial            Hospital, Rady Childrens            Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>
<p><b>CASELE, HOLLY L</b>  <i>Provider ID:</i> 287072  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            2125 CITRACADO PKWY STE            200            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858)            966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> G87630  <i>NPI:</i> 1255348744  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp            Memorial Hospital, Grossmont</p>	<p><b>MCCULLOUGH, DEIRDRE M</b>  <i>Provider ID:</i> 287115  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            2125 CITRACADO PKWY STE            200            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858)            966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> C159758  <i>NPI:</i> 1639153018</p>	<p><b>REIMERS, REBECCA M</b>  <i>Provider ID:</i> 294655  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            2125 CITRACADO PKWY STE            200            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858)            966-6710</p>

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## D. Directorio de proveedores de atención especializada

---

*Provider Gender:* Female  
*License number:* A176526  
*NPI:* 1801207634  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
**♿ Accessibility:**  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **RICHARDSON, ALVIE C**

*Provider ID:* 287094  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY STE  
200  
ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
966-6710  
*Provider Gender:* Male  
*License number:* C160063

*NPI:* 1154305977  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
**♿ Accessibility:**  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **SCHWENDEMANN, WADE D**

*Provider ID:* 287082  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY STE  
200  
ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
966-6710  
*Provider Gender:* Male

*License number:* A109228  
*NPI:* 1477563302  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Grossmont Hospital, Sharp  
Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Tri City Medical Ctr,  
Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
**♿ Accessibility:**  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **TARSA, MARYAM**

*Provider ID:* 285855  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
2125 CITRACADO PKWY STE 210  
ESCONDIDO, CA 92029-4159

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## D. Directorio de proveedores de atención especializada

<p>Phone: (760) 739-2921          Fax:          After Hours Phone: (760) 739-2921          Provider Gender: Female          License number: A69894          NPI: 1295768638          Provider English Spoken: Yes          Provider Language(s) Spoken: Farsi          Cultural Competency: No          Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL): No          Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>TITH, TEVY</b>          Provider ID: 287054</p>	<p>Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          2125 CITRACADO PKWY STE 200          ESCONDIDO, CA 92029-4159          Phone: (858) 966-6710          Fax: (858) 966-6711          After Hours Phone: (858) 966-6710          Provider Gender: Female          License number: A103521          NPI: 1588816086          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:</p>	<p>Medical Group(s):          IPA: Rady Childrens Health Network</p> <p><b>WESTERMANN, MELISSA L</b>          Provider ID: 287086          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          2125 CITRACADO PKWY STE 200          ESCONDIDO, CA 92029-4159          Phone: (858) 966-6710          Fax: (858) 966-6711          After Hours Phone: (858) 966-6710          Provider Gender: Female          License number: A130149          NPI: 1760730758          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):</p>
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## D. Directorio de proveedores de atención especializada

No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **WILLIAMS, KRISTIN M**

*Provider ID:* 287112  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
 966-6710  
*Provider Gender:* Female  
*License number:* A72985  
*NPI:* 1992847131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford  
 Health Care, Lucile Salter  
 Packard Childrens Hosp, San  
 Mateo Medical Ctr, Sharp  
 Memorial Hospital, Sharp Mary  
 Birch Hosp For Women And

Newborns, Tri City Medical Ctr,  
 California Pacific Med Ctr, Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **NEONATAL / PERINATAL MEDICINE**

### **FATAYERJI, NABIL I**

*Provider ID:* 205750  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-2850  
*Fax:* (442) 281-2999  
*After Hours Phone:* (442)  
 281-2850  
*Provider Gender:* Male  
*License number:* A63224  
*NPI:* 1649341405  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Pomerado Hospital, Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta, Palomar Medical  
 Center, Scripps Memorial  
 Hospital, Scripps Mercy  
 Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **GOLEMESKI, DAVID J**

*Provider ID:* 205893  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY

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## D. Directorio de proveedores de atención especializada

ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-2850  
 Fax: (442) 281-2999  
 After Hours Phone: (442) 281-2850  
 Provider Gender: Male  
 License number: G63111  
 NPI: 1376614131  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### LE, CRYSTAL N

Provider ID: 283707  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442) 281-3193  
 Provider Gender: Female  
 License number: A97634  
 NPI: 1003028416  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Rady Childrens Health Network  
**SAUER, CHARLES W**  
 Provider ID: 206163  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-2850  
 Fax: (442) 281-2999  
 After Hours Phone: (442) 281-2850  
 Provider Gender: Male  
 License number: 20A9535  
 NPI: 1538388988  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Pomerado Hospital, Scripps Memorial Hospital, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/0  
 American Sign Language (ASL): No

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p>Scripps Memorial Hospital,            Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/0  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p>Hospital San Diego, Palomar            Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>
<p><b>SUTTNER, DENISE M</b>  <i>Provider ID:</i> 206137  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            2185 CITRACADO PKWY            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (442) 281-2850  <i>Fax:</i> (442) 281-2999  <i>After Hours Phone:</i> (442)            281-2850  <i>Provider Gender:</i> Female  <i>License number:</i> A52313  <i>NPI:</i> 1457433799  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Ucsd Medical Ctr, Scripps Mercy            Hospital Chula Vista, Scripps            Memorial Hospital Encinitas,            Southwest Healthcare System            Wildomar, Southwest            Healthcare System Murrieta,</p>		
<p><b>SWEENEY, NATHALY M</b>  <i>Provider ID:</i> 283801  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            2185 CITRACADO PKWY            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (442) 281-3193  <i>Fax:</i> (442) 281-3197  <i>After Hours Phone:</i> (442)            281-3193  <i>Provider Gender:</i> Female  <i>License number:</i> A110761  <i>NPI:</i> 1164572632  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Rady Childrens</p>		
<hr/> <p><b>NEPHROLOGY</b></p> <hr/>		
<p><b>GREENSTEIN, JOSHUA K</b>  <i>Provider ID:</i> 262222  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD            631 E GRAND AVE            ESCONDIDO, CA 92025-4402  <i>Phone:</i> (760) 294-1660  <i>Fax:</i> (760) 745-5016  <i>After Hours Phone:</i> (760)            294-1660  <i>Provider Gender:</i> Male  <i>License number:</i> A68100  <i>NPI:</i> 1104881457  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish</p>		

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## D. Directorio de proveedores de atención especializada

*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 No  
 🗎 *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **GREENSTEIN, JOSHUA K , MD**

*Provider ID:* 53809  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* A68100  
*NPI:* 1104881457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 🗎 *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HEBREO, JOSEPH D**

*Provider ID:* 108435  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* A93436  
*NPI:* 1801868286  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog

*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Temecula Valley Hospital Inc, Palomar Health  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 🗎 *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HEBREO, JOSEPH D , MD**

*Provider ID:* 108435  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* A93436  
*NPI:* 1801868286  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Directorio de proveedores de atención especializada

Spanish, Tagalog	<i>Provider English Spoken:</i> Yes	<i>License number:</i> A112450
<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>	<i>NPI:</i> 1851376917
<i>Hospital Affiliation:</i> Palomar Medical Center, Temecula Valley Hospital Inc, Palomar Health	Spanish, Tagalog	<i>Provider English Spoken:</i> Yes
<i>Medi-Cal Open Panel:</i> Yes	<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i> Arabic
<i>Min/Max Age:</i> None	<i>Hospital Affiliation:</i> Palomar Medical Center, Temecula Valley Hospital Inc, Palomar Health	<i>Cultural Competency:</i> No
<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>Hospital Affiliation:</i> Tri City Medical Ctr, Palomar Medical Center, Temecula Valley Hospital Inc, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Wildomar
<i>Accessibility:</i>	<i>Min/Max Age:</i> 0/999	<i>Medi-Cal Open Panel:</i> Yes
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>American Sign Language (ASL):</i> No	<i>Min/Max Age:</i> 0/999
<i>Website:</i>	<i>Accessibility:</i>	<i>American Sign Language (ASL):</i> No
<i>Email:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Accessibility:</i>
<i>Medical Group(s):</i>	<i>Website:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	<i>Email:</i>	<i>Website:</i>
	<i>Medical Group(s):</i>	<i>Email:</i>
	<i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	<i>Medical Group(s):</i>
<b>HEBREO, JOSEPH D</b>	<b>KAYAL, ANAS N</b>	<i>IPA:</i> Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd
<i>Provider ID:</i> 262130	<i>Provider ID:</i> 262156	<b>KHAWAR, OSMAN S</b>
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 262354
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD	IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD	<i>Board Certified Specialty:</i> No
631 E GRAND AVE	631 E GRAND AVE	IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
ESCONDIDO, CA 92025-4402	ESCONDIDO, CA 92025-4402	631 E GRAND AVE
<i>Phone:</i> (760) 294-1660	<i>Phone:</i> (760) 294-1660	ESCONDIDO, CA 92025-4402
<i>Fax:</i> (760) 745-5016	<i>Fax:</i> (760) 745-5016	
<i>After Hours Phone:</i> (760) 294-1660	<i>After Hours Phone:</i> (760) 294-1660	
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	
<i>License number:</i> A93436		
<i>NPI:</i> 1801868286		

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## D. Directorio de proveedores de atención especializada

Phone: (760) 294-1660	ESCONDIDO, CA 92025-4402	631 E GRAND AVE
Fax: (760) 745-5016	Phone: (760) 294-1660	ESCONDIDO, CA 92025-4402
After Hours Phone: (760) 294-1660	Fax: (760) 745-5016	Phone: (760) 294-1660
Provider Gender: Male	After Hours Phone: (760) 294-1660	Fax: (760) 745-5016
License number: A92165	Provider Gender: Male	After Hours Phone: (760) 294-1660
NPI: 1598813644	License number: A92165	Provider Gender: Male
Provider English Spoken: Yes	NPI: 1598813644	License number: 20A13534
Provider Language(s) Spoken: Punjabi, Spanish, Urdu	Provider English Spoken: Yes	NPI: 1245459973
Cultural Competency: No	Provider Language(s) Spoken: Punjabi, Spanish, Urdu	Provider English Spoken: Yes
Hospital Affiliation: Palomar Medical Center, Palomar Health, Tri City Medical Ctr	Cultural Competency: No	Provider Language(s) Spoken: Hindi, Spanish, Urdu
Medi-Cal Open Panel: Yes	Hospital Affiliation: Palomar Medical Center, Palomar Health, Tri City Medical Ctr	Cultural Competency: No
Min/Max Age: 0/999	Medi-Cal Open Panel: Yes	Hospital Affiliation: Palomar Health, Palomar Medical Center
American Sign Language (ASL): No	Min/Max Age: None	Medi-Cal Open Panel: No
♿ Accessibility:	American Sign Language (ASL): No	Min/Max Age: None
Hours: M-F 9AM-5PM, SA 9AM-5PM	♿ Accessibility:	American Sign Language (ASL): No
Website:	Hours: M-F 9AM-5PM, SA 9AM-5PM	♿ Accessibility: W
Email:	Website:	Hours: M-SA 9AM-5PM
Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Email:	Website: www.balboacare.com
<b>KHAWAR, OSMAN S , MD</b>	Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Email:
Provider ID: 53715	<b>NEYAZ, MOHAMMED D</b>	Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
Board Certified Specialty: No	Provider ID: 108420	IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
BALBOA NEPHROLOGY MED GRP INC	Board Certified Specialty: No	<b>NEYAZ, MOHAMMED D</b>
631 E GRAND AVE	BALBOA NEPHROLOGY MED GRP INC	Provider ID: 108420
		Board Certified Specialty: No
		BALBOA NEPHROLOGY MED GRP INC
		631 E GRAND AVE

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## D. Directorio de proveedores de atención especializada

<p>ESCONDIDO, CA 92025-4402  <i>Phone:</i> (760) 294-1660  <i>Fax:</i> (760) 745-5016  <i>After Hours Phone:</i> (760) 294-1660  <i>Provider Gender:</i> Male  <i>License number:</i> 20A13534  <i>NPI:</i> 1245459973  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Hindi, Spanish, Urdu  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Pomerado Hospital, Palomar Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>631 E GRAND AVE            ESCONDIDO, CA 92025-4402  <i>Phone:</i> (760) 294-1660  <i>Fax:</i> (760) 745-5016  <i>After Hours Phone:</i> (760) 294-1660  <i>Provider Gender:</i> Male  <i>License number:</i> 20A13534  <i>NPI:</i> 1245459973  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Hindi, Spanish, Urdu  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Pomerado Hospital, Palomar Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>MEDICAL GROUP-SD            631 E GRAND AVE            ESCONDIDO, CA 92025-4402  <i>Phone:</i> (760) 294-1660  <i>Fax:</i> (760) 745-5016  <i>After Hours Phone:</i> (760) 294-1660  <i>Provider Gender:</i> Male  <i>License number:</i> G65280  <i>NPI:</i> 1912962275  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish, Swahili  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Palomar Medical Center, Tri City Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>NEYAZ, MOHAMMED D</b>  <i>Provider ID:</i> 262135  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD</p>	<p><b>SHAPIRO, MARK H</b>  <i>Provider ID:</i> 262182  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS</p>	<p><b>SHAPIRO, MARK H</b>  <i>Provider ID:</i> 54458  <i>Board Certified Specialty:</i> No</p>

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## D. Directorio de proveedores de atención especializada

<p>BALBOA NEPHROLOGY MED GRP INC 631 E GRAND AVE ESCONDIDO, CA 92025-4402 Phone: (760) 294-1660 Fax: (760) 745-5016 After Hours Phone: (760) 294-1660 Provider Gender: Male License number: G65280 NPI: 1912962275 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Swahili Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.balboacare.com Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>RADY CHILDRENS HEALTH NETWORK 625 CITRACADO PKWY STE 100 ESCONDIDO, CA 92025-6428 Phone: (760) 294-9260 Fax: (760) 294-9274 After Hours Phone: (760) 294-9260 Provider Gender: Male License number: A38555 NPI: 1700801867 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Provider ID: 277823 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029-4159 Phone: (760) 294-9260 Fax: After Hours Phone: (760) 294-9260 Provider Gender: Male License number: G65509 NPI: 1942371703 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<b>NEUROLOGY CHILD</b>		
<p><b>HAAS, RICHARD H</b> Provider ID: 205621 Board Certified Specialty: No</p>	<p><b>NESPECA, MARK P</b></p>	<p><b>SAHAGIAN, MICHELLE L</b></p>

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## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 206076  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>          625 CITRACADO PKWY STE 100          ESCONDIDO, CA 92025-6428  <i>Phone:</i> (760) 294-9260  <i>Fax:</i> (760) 294-9274  <i>After Hours Phone:</i> (760) 294-9260  <i>Provider Gender:</i> Female  <i>License number:</i> A80990  <i>NPI:</i> 1275604035  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><b>RADY CHILDRENS HEALTH NETWORK</b>          625 CITRACADO PKWY STE 100          ESCONDIDO, CA 92025-6428  <i>Phone:</i> (760) 294-9260  <i>Fax:</i> (760) 294-9274  <i>After Hours Phone:</i> (760) 294-9260  <i>Provider Gender:</i> Female  <i>License number:</i> A103904  <i>NPI:</i> 1750407300  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><b>COMMUNITY CARE IPA LLC</b>          1955 CITRACADO PKWY STE 102          ESCONDIDO, CA 92029-4111  <i>Phone:</i> (760) 631-3000  <i>Fax:</i> (760) 631-3016  <i>After Hours Phone:</i> (760) 631-3000  <i>Provider Gender:</i> Male  <i>License number:</i> C146015  <i>NPI:</i> 1710157920  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Palomar Medical Center, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/200  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
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### NEUROLOGY

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#### **SATTAR, SHIFTEH**

*Provider ID:* 206180  
*Board Certified Specialty:* No

#### **DELANEY, MICHAEL W , MD**

*Provider ID:* 269104  
*Board Certified Specialty:* No

#### **FRISHBERG, BENJAMIN M**

*Provider ID:* 76522  
*Board Certified Specialty:* No

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## D. Directorio de proveedores de atención especializada

<p>THE NEUROLOGY CTR 1955 CITRACADO PKWY STE 102 ESCONDIDO, CA 92029-4111 Phone: (760) 631-3000 Fax: (760) 631-3016 After Hours Phone: (760) 631-3000 Provider Gender: Male License number: G43493 NPI: 1952346348 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>GOLD, JEFFREY J</b> Provider ID: 277870 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>	<p>2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029-4159 Phone: (760) 294-9260 Fax: (760) 294-9274 After Hours Phone: (760) 294-9260 Provider Gender: Male License number: A111541 NPI: 1568773984 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>JINDAL, ANUJA V</b> Provider ID: 277838 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>	<p>NETWORK 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029-4159 Phone: (760) 294-9260 Fax: (760) 294-9274 After Hours Phone: (760) 294-9260 Provider Gender: Female License number: A149444 NPI: 1194046581 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>KIM MCMANUS, OLIVIA S</b> Provider ID: 277873 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>
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## D. Directorio de proveedores de atención especializada

<p>2125 CITRACADO PKWY STE 100            ESCONDIDO, CA 92029-4159  <i>Phone: (760) 294-9260</i>  <i>Fax: (760) 294-9274</i>  <i>After Hours Phone: (760) 294-9260</i>  <i>Provider Gender: Female</i>  <i>License number: A120194</i>  <i>NPI: 1174870067</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Cultural Competency: No</i>  <i>Hospital Affiliation: University Of California Irvine Med Ctr, Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility: No</i>  <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p>THE NEUROLOGY CTR            1955 CITRACADO PKWY STE 102            ESCONDIDO, CA 92029-4111  <i>Phone: (760) 631-3000</i>  <i>Fax: (760) 631-3016</i>  <i>After Hours Phone: (760) 631-3000</i>  <i>Provider Gender: Female</i>  <i>License number: A152080</i>  <i>NPI: 1568789741</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility: No</i>  <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Community Care Ipa Llc</i></p>	<p>RADY CHILDRENS HEALTH NETWORK            2125 CITRACADO PKWY STE 100            ESCONDIDO, CA 92029-4159  <i>Phone: (760) 294-9260</i>  <i>Fax: (760) 294-9274</i>  <i>After Hours Phone: (760) 294-9260</i>  <i>Provider Gender: Male</i>  <i>License number: C55868</i>  <i>NPI: 1568434546</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Cultural Competency: No</i>  <i>Hospital Affiliation: Valley Childrens Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility: No</i>  <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Rady Childrens Health Network</i></p>
<p><b>LAWLER, ABIGAIL C , MD</b>  <i>Provider ID: 125131</i>  <i>Board Certified Specialty: No</i></p>	<p><b>NELSON, JAMES E</b>  <i>Provider ID: 277849</i>  <i>Board Certified Specialty: No</i></p>	<p><b>OH, IRENE J , MD</b>  <i>Provider ID: 76600</i></p>

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No            THE NEUROLOGY CTR            1955 CITRACADO PKWY STE 102            ESCONDIDO, CA 92029-4111  <i>Phone:</i> (760) 631-3000  <i>Fax:</i> (760) 637-3016  <i>After Hours Phone:</i> (760)            631-3000  <i>Provider Gender:</i> Female  <i>License number:</i> A106450  <i>NPI:</i> 1306089008  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Tri City            Medical Ctr, Scripps Memorial            Hospital Encinitas, Palomar            Health, Palomar Medical            Center, Scripps Mercy Hospital            Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Provider ID:</i> 285940  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            1955 CITRACADO PKWY STE 102            ESCONDIDO, CA 92029-4111  <i>Phone:</i> (760) 631-3000  <i>Fax:</i> (760) 631-3016  <i>After Hours Phone:</i> (760)            631-3000  <i>Provider Gender:</i> Female  <i>License number:</i> A113451  <i>NPI:</i> 1194933853  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Memorial Hospital Encinitas, Tri            City Medical Ctr, Pomerado            Hospital, Palomar Medical            Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-W,F 8:30AM-4:30PM,            TH 9AM-4:30PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Provider ID:</i> 285920  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            1955 CITRACADO PKWY STE 102            ESCONDIDO, CA 92029-4111  <i>Phone:</i> (760) 631-3000  <i>Fax:</i> (760) 631-3016  <i>After Hours Phone:</i> (760)            631-3000  <i>Provider Gender:</i> Female  <i>License number:</i> 20A18259  <i>NPI:</i> 1184011363  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Tri City            Medical Ctr, Palomar Health,            Palomar Medical Center,            Scripps Memorial Hospital            Encinitas, Scripps Mercy            Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
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**PADUGA, REMIA S**

**PHAM, ALISE K**

**QUESNELL, TARA A**

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 109398  Board Certified Specialty: No  NORTH COUNTY NEUROLOGY ASSOCS MED GRP  1955 CITRACADO PKWY STE 102 ESCONDIDO, CA 92029-4111  Phone: (760) 631-3000  Fax:  After Hours Phone: (760) 631-3000  Provider Gender: Female  License number: 20A13609  NPI: 1619288172  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website: www.neurocenter.com  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p><b>QUESNELL, TARA A</b>  Provider ID: 109398  Board Certified Specialty: No  NORTH COUNTY NEUROLOGY ASSOCS MED GRP  1955 CITRACADO PKWY STE 102 ESCONDIDO, CA 92029-4111  Phone: (760) 631-3000  Fax: (760) 631-3016  After Hours Phone: (760) 631-3000  Provider Gender: Female  License number: 20A13609  NPI: 1619288172  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):</p>	<p>IPA: Community Care Ipa Llc  <b>ROSENBERG, JAY H</b>  Provider ID: 94232  Board Certified Specialty: No  THE NEUROLOGY CTR  1955 CITRACADO PKWY STE 102 ESCONDIDO, CA 92029-4111  Phone: (760) 631-3000  Fax: (760) 631-3016  After Hours Phone: (760) 631-3000  Provider Gender: Male  License number: G17059  NPI: 1609804848  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc  <b>SHAPIRO, MARK H</b>  Provider ID: 284030</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
 Phone: (760) 294-1660  
 Fax: (760) 745-5016  
 After Hours Phone: (760)  
 294-1660  
 Provider Gender: Male  
 License number: G65280  
 NPI: 1912962275  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Swahili  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Tri City Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **TRAUNER, DORIS A**

Provider ID: 205503

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Female  
 License number: G25519  
 NPI: 1124051420  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/99  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ZIMBRIC, MICHAEL R**

Provider ID: 277891

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Male  
 License number: A95660  
 NPI: 1487819546  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsf Benioff Children's Hospital  
 Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<b>OBSTETRICS / GYNECOLOGY</b>	<i>Email:</i>	<i>Website:</i>
<p><b>BABKINA, NATALIA</b>  <i>Provider ID:</i> 277174  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            1955 CITRACADO PKWY STE 302            ESCONDIDO, CA 92029-4113  <i>Phone:</i> (760) 233-1896  <i>Fax:</i> (760) 233-1899  <i>After Hours Phone:</i> (760) 233-1896  <i>Provider Gender:</i> Female  <i>License number:</i> A121142  <i>NPI:</i> 1396066635  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> French, Russian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Pioneers Memorial Hospital, El Centro Regional Medical Center, Palomar Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-4:30PM, SA 9AM-5PM  <i>Website:</i></p>	<p><i>Medical Group(s):</i>            IPA: Rady Childrens Health Network</p> <p><b>BABKINA, NATALIA</b>  <i>Provider ID:</i> 277175  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            488 E VALLEY PKWY STE 400            ESCONDIDO, CA 92025-3378  <i>Phone:</i> (760) 658-6101  <i>Fax:</i> (760) 658-6106  <i>After Hours Phone:</i> (760) 658-6101  <i>Provider Gender:</i> Female  <i>License number:</i> A121142  <i>NPI:</i> 1396066635  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> French, Russian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Pioneers Memorial Hospital, El Centro Regional Medical Center, Palomar Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM</p>	<p><i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health Network</p> <p><b>CALINISAN, JOAN HAZEL B</b>  <i>Provider ID:</i> 290361  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            488 E VALLEY PKWY STE 404            ESCONDIDO, CA 92025-3379  <i>Phone:</i> (760) 466-9800  <i>Fax:</i> (360) 462-2741  <i>After Hours Phone:</i> (760) 466-9800  <i>Provider Gender:</i> Female  <i>License number:</i> A67041  <i>NPI:</i> 1760493886  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Loma Linda University Med Ctr Murrieta  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M,W 7AM-7:30PM, TU,SA 9AM-5PM, TH,F 7AM-4:30PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### **CHIARAPPA, ASHLEY M**

Provider ID: 269149

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

488 E VALLEY PKWY STE 310

ESCONDIDO, CA 92025-3373

Phone: (760) 745-7060

Fax: (760) 294-7784

After Hours Phone: (760)

745-7060

Provider Gender: Female

License number: A164036

NPI: 1760983092

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

### **CIZEK, STEPHANIE M**

Provider ID: 269235

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

347 W MISSION AVE

ESCONDIDO, CA 92025-1729

Phone: (415) 833-9183

Fax:

After Hours Phone: (415)

833-9183

Provider Gender: Female

License number: A135224

NPI: 1346582921

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Stanford

Health Care, Lucile Salter

Packard Childrens Hosp

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **CIZMAR, BRANISLAV**

Provider ID: 278909

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

1955 CITRACADO PKWY STE 302

ESCONDIDO, CA 92029-4113

Phone: (760) 233-1896

Fax: (760) 233-1899

After Hours Phone: (760)

233-1896

Provider Gender: Male

License number: A80606

NPI: 1679554372

Provider English Spoken: Yes

Provider Language(s) Spoken:

Italian, Slovak, Spanish

Cultural Competency: No

Hospital Affiliation: Palomar

Health, Tri City Medical Ctr,

Palomar Medical Center, Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-TH 8AM-4PM, F

8AM-2PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **HINSHAW, PAUL W**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 277040  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  1955 CITRACADO PKWY STE 302  ESCONDIDO, CA 92029-4113  <i>Phone:</i> (760) 658-6101  <i>Fax:</i> (760) 658-6106  <i>After Hours Phone:</i> (760) 658-6101  <i>Provider Gender:</i> Male  <i>License number:</i> 20A13379  <i>NPI:</i> 1215170717  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Palomar Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Community Care Ipa Llc, Rady Childrens Health Network</p> <p><b>HINSHAW, PAUL W</b>  <i>Provider ID:</i> 277041</p>	<p><i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  488 E VALLEY PKWY STE 400  ESCONDIDO, CA 92025-3378  <i>Phone:</i> (760) 658-6101  <i>Fax:</i> (760) 658-6106  <i>After Hours Phone:</i> (760) 658-6101  <i>Provider Gender:</i> Male  <i>License number:</i> 20A13379  <i>NPI:</i> 1215170717  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Palomar Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Community Care Ipa Llc, Rady Childrens Health Network</p> <p><b>HINSHAW, PAUL W</b>  <i>Provider ID:</i> 285628  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC</p>	<p>1955 CITRACADO PKWY STE 302  ESCONDIDO, CA 92029-4113  <i>Phone:</i> (760) 658-6101  <i>Fax:</i> (760) 658-6106  <i>After Hours Phone:</i> (760) 658-6101  <i>Provider Gender:</i> Male  <i>License number:</i> 20A13379  <i>NPI:</i> 1215170717  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Palomar Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Community Care Ipa Llc, Rady Childrens Health Network</p> <p><b>HINSHAW, PAUL W</b>  <i>Provider ID:</i> 285629  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  488 E VALLEY PKWY STE 400  ESCONDIDO, CA 92025-3378</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 658-6101  
 Fax: (760) 658-6106  
 After Hours Phone: (760) 658-6101  
 Provider Gender: Male  
 License number: 20A13379  
 NPI: 1215170717  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Rady Childrens Health Network

### **HUSKEY, DANA E**

Provider ID: 276945  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 1955 CITRACADO PKWY STE 302  
 ESCONDIDO, CA 92029-4113

Phone: (760) 233-1896  
 Fax: (760) 233-1899  
 After Hours Phone: (760) 233-1896  
 Provider Gender: Female  
 License number: A99128  
 NPI: 1538146337  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/99  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HUSKEY, DANA E**

Provider ID: 276946  
 Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK  
 488 E VALLEY PKWY STE 400  
 ESCONDIDO, CA 92025-3378  
 Phone: (760) 658-6101  
 Fax: (760) 658-6106  
 After Hours Phone: (760) 658-6101  
 Provider Gender: Female  
 License number: A99128  
 NPI: 1538146337  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/99  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### LAMALE-SMITH, LEAH M

Provider ID: 285518  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 2125 CITRACADO PKWY STE 210  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 739-2921  
 Fax: (760) 739-3162  
 After Hours Phone: (760)  
 739-2921  
 Provider Gender: Female  
 License number: A135831  
 NPI: 1396904876  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr, Eisenhower  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Provider ID: 205798  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 488 E VALLEY PKWY STE 400  
 ESCONDIDO, CA 92025-3378  
 Phone: (760) 658-6101  
 Fax:  
 After Hours Phone: (760)  
 658-6101  
 Provider Gender: Male  
 License number: A80635  
 NPI: 1497799092  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Tri City Medical  
 Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California,  
 Rady Childrens Health Network

Provider ID: 290595  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 255 N ASH ST STE 101  
 ESCONDIDO, CA 92027-3069  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 License number: A114893  
 NPI: 1750559589  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Paradise  
 Valley Hospital, Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### SHORT, ABIAD E C

### OPHTHALMOLOGY

### LEON, JOSUE D

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

### **ABBOUD, JEAN-PAUL J**

*Provider ID:* 214190  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 206  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Male  
*License number:* A124825  
*NPI:* 1760776728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ADAMS, MONA N**

*Provider ID:* 277880  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Female  
*License number:* OPT14457  
*NPI:* 1942564521  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BANSAL, PREETI**

*Provider ID:* 277883  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Female  
*License number:* A90890  
*NPI:* 1871664631  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Medical Group(s):</i> IPA: Rady Childrens Health Network	<i>Email:</i> <i>Medical Group(s):</i> IPA: Rady Childrens Health Network	<i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
<b>BHATIA, SHAGUN K</b> <i>Provider ID:</i> 277877 <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4159 <i>Phone:</i> (760) 755-7600 <i>Fax:</i> (760) 755-7699 <i>After Hours Phone:</i> (760) 755-7600 <i>Provider Gender:</i> Female <i>License number:</i> A154902 <i>NPI:</i> 1104237353 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i>	<b>BINDER, NICHOLAS R , MD</b> <i>Provider ID:</i> 268756 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 830 W VALLEY PKWY STE 300 ESCONDIDO, CA 92025-2529 <i>Phone:</i> (760) 743-5872 <i>Fax:</i> (760) 743-5879 <i>After Hours Phone:</i> (760) 743-5872 <i>Provider Gender:</i> Male <i>License number:</i> A124698 <i>NPI:</i> 1306076716 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Grossmont Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i>	<b>BOKOSKY, JOHN E</b> <i>Provider ID:</i> 54001 <i>Board Certified Specialty:</i> No EYE CARE OF SAN DIEGO MED OFFICE 700 W EL NORTE PKWY ESCONDIDO, CA 92026-3923 <i>Phone:</i> (760) 738-7800 <i>Fax:</i> (619) 296-4622 <i>After Hours Phone:</i> (760) 738-7800 <i>Provider Gender:</i> Male <i>License number:</i> G51651 <i>NPI:</i> 1245215748 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> W <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Rady Childrens Health

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Network	<i>Board Certified Specialty:</i> No	830 W VALLEY PKWY STE 300
<b>CHOPLIN, NEIL T</b>	COMMUNITY CARE IPA LLC	ESCONDIDO, CA 92025-2529
<i>Provider ID:</i> 54049	830 W VALLEY PKWY STE 300	<i>Phone:</i> (760) 743-5872
<i>Board Certified Specialty:</i> No	ESCONDIDO, CA 92025-2529	<i>Fax:</i> (760) 743-5879
EYE CARE OF SAN DIEGO MED	<i>Phone:</i> (800) 898-2020	<i>After Hours Phone:</i> (760)
OFFICE	<i>Fax:</i> (844) 897-3788	743-5872
700 W EL NORTE PKWY	<i>After Hours Phone:</i> (800)	<i>Provider Gender:</i> Male
ESCONDIDO, CA 92026-3923	898-2020	<i>License number:</i> G52627
<i>Phone:</i> (760) 738-7800	<i>Provider Gender:</i> Male	<i>NPI:</i> 1982636031
<i>Fax:</i> (619) 296-4622	<i>License number:</i> A155228	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (760)	<i>NPI:</i> 1588624852	<i>Provider Language(s) Spoken:</i>
738-7800	<i>Provider English Spoken:</i> Yes	Spanish, Tagalog, Vietnamese
<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>License number:</i> G57042	Spanish	<i>Hospital Affiliation:</i>
<i>NPI:</i> 1144205642	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Grossmont	<i>Min/Max Age:</i> 0/999
<i>Provider Language(s) Spoken:</i>	Hospital	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes	No
<i>Hospital Affiliation:</i> Sharp	<i>Min/Max Age:</i> 0/999	<i>♿ Accessibility:</i>
Memorial Hospital, Scripps	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM
Mercy Hospital	No	<i>Website:</i>
<i>Medi-Cal Open Panel:</i> No	<i>♿ Accessibility:</i>	<i>Email:</i>
<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	9AM-5PM	<i>IPA:</i> Community Care Ipa Llc,
No	<i>Website:</i>	Imperial Health Holdings
<i>♿ Accessibility:</i> W	<i>Email:</i>	Medical Group-Sd
<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>	<b>MILLER, DOUGLAS G , MD</b>
<i>Website:</i>	<i>IPA:</i> Community Care Ipa Llc	<i>Provider ID:</i> 268956
<i>Email:</i>	<b>MILLER, DOUGLAS G</b>	<i>Board Certified Specialty:</i> No
<i>Medical Group(s):</i>	<i>Provider ID:</i> 262446	COMMUNITY CARE IPA LLC
<i>IPA:</i>	<i>Board Certified Specialty:</i> No	830 W VALLEY PKWY STE 300
<b>MCGRAW, JOSEPH P , MD</b>	IMPERIAL HEALTH HOLDINGS	ESCONDIDO, CA 92025-2529
<i>Provider ID:</i> 269705	MEDICAL GROUP-SD	

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## D. Directorio de proveedores de atención especializada

<p>Phone: (760) 743-5872            Fax: (760) 743-5879            After Hours Phone: (760) 743-5872            Provider Gender: Male            License number: G52627            NPI: 1982636031            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Phone: (760) 755-7600            Fax:            After Hours Phone: (760) 755-7600            Provider Gender: Female            License number: A105472            NPI: 1861648602            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>RADY CHILDRENS HEALTH NETWORK            2125 CITRACADO PKWY STE 200            ESCONDIDO, CA 92029-4159            Phone: (760) 755-7600            Fax: (760) 755-7699            After Hours Phone: (760) 755-7600            Provider Gender: Female            License number: A105472            NPI: 1861648602            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Ucsf Benioff Children's Hospital Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>MOLL, ANGELA M</b>            Provider ID: 205895            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            625 CITRACADO PKWY STE 206            ESCONDIDO, CA 92025-6428</p>	<p><b>MOLL, ANGELA M</b>            Provider ID: 277824            Board Certified Specialty: No</p>	

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## D. Directorio de proveedores de atención especializada

<p><b>MORRISON-REYES, JOSHUA A</b>  <i>Provider ID:</i> 107935  <i>Board Certified Specialty:</i> No            WEST COAST EYE CARE            ASSOCS MED GRP            830 W VALLEY PKWY STE 300            ESCONDIDO, CA 92025-2529  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800) 898-2020  <i>Provider Gender:</i> Male  <i>License number:</i> A125435  <i>NPI:</i> 1235366782  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,</p>	<p>Imperial Health Holdings            Medical Group-Sd  <b>MORRISON-REYES, JOSHUA A</b>  <b>, MD</b>  <i>Provider ID:</i> 269179  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            830 W VALLEY PKWY STE 300            ESCONDIDO, CA 92025-2529  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800) 898-2020  <i>Provider Gender:</i> Male  <i>License number:</i> A125435  <i>NPI:</i> 1235366782  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i></p>	<p><i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings            Medical Group-Sd  <b>MORTON, ASA D</b>  <i>Provider ID:</i> 54311  <i>Board Certified Specialty:</i> No            EYE CARE OF SAN DIEGO MED OFFICE            700 W EL NORTE PKWY            ESCONDIDO, CA 92026-3923  <i>Phone:</i> (760) 738-7800  <i>Fax:</i> (619) 296-4622  <i>After Hours Phone:</i> (760) 738-7800  <i>Provider Gender:</i> Male  <i>License number:</i> G68919  <i>NPI:</i> 1780669283  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i></p>
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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): IPA:</p> <p><b>MOVAGHAR, MANSOOR</b> Provider ID: 277833 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4159 Phone: (760) 755-7600 Fax: (760) 755-7699 After Hours Phone: (760) 755-7600 Provider Gender: Male License number: A100897 NPI: 1497792220 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health</p>	<p>Network, Ucsd Medical Group</p> <p><b>OHALLORAN, HENRY S</b> Provider ID: 277869 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4159 Phone: (760) 755-7600 Fax: (760) 755-7699 After Hours Phone: (760) 755-7600 Provider Gender: Male License number: A73282 NPI: 1235287947 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p>IPA: Rady Childrens Health Network</p> <p><b>PANSARA, MEGHA L</b> Provider ID: 286603 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4159 Phone: (760) 755-7600 Fax: (760) 755-7699 After Hours Phone: (760) 755-7600 Provider Gender: Female License number: A143429 NPI: 1184983728 Provider English Spoken: Yes Provider Language(s) Spoken: Gujarati, Spanish Cultural Competency: No Hospital Affiliation: Palomar Medical Center, Palomar Health Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):</p>
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## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health Network

### **PATEL, GITANE**

Provider ID: 262319

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

830 W VALLEY PKWY STE 300  
ESCONDIDO, CA 92025-2529

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Male

License number: A108603

NPI: 1710171434

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Gujarati, Spanish,  
Tagalog, Vietnamese

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Paradise Valley  
Hospital, Scripps Memorial  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **PATEL, GITANE, MD**

Provider ID: 268741

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
830 W VALLEY PKWY STE 300  
ESCONDIDO, CA 92025-2529

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Male

License number: A108603

NPI: 1710171434

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Gujarati, Spanish,  
Tagalog, Vietnamese

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Paradise Valley  
Hospital, Scripps Memorial  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **PATEL, SARJAN H**

Provider ID: 262407

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

830 W VALLEY PKWY STE 300  
ESCONDIDO, CA 92025-2529

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)

898-2020

Provider Gender: Male

License number: A114976

NPI: 1316199326

Provider English Spoken: Yes

Provider Language(s) Spoken:

Gujarati, Hindi, Spanish,  
Tagalog, Vietnamese

Cultural Competency: No

Hospital Affiliation: Alvarado  
Hospital Llc, Grossmont  
Hospital, Scripps Memorial  
Hospital, Paradise Valley

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>PATEL, SARJAN H , MD</b>          Provider ID: 268802          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          830 W VALLEY PKWY STE 300          ESCONDIDO, CA 92025-2529          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800) 898-2020          Provider Gender: Male          License number: A114976          NPI: 1316199326          Provider English Spoken: Yes          Provider Language(s) Spoken: Gujarati, Hindi, Spanish, Tagalog, Vietnamese          Cultural Competency: No          Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley</p>	<p><b>PRABHU, SUJATA P</b>          Provider ID: 262393          Board Certified Specialty: No          IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD          830 W VALLEY PKWY STE 300          ESCONDIDO, CA 92025-2529          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800) 898-2020          Provider Gender: Female          License number: A115965          NPI: 1982872552          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese          Cultural Competency: No</p>	<p><b>PRABHU, SUJATA P , MD</b>          Provider ID: 268920          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          830 W VALLEY PKWY STE 300          ESCONDIDO, CA 92025-2529          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800) 898-2020          Provider Gender: Female          License number: A115965          NPI: 1982872552          Provider English Spoken: Yes          Provider Language(s) Spoken:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Spanish, Tagalog, Telugu, Vietnamese Cultural Competency: No Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Phone: (760) 755-7600 Fax: (760) 755-7699 After Hours Phone: (760) 755-7600 Provider Gender: Male License number: A125279 NPI: 1043478902 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4159 Phone: (760) 755-7600 Fax: (760) 755-7699 After Hours Phone: (760) 755-7600 Provider Gender: Female License number: A134647 NPI: 1760707657 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY</b>		
<b>NATION, JAVAN J</b> Provider ID: 277844 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4159	<b>BLISS, MORGAN R</b> Provider ID: 277537 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK	<b>FITZGERALD, PATRICK J , MD</b> Provider ID: 269266 Board Certified Specialty: No COMMUNITY CARE IPA LLC 1955 CITRACADO PKWY STE 200

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

ESCONDIDO, CA 92029-4112

Phone: (858) 485-7870

Fax: (858) 485-6473

After Hours Phone: (858)  
485-7870

Provider Gender: Male

License number: G80210

NPI: 1790882728

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Pomerado  
Hospital, Palomar Medical  
Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **FRIESEN, TZYYNONG L**

Provider ID: 277853

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY STE  
200

ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

License number: A152327

NPI: 1952740177

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **JIANG, WEN A**

Provider ID: 277860

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY STE  
200

ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

License number: A99198

NPI: 1659305753

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Mandarin

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **LEUIN, SHELBY C**

Provider ID: 206110

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

625 CITRACADO PKWY STE 206

ESCONDIDO, CA 92025-6428

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (760) 755-7600          Fax: (760) 755-7699          After Hours Phone: (760) 755-7600          Provider Gender: Female          License number: A112930          NPI: 1124230909          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego,          Childrens Hosp And Resrch Ctr          At Oakland          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>	<p>625 CITRACADO PKWY STE 100          ESCONDIDO, CA 92025-6428          Phone: (760) 294-9260          Fax: (760) 294-9274          After Hours Phone: (760)          294-9260          Provider Gender: Female          License number: A125568          NPI: 1023329885          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>	<p>ESCONDIDO, CA 92029-4159          Phone: (760) 294-9260          Fax: (760) 294-9274          After Hours Phone: (760)          294-9260          Provider Gender: Male          License number: A112326          NPI: 1306036884          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>
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### **PEDIATRIC CARDIOLOGY**

#### **HALEY, JESSICA E**

Provider ID: 205689  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

#### **HEGDE, SANJEET R**

Provider ID: 277893  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100

#### **SILVA SEPULVEDA, JOSE A**

Provider ID: 206298  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025-6428

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 294-9260  
 Provider Gender: Male  
 License number: A120119  
 NPI: 1417222472  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### SUN, HEATHER Y

Provider ID: 206145  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025-6428

Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 294-9260  
 Provider Gender: Female  
 License number: A107943  
 NPI: 1811173883  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### PEDIATRIC DERMATOLOGY

### BARRIO, VICTORIA R

Provider ID: 277856  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100

ESCONDIDO, CA 92029-4159  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Female  
 License number: A91617  
 NPI: 1598836355  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### BOIKO, SUSAN

Provider ID: 277158  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

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## D. Directorio de proveedores de atención especializada

2125 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92029-4159  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760)  
755-7600  
Provider Gender: Female  
License number: G41069  
NPI: 1053488981  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

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### **PEDIATRIC EMERGENCY MEDICINE**

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#### **HORTON, LAURA A**

Provider ID: 295703  
Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92029-4159  
Phone: (760) 294-9260  
Fax: (760) 294-9274  
After Hours Phone: (760)  
294-9260  
Provider Gender: Female  
License number: NP21815  
NPI: 1164608675  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

#### **VAIDYA, KAMALA**

Provider ID: 289412  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK  
2125 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92029-4159  
Phone: (760) 739-1543  
Fax: (760) 294-9274  
After Hours Phone: (760)  
739-1543  
Provider Gender: Female  
License number: A124814  
NPI: 1083840920  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: SA,SU 1PM-10PM, M-F  
4PM-10PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

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### **PEDIATRIC INFECTIOUS DISEASES**

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#### **CHRISTMAN, JAMESINA C**

Provider ID: 277821

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 739-1543  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 739-1543  
*Provider Gender:* Female  
*License number:* A93574  
*NPI:* 1538372032  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/19  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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### PEDIATRIC PULMONOLOGY

**DUONG, THU A**  
*Provider ID:* 277857  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 739-1543  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 739-1543  
*Provider Gender:* Female  
*License number:* A127187  
*NPI:* 1326309881  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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### PEDIATRIC RHEUMATOLOGY

**CHIRASEVEENUPRAPUND, PETER**  
*Provider ID:* 277906  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Male  
*License number:* A68277  
*NPI:* 1467518209  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Network

Website:

Email:

### PEDIATRICS

#### AJAYI, TOLUWALASE A

Provider ID: 205718

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

2185 CITRACADO PKWY

ESCONDIDO, CA 92029-4159

Phone: (442) 281-2850

Fax: (442) 281-2999

After Hours Phone: (442)

281-2850

Provider Gender: Female

License number: A121454

NPI: 1316175912

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital, Rady Childrens

Hospital San Diego, Scripps

Mercy Hospital Chula Vista,

Scripps Green Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

#### CAMERON, MELISSA A

Provider ID: 116006

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

2185 CITRACADO PKWY

ESCONDIDO, CA 92029-4159

Phone: (442) 281-2850

Fax:

After Hours Phone: (442)

281-2850

Provider Gender: Female

License number: A125249

NPI: 1902983752

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Palomar Medical Center

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Medical Group(s):

IPA: Rady Childrens Health

Network

#### CAMERON, MELISSA A

Provider ID: 205966

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

2185 CITRACADO PKWY

ESCONDIDO, CA 92029-4159

Phone: (442) 281-2850

Fax: (442) 281-2999

After Hours Phone: (442)

281-2850

Provider Gender: Female

License number: A125249

NPI: 1902983752

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Palomar Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

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## D. Directorio de proveedores de atención especializada

<p><i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>DE LA ROSA, IVONNE E</b>  <i>Provider ID:</i> 206029  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            2185 CITRACADO PKWY            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (442) 281-2850  <i>Fax:</i> (442) 281-2999  <i>After Hours Phone:</i> (442) 281-2850  <i>Provider Gender:</i> Female  <i>License number:</i> A49734  <i>NPI:</i> 1174695795  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, El Centro Regional Medical Center, Valley Childrens Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i></p>	<p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>FATAYERJI, NABIL I</b>  <i>Provider ID:</i> 52508  <i>Board Certified Specialty:</i> No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDTN            2185 CITRACADO PKWY            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (442) 281-2850  <i>Fax:</i>  <i>After Hours Phone:</i> (442) 281-2850  <i>Provider Gender:</i> Male  <i>License number:</i> A63224  <i>NPI:</i> 1649341405  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial</p>	<p>Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>GOLEMESKI, DAVID J</b>  <i>Provider ID:</i> 52528  <i>Board Certified Specialty:</i> No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDTN            2185 CITRACADO PKWY            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (442) 281-2850  <i>Fax:</i>  <i>After Hours Phone:</i> (442) 281-2850  <i>Provider Gender:</i> Male  <i>License number:</i> G63111  <i>NPI:</i> 1376614131  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Scripps Memorial Hospital            Encinitas, Pomerado Hospital,            Southwest Healthcare System            Wildomar, Southwest            Healthcare System Murrieta,            Palomar Medical Center,            Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ☯ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health            Network</p>	<p><i>License number:</i> A94845  <i>NPI:</i> 1952466112  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Persian  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Pioneers            Memorial Hospital, Desert            Regional Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Ihp Of Southern California</p>	<p><i>NPI:</i> 1841202710  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Marian            Regional Medical Center, Rady            Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health            Network</p>
<p><b>MALEKSHAMRAN, KEYVAN</b>  <i>Provider ID:</i> 291279  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN            CALIFORNIA            426 N DATE ST            ESCONDIDO, CA 92025-3409  <i>Phone:</i> (760) 690-5900  <i>Fax:</i> (858) 633-4693  <i>After Hours Phone:</i> (760)            690-5900  <i>Provider Gender:</i> Male</p>	<p><b>PARKER, PAUL C</b>  <i>Provider ID:</i> 205757  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            2185 CITRACADO PKWY            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (442) 281-2850  <i>Fax:</i> (442) 281-2999  <i>After Hours Phone:</i> (442)            281-2850  <i>Provider Gender:</i> Male  <i>License number:</i> A54747</p>	<p><b>SAUER, CHARLES W</b>  <i>Provider ID:</i> 52544  <i>Board Certified Specialty:</i> No            RADY CHILDRENS            SPECIALISTS SAN DIEGO MED            FNDTN            2185 CITRACADO PKWY            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (442) 281-2850  <i>Fax:</i>  <i>After Hours Phone:</i> (442)            281-2850  <i>Provider Gender:</i> Male  <i>License number:</i> 20A9535</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NPI: 1538388988  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Scripps Memorial Hospital            Encinitas, Palomar Medical            Center, Scripps Mercy Hospital            Chula Vista, Pomerado            Hospital, Scripps Memorial            Hospital, Southwest Healthcare            System Wildomar, Southwest            Healthcare System Murrieta  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health            Network</p>	<p>1955 CITRACADO PKWY STE            203            ESCONDIDO, CA 92029-4112  <i>Phone:</i> (760) 738-5533  <i>Fax:</i> (909) 204-7863  <i>After Hours Phone:</i> (760)            738-5533  <i>Provider Gender:</i> Male  <i>License number:</i> A105294            NPI: 1407052459  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Ihp Of Southern California</p>	<p>ESCONDIDO, CA 92025-6428  <i>Phone:</i> (760) 294-9260  <i>Fax:</i> (760) 294-9274  <i>After Hours Phone:</i> (760)            294-9260  <i>Provider Gender:</i> Male  <i>License number:</i> A170177            NPI: 1447645742  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/25  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health            Network</p>
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### PHYSICAL MEDICINE / REHABILITATION

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#### **RICHARDSON, HENRY A**

*Provider ID:* 295277  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA

#### **RYAN, KYLE**

*Provider ID:* 275660  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 625 CITRACADO PKWY

#### **TAHAEI, SEYED A**

*Provider ID:* 295815  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1955 CITRACADO PKWY STE  
 203  
 ESCONDIDO, CA 92029-4112

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>Phone: (760) 738-5533          Fax: (760) 738-3835          After Hours Phone: (760) 738-5533          Provider Gender: Male          License number: A133899          NPI: 1275845133          Provider English Spoken: Yes          Provider Language(s) Spoken: Farsi          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Palomar Medical Center          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL): No          Accessability: No          Hours: M,W 8AM-5PM, TU,TH 7AM-3:30PM, F,SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p>2125 CITRACADO PKWY STE 100          ESCONDIDO, CA 92029-4159          Phone: (760) 480-8770          Fax: (760) 480-8811          After Hours Phone: (760) 480-8770          Provider Gender: Male          License number: PA60229          NPI: 1366105074          Provider English Spoken: Yes          Provider Language(s) Spoken: Farsi          Cultural Competency: No          Hospital Affiliation: Alvarado Hosp Med Ctr, Rady Childrens Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessability: No          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>	<p>2125 CITRACADO PKWY STE 100          ESCONDIDO, CA 92029-4159          Phone: (760) 480-8770          Fax: (760) 480-8811          After Hours Phone: (760) 480-8770          Provider Gender: Female          License number: PA18493          NPI: 1306961313          Provider English Spoken: Yes          Provider Language(s) Spoken: Farsi          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessability: No          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>
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### PHYSICIANS ASSISTANT

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#### ANDERSON, JUSTIN

Provider ID: 289122  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

#### ASARO, AMANDA M

Provider ID: 277871  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

#### CHATFIELD, ALEXANDRA J

Provider ID: 276716  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE 200

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

ESCONDIDO, CA 92029-4112

Phone: (760) 743-4789

Fax: (858) 673-5187

After Hours Phone: (760)

743-4789

Provider Gender: Female

License number: PA57107

NPI: 1215584628

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### CLARK, YVONNE L

Provider ID: 294907

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY STE

100

ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 294-9274

After Hours Phone: (760)

755-7600

Provider Gender: Female

License number: PA20447

NPI: 1629302476

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### DICKINSON, ALLISON J

Provider ID: 277863

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY STE

100

ESCONDIDO, CA 92029-4159

Phone: (760) 480-8770

Fax: (760) 480-8811

After Hours Phone: (760)

480-8770

Provider Gender: Female

License number: PA17163

NPI: 1972655389

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### DU BOIS, KAYLA R

Provider ID: 291302

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2185 CITRACADO PKWY

ESCONDIDO, CA 92029-4159

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## D. Directorio de proveedores de atención especializada

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Phone: (442) 281-3193  
Fax: (442) 281-3197  
After Hours Phone: (442) 281-3193  
Provider Gender: Female  
License number: PA58491  
NPI: 1922411933  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **FLOCO, VIRGINIA A**

Provider ID: 277864  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY STE  
200  
ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760) 755-7600  
Provider Gender: Female  
License number: PA20788  
NPI: 1982798112  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **LAZAR, ANITA A**

Provider ID: 277805  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY STE  
200  
ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760) 755-7600  
Provider Gender: Female  
License number: PA55984  
NPI: 1609208198  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **LEE, JISOO**

Provider ID: 289452  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1955 CITRACADO PKWY STE 102  
ESCONDIDO, CA 92029-4111

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 License number: PA60693  
 NPI: 1891456885  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/200  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MCCAULEY, KRISTINA R**

Provider ID: 277875  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Female  
 License number: PA52100  
 NPI: 1063819944  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **MUNCH, LINH D**

Provider ID: 277843  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029-4159

Phone: (760) 480-8770  
 Fax: (760) 480-8811  
 After Hours Phone: (760) 480-8770  
 Provider Gender: Female  
 License number: PA14223  
 NPI: 1679792725  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **NGUYEN, CECILIA**

Provider ID: 289158  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029-4159

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (760) 755-7600            Fax: (760) 755-7699            After Hours Phone: (760) 755-7600            Provider Gender: Female            License number: PA57419            NPI: 1629636816            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p>	<p>Phone: (760) 520-8340            Fax: (858) 633-4698            After Hours Phone: (760) 520-8340            Provider Gender: Male            License number: PA58707            NPI: 1639796873            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p> <p><b>PAIK, CHRISTINA N</b>            Provider ID: 277803            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK            2125 CITRACADO PKWY STE            100            ESCONDIDO, CA 92029-4159</p>	<p>Phone: (760) 480-8770            Fax: (760) 480-8811            After Hours Phone: (760) 480-8770            Provider Gender: Female            License number: PA21680            NPI: 1174811475            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p> <p><b>PEWTHERS, HALLIE</b>            Provider ID: 294645            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK            2185 CITRACADO PKWY            ESCONDIDO, CA 92029-4159</p>
<p><b>NIAKAMAL, EVAN J</b>            Provider ID: 291250            Board Certified Specialty: No            IHP OF SOUTHERN            CALIFORNIA            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>		

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## D. Directorio de proveedores de atención especializada

Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442) 281-3193  
 Provider Gender: Female  
 License number: PA60951  
 NPI: 1548918071  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ROSS, ANNE T**

Provider ID: 269221  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
 Phone: (760) 737-2035  
 Fax: (760) 520-8314  
 After Hours Phone: (760)  
 737-2035

Provider Gender: Female  
 License number: PA53359  
 NPI: 1447334883  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SANCHEZ, RAQUEL**

Provider ID: 277886  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 480-8770  
 Fax: (760) 480-8811  
 After Hours Phone: (760)  
 480-8770  
 Provider Gender: Female  
 License number: PA14357  
 NPI: 1356560650  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SANTELLANO-BARTSCH, ALEXANDRA N**

Provider ID: 294297  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 480-8770  
 Fax: (760) 480-8811  
 After Hours Phone: (760)  
 480-8770  
 Provider Gender: Female  
 License number: PA57182  
 NPI: 1902454051  
 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Hospital Affiliation:</i> Ronald Reagan Ucla Med Ctr, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Hospital Affiliation:</i> Medi-Cal Open Panel: Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Medi-Cal Open Panel: Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California</p>
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### PODIATRIST

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#### **VILLAPANDO, NORMA O**

*Provider ID:* 277904  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Female  
*License number:* PA56098  
*NPI:* 1376947960  
*Provider English Spoken:* Yes

#### **ALGHURAIBI, OHOUD E**

*Provider ID:* 295998  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (760) 466-1373  
*After Hours Phone:* (760) 520-8100  
*Provider Gender:* Female  
*License number:* DPM5330  
*NPI:* 1669842357  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

#### **FARMER, STEVEN G**

*Provider ID:* 268975  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 737-6900  
*Provider Gender:* Male  
*License number:* DPM2895  
*NPI:* 1215087770  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility: P, EB, IB, E, R          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Ihp Of Southern California</p>	<p>Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Ihp Of Southern California</p>
<p><b>NEGRON, RICARDO J , MD</b>          Provider ID: 274646          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          1001 E GRAND AVE          ESCONDIDO, CA 92025-4604          Phone: (760) 520-8200          Fax: (858) 633-4693          After Hours Phone: (760)          520-8200          Provider Gender: Male          License number: DPM5260          NPI: 1932548393          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Providence          St Joseph Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:</p>	<p><b>NEGRON, RICARDO J</b>          Provider ID: 290470          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          728 E VALLEY PKWY          ESCONDIDO, CA 92025-3052          Phone: (760) 737-6900          Fax: (858) 633-4694          After Hours Phone: (760)          737-6900          Provider Gender: Male          License number: DPM5260          NPI: 1932548393          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Providence          St Joseph Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:</p>	<p><b>TOUMA, ELIE</b>          Provider ID: 295405          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          460 N ELM ST          ESCONDIDO, CA 92025-3002          Phone: (760) 520-8100          Fax: (858) 633-4691          After Hours Phone: (760)          520-8100          Provider Gender: Male          License number: DPM5831          NPI: 1003379223          Provider English Spoken: Yes          Provider Language(s) Spoken:          Armenian          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Ihp Of Southern California

Medical Group(s):

IPA: Community Care Ipa Llc

### **PULMONARY DISEASES**

#### **POPPER, STEVEN T , MD**

Provider ID: 204438

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

488 E VALLEY PKWY STE 211

ESCONDIDO, CA 92025-3370

Phone: (760) 489-1458

Fax: (760) 489-1246

After Hours Phone: (760)

489-1458

Provider Gender: Male

License number: A127156

NPI: 1679849012

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Palomar

Medical Center, Kaiser

Foundation Hospital Bellflower,

Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

IPA: Community Care Ipa Llc

#### **POPPER, STEVEN T**

Provider ID: 276725

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

488 E VALLEY PKWY STE 201

ESCONDIDO, CA 92025-3398

Phone: (760) 489-1458

Fax: (760) 489-1246

After Hours Phone: (760)

489-1458

Provider Gender: Male

License number: A127156

NPI: 1679849012

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Palomar

Medical Center, Kaiser

Foundation Hospital Bellflower,

Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

#### **QUAN, MICHELE G**

Provider ID: 287097

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

2125 CITRACADO PKWY STE

230

ESCONDIDO, CA 92029-4159

Phone: (760) 489-1458

Fax: (760) 489-1246

After Hours Phone: (760)

489-1458

Provider Gender: Female

License number: A152133

NPI: 1629462882

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Redlands

Community Hosp

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **RADIATION ONCOLOGY**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **COLEMAN, LORI A , MD**

*Provider ID:* 221090  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2125 CITRACADO PKWY STE 110  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 739-3371  
*Fax:* (760) 739-3779  
*After Hours Phone:* (760)  
 739-3371  
*Provider Gender:* Female  
*License number:* G78635  
*NPI:* 1053348920  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Sharp Memorial  
 Hospital, Grossmont Hospital,  
 Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **FULLER, DONALD B , MD**

*Provider ID:* 269237  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 701 E GRAND AVE STE 200  
 ESCONDIDO, CA 92025-4466  
*Phone:* (760) 839-7370  
*Fax:* (858) 429-7938  
*After Hours Phone:* (760)  
 839-7370  
*Provider Gender:* Male  
*License number:* G62532  
*NPI:* 1285632711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Memorial Hospital  
 Encinitas, Sharp Memorial  
 Hospital, Scripps Mercy  
 Hospital, Alvarado Hospital Llc,  
 Scripps Memorial Hospital,  
 Scripps Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **IJAZ, TAHIR, MD**

*Provider ID:* 269244  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 701 E GRAND AVE STE 200  
 ESCONDIDO, CA 92025-4466  
*Phone:* (760) 839-7370  
*Fax:* (858) 429-7938  
*After Hours Phone:* (760)  
 839-7370  
*Provider Gender:* Male  
*License number:* A52748  
*NPI:* 1225036742  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* St Agnes  
 Medical Center, Alvarado  
 Hospital Llc, Paradise Valley  
 Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Sharp Memorial Hospital,  
 Scripps Memorial Hospital,  
 Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **JABBARI, SIAVASH, MD**

Provider ID: 268786  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2125 CITRACADO PKWY STE 110  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 739-3371  
 Fax: (760) 739-3779  
 After Hours Phone: (760)  
 739-3371  
 Provider Gender: Male  
 License number: A99269  
 NPI: 1720314107  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Sharp Chula  
 Vista Med Ctr, Grossmont  
 Hospital, Sharp Memorial  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **PEJAVAR, SUNANDA M , MD**

Provider ID: 221076  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2125 CITRACADO PKWY STE 110  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 739-3371  
 Fax: (760) 739-3779  
 After Hours Phone: (760)  
 739-3371  
 Provider Gender: Female  
 License number: A103733  
 NPI: 1912232513  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Kannada, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Sharp Memorial  
 Hospital, Sharp Chula Vista  
 Med Ctr, Palomar Medical  
 Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SHIRAZI, REZA, MD**

Provider ID: 269248  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 701 E GRAND AVE STE 200  
 ESCONDIDO, CA 92025-4466  
 Phone: (760) 839-7370  
 Fax: (858) 429-7938  
 After Hours Phone: (760)  
 839-7370  
 Provider Gender: Male  
 License number: A95800  
 NPI: 1336175272  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Persian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado  
 Hospital, Scripps Memorial  
 Hospital Encinitas, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Memorial Hospital,  
 Scripps Mercy Hospital,  
 Alvarado Hospital Llc, Scripps  
 Green Hospital, Sharp Memorial  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>No          ☯ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>SHIRAZI, REZA</b>          Provider ID: 54453          Board Certified Specialty: No          GENESIS HEALTHCARE          PARTNERS PC          701 E GRAND AVE STE 200          ESCONDIDO, CA 92025-4466          Phone: (760) 839-7370          Fax:          After Hours Phone: (760)          839-7370          Provider Gender: Male          License number: A95800          NPI: 1336175272          Provider English Spoken: Yes          Provider Language(s) Spoken:          Farsi, Persian, Spanish          Cultural Competency: No          Hospital Affiliation: Pomerado          Hospital, Scripps Memorial          Hospital Encinitas, Scripps          Mercy Hospital Chula Vista,          Scripps Memorial Hospital,          Scripps Mercy Hospital,          Alvarado Hospital Llc, Scripps</p>	<p>Green Hospital, Sharp Memorial          Hospital          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ☯ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>UHL, BARRY M , MD</b>          Provider ID: 243529          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          2125 CITRACADO PKWY STE 110          ESCONDIDO, CA 92029-4159          Phone: (760) 739-3371          Fax: (760) 739-3779          After Hours Phone: (760)          739-3371          Provider Gender: Male          License number: A71969          NPI: 1811936693          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Palomar          Medical Center, Sharp Chula          Vista Med Ctr, Sharp Memorial          Hospital, Grossmont Hospital</p>	<p>Medi-Cal Open Panel: Yes          Min/Max Age: 19/100          American Sign Language (ASL):          No          ☯ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>VOLPP, PAUL B , MD</b>          Provider ID: 221103          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          2125 CITRACADO PKWY STE 110          ESCONDIDO, CA 92029-4159          Phone: (760) 739-3371          Fax: (760) 739-3779          After Hours Phone: (760)          739-3371          Provider Gender: Male          License number: A86307          NPI: 1225186232          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Sharp          Memorial Hospital, Sharp Chula          Vista Med Ctr, Grossmont          Hospital, Palomar Medical          Center</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Medi-Cal Open Panel: Yes</i>	<i>Min/Max Age: 19/100</i>	<i>American Sign Language (ASL):</i>
<i>Min/Max Age: 19/100</i>	<i>American Sign Language (ASL):</i>	<i>No</i>
<i>American Sign Language (ASL):</i>	<i>No</i>	<i>♿ Accessibility:</i>
<i>No</i>	<i>♿ Accessibility:</i>	<i>Hours: M-F 8AM-5PM, SA</i>
<i>♿ Accessibility:</i>	<i>Hours: M-F 8AM-5PM, SA</i>	<i>9AM-5PM</i>
<i>Hours: M-F 8AM-4PM, SA</i>	<i>9AM-5PM</i>	<i>Website:</i>
<i>9AM-5PM</i>	<i>Website:</i>	<i>Email:</i>
<i>Website:</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>IPA: Community Care Ipa Llc</i>
<i>Medical Group(s):</i>	<i>IPA: Community Care Ipa Llc</i>	
<i>IPA: Community Care Ipa Llc</i>		

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**REGISTERED PHYSICAL  
THERAPIST**

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**RADIOLOGY**

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### **WEINSTEIN, GEOFFREY D , MD**

*Provider ID: 220041*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
 2125 CITRACADO PKWY STE 110  
 ESCONDIDO, CA 92029-4159  
*Phone: (760) 739-3371*  
*Fax: (760) 739-3779*  
*After Hours Phone: (760)*  
 739-3371  
*Provider Gender: Male*  
*License number: A54109*  
*NPI: 1841233947*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency: No*  
*Hospital Affiliation: Grossmont*  
 Hospital, Sharp Memorial  
 Hospital, Sharp Chula Vista  
 Med Ctr  
*Medi-Cal Open Panel: Yes*

### **VAKILIAN, SIAVOSH**

*Provider ID: 283206*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
 701 E GRAND AVE STE 200  
 ESCONDIDO, CA 92025-4466  
*Phone: (760) 839-7370*  
*Fax: (858) 429-7938*  
*After Hours Phone: (760)*  
 839-7370  
*Provider Gender: Male*  
*License number: A133482*  
*NPI: 1427456151*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency: No*  
*Hospital Affiliation: Pioneers*  
 Memorial Hospital, El Centro  
 Regional Medical Center  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*

### **CULLISON, KALEB B**

*Provider ID: 269216*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
 255 N ELM ST STE 202  
 ESCONDIDO, CA 92025-3431  
*Phone: (760) 504-0223*  
*Fax: (760) 504-0224*  
*After Hours Phone: (760)*  
 504-0223  
*Provider Gender: Male*  
*License number: PT38863*  
*NPI: 1326306762*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency: No*  
*Hospital Affiliation:*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            1815 E VALLEY PKWY STE 5            ESCONDIDO, CA 92027-2550  <i>Phone:</i> (760) 434-6100  <i>Fax:</i> (760) 434-4583  <i>After Hours Phone:</i> (760)            434-6100  <i>Provider Gender:</i> Male  <i>License number:</i> PT296440  <i>NPI:</i> 1194288126  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No</p>
<p><b>MCGEE, JACQUELINE M</b>  <i>Provider ID:</i> 252473  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            1815 E VALLEY PKWY STE 5            ESCONDIDO, CA 92027-2550  <i>Phone:</i> (760) 233-9655  <i>Fax:</i> (760) 233-9648  <i>After Hours Phone:</i> (760)            233-9655  <i>Provider Gender:</i> Female  <i>License number:</i> PT294790  <i>NPI:</i> 1194217133  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 8/999  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 7AM-6PM, SA            9AM-5PM  <i>Website:</i></p>	<p><b>MEISTER, SARAH</b>  <i>Provider ID:</i> 269213  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            1815 E VALLEY PKWY STE 5            ESCONDIDO, CA 92027-2550  <i>Phone:</i> (760) 434-6100  <i>Fax:</i> (760) 434-4583  <i>After Hours Phone:</i> (760)            434-6100  <i>Provider Gender:</i> Female  <i>License number:</i> PT291898  <i>NPI:</i> 1376091561  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>PARKER, CORY</b>  <i>Provider ID:</i> 269227</p>	<p><i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            1815 E VALLEY PKWY STE 5            ESCONDIDO, CA 92027-2550  <i>Phone:</i> (760) 434-6100  <i>Fax:</i> (760) 434-4583  <i>After Hours Phone:</i> (760)            434-6100  <i>Provider Gender:</i> Male  <i>License number:</i> PT296440  <i>NPI:</i> 1194288126  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <hr/> <p style="text-align: center;"><b>RHEUMATOLOGY</b></p> <hr/> <p><b>RAO, SOUMYA G , MD</b>  <i>Provider ID:</i> 269101  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            488 E VALLEY PKWY STE 211            ESCONDIDO, CA 92025-3370</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 675-3150          Fax: (858) 924-1775          After Hours Phone: (858) 675-3150          Provider Gender: Female          License number: A99911          NPI: 1033388616          Provider English Spoken: Yes          Provider Language(s) Spoken: Hindi, Kannada, Russian, Spanish, Tagalog          Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital, Sharp Chula Vista Med Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Phone: (760) 294-9260          Fax: (760) 294-9274          After Hours Phone: (760) 294-9260          Provider Gender: Male          License number: G31567          NPI: 1013088772          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>	<p>ESCONDIDO, CA 92025-3876          Phone: (877) 757-8353          Fax: (818) 357-2505          After Hours Phone: (877) 757-8353          Provider Gender: Female          License number: SP10838          NPI: 1497210835          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, Armenian, Sign Language, Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL): No          Accessibility:          Hours: M-F 7AM-7PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>
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### **SHEETS, ROBERT M**

Provider ID: 277890  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029-4159

### **SPEECH PATHOLOGIST**

### **KOUKEYAN, KARIN H**

Provider ID: 295800  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 500 LA TERRAZA BLVD STE 150

### **ROTUNDO, ILLENA**

Provider ID: 295988  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 500 LA TERRAZA BLVD STE 150  
 ESCONDIDO, CA 92025-3876

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (877) 757-8353  
 Fax: (818) 357-2505  
 After Hours Phone: (877) 757-8353  
 Provider Gender: Female  
 License number: SP27997  
 NPI: 1558371419  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

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### **SURGERY CARDIOVASCULAR**

#### **LIN, YUAN H , MD**

Provider ID: 241290  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE 300  
 ESCONDIDO, CA 92029-4113

Phone: (760) 743-0546  
 Fax: (760) 743-8005  
 After Hours Phone: (760) 743-0546  
 Provider Gender: Male  
 License number: A43050  
 NPI: 1487650412  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cantonese, Mandarin, Yue Chinese  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Grossmont Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **ONAITIS, MARK**

Provider ID: 210299  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159

Phone: (442) 281-5000  
 Fax:  
 After Hours Phone: (442) 281-5000  
 Provider Gender: Male  
 License number: C144886  
 NPI: 1841310638  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

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### **SURGERY GENERAL VASCULAR**

#### **BULKIN, ANATOLY J , MD**

Provider ID: 51838  
 Board Certified Specialty: No  
 SURGICAL ASSOCS OF SAN DIEGO PROF CORP  
 625 CITRACADO PKWY STE 203

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

ESCONDIDO, CA 92025-6428  
 Phone: (760) 739-7666  
 Fax: (760) 739-7633  
 After Hours Phone: (760) 739-7666  
 Provider Gender: Male  
 License number: G79826  
 NPI: 1275593154  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Palomar Medical Center, Pomerado Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 7:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CHANG, ALEXANDER T , MD**

Provider ID: 75855  
 Board Certified Specialty: No  
 SURGICAL ASSOCS OF SAN DIEGO PROF CORP  
 625 CITRACADO PKWY STE 203

ESCONDIDO, CA 92025-6428  
 Phone: (760) 739-7666  
 Fax: (760) 739-7633  
 After Hours Phone: (760) 739-7666  
 Provider Gender: Male  
 License number: A123245  
 NPI: 1376860056  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Korean  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 7:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **NEMCEFF, DENNIS, MD**

Provider ID: 246553  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 625 CITRACADO PKWY STE 203  
 ESCONDIDO, CA 92025-6428

Phone: (760) 739-7666  
 Fax: (760) 739-7633  
 After Hours Phone: (760) 739-7666  
 Provider Gender: Male  
 License number: A123910  
 NPI: 1427371228  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 7:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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### **SURGERY GENERAL**

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### **CHANG, ALEXANDER T**

Provider ID: 75855  
 Board Certified Specialty: No  
 SURGICAL ASSOCS OF SAN DIEGO PROF CORP  
 625 CITRACADO PKWY STE 203  
 ESCONDIDO, CA 92025-6428

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 739-7666  
 Fax:  
 After Hours Phone: (760) 739-7666  
 Provider Gender: Male  
 License number: A123245  
 NPI: 1376860056  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Korean  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **GROVE, JAY R , MD**

Provider ID: 245226  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159

Phone: (858) 673-2551  
 Fax: (760) 482-1316  
 After Hours Phone: (858) 673-2551  
 Provider Gender: Male  
 License number: A60426  
 NPI: 1912971334  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health, Palomar Medical Center, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **PATEL, ARUSH A , MD**

Provider ID: 77773

Board Certified Specialty: No  
 ARCH HEALTH PARTNERS  
 1955 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029-4112  
 Phone: (760) 743-4789  
 Fax: (760) 743-4779  
 After Hours Phone: (760) 743-4789  
 Provider Gender: Male  
 License number: A105982  
 NPI: 1487892352  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **NGUYEN, ANDREW D**

Provider ID: 244140

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#### **SURGERY HAND**

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#### **SURGERY NEUROLOGICAL**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 1955 CITRACADO PKWY STE 102  
 ESCONDIDO, CA 92029-4111  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A91563  
*NPI:* 1720216542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **STERN, MARK S , MD**

*Provider ID:* 243486  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC

705 E OHIO AVE  
 ESCONDIDO, CA 92025-3418  
*Phone:* (760) 489-9490  
*Fax:* (760) 489-7638  
*After Hours Phone:* (760)  
 489-9490  
*Provider Gender:* Male  
*License number:* G47596  
*NPI:* 1649282765  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Punjabi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Pomerado  
 Hospital, Palomar Medical  
 Center, Sharp Memorial  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SURGERY ORTHOPEDIC**

**ANDERSON, JUSTIN**  
*Provider ID:* 289122

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 480-8770  
*Fax:* (760) 480-8811  
*After Hours Phone:* (760)  
 480-8770  
*Provider Gender:* Male  
*License number:* PA60229  
*NPI:* 1366105074  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hosp Med Ctr, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**BARBA, DANIEL, MD**  
*Provider ID:* 77895

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> Yes            COMMUNITY CARE IPA LLC            1955 CITRACADO PKWY STE            200            ESCONDIDO, CA 92029-4112  <i>Phone:</i> (760) 743-4789  <i>Fax:</i> (760) 743-4779  <i>After Hours Phone:</i> (760)            743-4789  <i>Provider Gender:</i> Male  <i>License number:</i> A119351  <i>NPI:</i> 1407128580  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Pomerado            Hospital, Palomar Medical            Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p>NETWORK            2125 CITRACADO PKWY STE            100            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (760) 480-8770  <i>Fax:</i> (760) 480-8811  <i>After Hours Phone:</i> (760)            480-8770  <i>Provider Gender:</i> Male  <i>License number:</i> A44985  <i>NPI:</i> 1205907060  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p>2125 CITRACADO PKWY STE            100            ESCONDIDO, CA 92029-4159  <i>Phone:</i> (760) 480-8770  <i>Fax:</i> (760) 480-8811  <i>After Hours Phone:</i> (760)            480-8770  <i>Provider Gender:</i> Male  <i>License number:</i> A86165  <i>NPI:</i> 1013048412  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Ucsf Benioff Children's Hospital            Oakland  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>
<p><b>CHAMBERS, HENRY G</b>  <i>Provider ID:</i> 277814  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH</p>	<p><b>EDMONDS, ERIC W</b>  <i>Provider ID:</i> 277831  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK</p>	<p><b>KIMBALL, MICHAEL P , MD</b>  <i>Provider ID:</i> 122878  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

457 N ELM ST ESCONDIDO, CA 92025-3001 Phone: (858) 455-6460 Fax: (858) 455-5362 After Hours Phone: (858) 455-6460 Provider Gender: Male License number: G76060 NPI: 1588648653 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M,TU,TH-SA 9AM-5PM, W 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	IHP OF SOUTHERN CALIFORNIA 2125 CITRACADO PKWY STE 310 ESCONDIDO, CA 92029-4159 Phone: (619) 265-7912 Fax: (619) 265-7922 After Hours Phone: (619) 265-7912 Provider Gender: Male License number: A111653 NPI: 1639336043 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic, Korean, Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	1955 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4112 Phone: (760) 743-4789 Fax: (760) 743-4779 After Hours Phone: (760) 743-4789 Provider Gender: Male License number: G50268 NPI: 1962409938 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc
<b>KIM, PAUL D</b> Provider ID: 295660 Board Certified Specialty: No	<b>KNUTSON, THOMAS R , MD</b> Provider ID: 31099 Board Certified Specialty: No COMMUNITY CARE IPA LLC	<b>OWSLEY, KEVIN C , MD</b> Provider ID: 269326 Board Certified Specialty: No COMMUNITY CARE IPA LLC 1955 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4112

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 743-4789	2125 CITRACADO PKWY STE	CALIFORNIA
Fax: (858) 485-1476	100	488 E VALLEY PKWY STE 316
After Hours Phone: (760) 743-4789	ESCONDIDO, CA 92029-4159	ESCONDIDO, CA 92025-3363
Provider Gender: Male	Phone: (760) 480-8770	Phone: (619) 265-7912
License number: A98739	Fax: (760) 480-8811	Fax: (619) 265-7922
NPI: 1992714406	After Hours Phone: (760) 480-8770	After Hours Phone: (619) 265-7912
Provider English Spoken: Yes	Provider Gender: Male	Provider Gender: Male
Provider Language(s) Spoken: Spanish	License number: A90049	License number: A88341
Cultural Competency: No	NPI: 1619151685	NPI: 1518021369
Hospital Affiliation: Palomar Health, Marina Del Rey Hospital, Palomar Medical Center, Adventist Health White Memorial	Provider English Spoken: Yes	Provider English Spoken: Yes
Medi-Cal Open Panel: Yes	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Farsi, Spanish
Min/Max Age: 0/999	Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland	Cultural Competency: No
American Sign Language (ASL): No	Medi-Cal Open Panel: Yes	Hospital Affiliation: Scripps Memorial Hospital, Sharp Medical Center, Sharp Grossmont Hospital
♿ Accessibility:	Min/Max Age: 0/18	Medi-Cal Open Panel: Yes
Hours: M-F 9AM-5PM, SA 9AM-5PM	American Sign Language (ASL): No	Min/Max Age: 16/999
Website:	♿ Accessibility:	American Sign Language (ASL): No
Email:	Hours: M-F 8AM-5PM, SA 9AM-5PM	♿ Accessibility:
Medical Group(s):	Website:	Hours: M-F 9AM-5PM, SA 9AM-5PM
IPA: Community Care Ipa Llc	Email:	Website:
<b>PENNOCK, ANDREW T</b>	Medical Group(s):	Email:
Provider ID: 277874	IPA: Rady Childrens Health Network	Medical Group(s):
Board Certified Specialty: No	<b>RAISZADEH, RAMIN</b>	IPA: Ihp Of Southern California
RADY CHILDRENS HEALTH NETWORK	Provider ID: 295522	<b>RAISZADEH, RAMIN</b>
	Board Certified Specialty: No	Provider ID: 295523
	IHP OF SOUTHERN	Board Certified Specialty: No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

IHP OF SOUTHERN CALIFORNIA 2125 CITRACADO PKWY STE 310 ESCONDIDO, CA 92029-4159 Phone: (619) 265-7912 Fax: (619) 265-7922 After Hours Phone: (619) 265-7912 Provider Gender: Male License number: A88341 NPI: 1518021369 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Sharp Memorial Hospital, Palomar Medical Center, Sharp Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No Accessibility:  Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	Board Certified Specialty: No COMMUNITY CARE IPA LLC 1955 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4112 Phone: (760) 743-4789 Fax: (760) 743-4779 After Hours Phone: (760) 743-4789 Provider Gender: Female License number: A117353 NPI: 1689689176 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Pomona Valley Hosp Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No Accessibility:  Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	NETWORK 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029-4159 Phone: (760) 480-8770 Fax: (760) 480-8811 After Hours Phone: (760) 480-8770 Provider Gender: Male License number: G67953 NPI: 1144229600 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No Accessibility:  Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>SHARP, LORRA M , MD</b> Provider ID: 243552	<b>WALLACE, CHARLES D</b> Provider ID: 277829 Board Certified Specialty: No RADY CHILDRENS HEALTH	<hr/> <b>SURGERY PEDIATRIC</b> <hr/> <b>KLING, KAREN M</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Provider ID: 206130		Website:
<i>Board Certified Specialty:</i> No	<b>UROLOGY</b>	<i>Email:</i>
RADY CHILDRENS HEALTH		<i>Medical Group(s):</i>
NETWORK	<b>CHIANG, GEORGE</b>	<i>IPA:</i> Rady Childrens Health
625 CITRACADO PKWY STE 206	<i>Provider ID:</i> 277830	Network
ESCONDIDO, CA 92025-6428	<i>Board Certified Specialty:</i> No	
<i>Phone:</i> (760) 755-7600	RADY CHILDRENS HEALTH	
<i>Fax:</i> (760) 755-7699	NETWORK	<b>COHEN, EDWARD S , MD</b>
<i>After Hours Phone:</i> (760)	2125 CITRACADO PKWY STE	<i>Provider ID:</i> 269341
755-7600	100	<i>Board Certified Specialty:</i> No
<i>Provider Gender:</i> Female	ESCONDIDO, CA 92029-4159	COMMUNITY CARE IPA LLC
<i>License number:</i> A53583	<i>Phone:</i> (760) 739-1543	1955 CITRACADO PKWY STE
<i>NPI:</i> 1982775144	<i>Fax:</i> (760) 294-9274	302
<i>Provider English Spoken:</i> Yes	<i>After Hours Phone:</i> (760)	ESCONDIDO, CA 92029-4113
<i>Provider Language(s) Spoken:</i>	739-1543	<i>Phone:</i> (760) 743-5111
<i>Cultural Competency:</i> No	<i>Provider Gender:</i> Male	<i>Fax:</i> (858) 429-7934
<i>Hospital Affiliation:</i> Rady	<i>License number:</i> A98687	<i>After Hours Phone:</i> (760)
Childrens Hospital San Diego,	<i>NPI:</i> 1093773954	743-5111
Ucsd Medical Ctr, Sharp Mary	<i>Provider English Spoken:</i> Yes	<i>Provider Gender:</i> Male
Birch Hosp For Women And	<i>Provider Language(s) Spoken:</i>	<i>License number:</i> G56844
Newborns, National Naval Med	Spanish	<i>NPI:</i> 1093756827
Ctr, Sharp Memorial Hospital	<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes
<i>Medi-Cal Open Panel:</i> Yes	<i>Hospital Affiliation:</i> Rady	<i>Provider Language(s) Spoken:</i>
<i>Min/Max Age:</i> 0/18	Childrens Hospital San Diego,	<i>Cultural Competency:</i> No
<i>American Sign Language (ASL):</i>	Parkview Community Hospital	<i>Hospital Affiliation:</i> Scripps
No	Medical Center, Northern Inyo	Memorial Hospital Encinitas,
♿ <i>Accessibility:</i>	Hosp	Scripps Memorial Hospital,
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Medi-Cal Open Panel:</i> Yes	Ucsd Medical Ctr, Scripps Mercy
9AM-5PM	<i>Min/Max Age:</i> 0/18	Hospital
<i>Website:</i>	<i>American Sign Language (ASL):</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>Email:</i>	No	<i>Min/Max Age:</i> 0/999
<i>Medical Group(s):</i>	♿ <i>Accessibility:</i>	<i>American Sign Language (ASL):</i>
<i>IPA:</i> Rady Childrens Health	<i>Hours:</i> M-F 8AM-5PM, SA	No
Network	9AM-5PM	<i>♿ Accessibility:</i>
		<i>Hours:</i> M-F 9AM-5PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

Medical Group(s):

IPA: Ihp Of Southern California

### DERMATOLOGY

#### ROSS, ANDREW L , MD

Provider ID: 269334

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1309 S MISSION RD STE A

FALLBROOK, CA 92028-4168

Phone: (760) 728-7546

Fax: (760) 828-9138

After Hours Phone: (760)

728-7546

Provider Gender: Male

License number: A140430

NPI: 1700140738

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### SAMADY, JOSEPH A , MD

### FALLBROOK

#### CERTIFIED NURSE PRACTITIONER

#### GUIDI, CASEY L

Provider ID: 296010

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1328 S MISSION RD

FALLBROOK, CA 92028-4006

Phone: (760) 451-4730

Fax: (760) 457-4700

After Hours Phone: (760)

451-4730

Provider Gender: Female

License number: NP95014526

NPI: 1013349919

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

### CHIROPRACTOR

#### FARSHLER, ANTHONY J

Provider ID: 290306

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1309 S MISSION RD

FALLBROOK, CA 92028-4167

Phone: (760) 690-5900

Fax: (760) 731-1063

After Hours Phone: (760)

690-5900

Provider Gender: Male

License number: DC32601

NPI: 1841627759

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider ID:* 269328  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1309 S MISSION RD STE A  
 FALLBROOK, CA 92028-4168  
*Phone:* (760) 728-7546  
*Fax:* (760) 828-9138  
*After Hours Phone:* (760)  
 728-7546  
*Provider Gender:* Male  
*License number:* A71411  
*NPI:* 1013954908  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M 9:30AM-4:30PM,  
 TU-TH 8AM-5PM, F  
 9:30AM-3:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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### NEPHROLOGY

---

#### HEBREO, JOSEPH D

*Provider ID:* 262131  
*Board Certified Specialty:* No

IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 591 E ELDER ST STE C  
 FALLBROOK, CA 92028-5001  
*Phone:* (760) 967-9900  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760)  
 967-9900  
*Provider Gender:* Male  
*License number:* A93436  
*NPI:* 1801868286  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
 Medical Center, Temecula  
 Valley Hospital Inc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

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### OBSTETRICS / GYNECOLOGY

---

**PEARSON, LAWRENCE F**  
*Provider ID:* 290592  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1328 S MISSION RD  
 FALLBROOK, CA 92028-4006  
*Phone:* (760) 451-4720  
*Fax:* (760) 451-4700  
*After Hours Phone:* (760)  
 451-4720  
*Provider Gender:* Male  
*License number:* G37412  
*NPI:* 1538234190  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

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### PHYSICIANS ASSISTANT

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**GORDON, BENJAMIN S**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 261023  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>            1107 S MISSION RD            FALLBROOK, CA 92028-3224  <i>Phone:</i> (760) 451-0070  <i>Fax:</i> (760) 451-1499  <i>After Hours Phone:</i> (760) 451-0070  <i>Provider Gender:</i> Male  <i>License number:</i> PA17205  <i>NPI:</i> 1821184078  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>1309 S MISSION RD STE A            FALLBROOK, CA 92028-4168  <i>Phone:</i> (760) 757-7546  <i>Fax:</i> (760) 828-9138  <i>After Hours Phone:</i> (760) 757-7546  <i>Provider Gender:</i> Female  <i>License number:</i> PA19459  <i>NPI:</i> 1013198720  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Phone:</i> (760) 690-5900  <i>Fax:</i> (360) 462-2745  <i>After Hours Phone:</i> (760) 690-5900  <i>Provider Gender:</i> Male  <i>License number:</i> DPM5260  <i>NPI:</i> 1932548393  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Providence St Joseph Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California</p>
	<b>PODIATRIST</b>	<b>REGISTERED PHYSICAL THERAPIST</b>
<p><b>SERING, MALIA A , NPA</b>  <i>Provider ID:</i> 269279  <i>Board Certified Specialty:</i> No  <b>COMMUNITY CARE IPA LLC</b></p>	<p><b>NEGRON, RICARDO J</b>  <i>Provider ID:</i> 290469  <i>Board Certified Specialty:</i> No  <b>IHP OF SOUTHERN CALIFORNIA</b>            1309 S MISSION RD            FALLBROOK, CA 92028-4167</p>	<p><b>KAPLAN, CHRISTOPHER C</b>  <i>Provider ID:</i> 269187  <i>Board Certified Specialty:</i> No  <b>COMMUNITY CARE IPA LLC</b>            521 E ELDER ST STE 106            FALLBROOK, CA 92028-3082</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 723-8337  
 Fax: (760) 723-8337  
 After Hours Phone: (760) 723-8337  
 Provider Gender: Male  
 License number: PT292488  
 NPI: 1144764820  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### IMPERIAL BEACH

#### FAMILY PRACTICE

#### JOHNSON, DANIEL W

Provider ID: 290925  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 949 PALM AVE

IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Provider Gender: Male  
 License number: 20A9393  
 NPI: 1245311216  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

#### LARA, LESLEY

Provider ID: 294192  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 949 PALM AVE

IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Provider Gender: Female  
 License number: A173435  
 NPI: 1184112682  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

#### SUMMERS-DAY, COURTNEY A

Provider ID: 290977  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503

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## D. Directorio de proveedores de atención especializada

Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Provider Gender: Female  
 License number: A112781  
 NPI: 1124288873  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

IMPERIAL BEACH, CA  
 91932-1246  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619) 482-3000  
 Provider Gender: Female  
 License number: PT300083  
 NPI: 1699357525  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 7AM-6PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619) 482-3000  
 Provider Gender: Male  
 License number: PT295915  
 NPI: 1447723937  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 7AM-6PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**JULIAN**

### **REGISTERED PHYSICAL THERAPIST**

#### **KARANDE, PRACHI**

Provider ID: 287101  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 600 PALM AVE STE 126

### **NOVENCIDO, ANDREW**

Provider ID: 286783  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 600 PALM AVE STE 126  
 IMPERIAL BEACH, CA  
 91932-1246

### **FAMILY PRACTICE**

#### **WYLIE, BLAKE A**

Provider ID: 291648  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 2721 WASHINGTON ST  
 JULIAN, CA 92036-9233

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## D. Directorio de proveedores de atención especializada

Phone: (760) 765-1223  
 Fax: (760) 765-1278  
 After Hours Phone: (760) 765-1223  
 Provider Gender: Male  
 License number: 20A11088  
 NPI: 1922314145  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: lhp Of Southern California

### LA JOLLA

#### CERTIFIED NURSE PRACTITIONER

#### NORTON, SARAH E

Provider ID: 207058  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

9300 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP95010335  
 NPI: 1730659756  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

#### FAMILY PRACTICE

#### CHEN, ALICE I

Provider ID: 207166  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

9300 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: 20A16077  
 NPI: 1265810337  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Chinese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

#### NEONATAL / PERINATAL MEDICINE

#### KO, KIMBERLY J

Provider ID: 214507  
 Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
 9300 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858)  
 657-7000  
 Provider Gender: Female  
 License number: A77120  
 NPI: 1437448917  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A173043  
 NPI: 1295263861  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

LA MESA, CA 91942  
 Phone: (619) 697-2456  
 Fax: (858) 429-7930  
 After Hours Phone: (619)  
 697-2456  
 Provider Gender: Male  
 License number: A43540  
 NPI: 1588632715  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Sharp Grossmont  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### OBSTETRICS / GYNECOLOGY

#### RIVAS, RENEE N

Provider ID: 284296  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE, STE 340  
 LA JOLLA, CA 92037

### LA MESA

### UROLOGY

#### DATO, PAUL E , MD

Provider ID: 269142  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE, STE 301

### LA JOLLA

### ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY

#### HONG, KIMBERLY N

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 246312  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9434 MEDICAL CENTER DR FL 1  LA JOLLA, CA 92037-1337  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> A156242  <i>NPI:</i> 1346515442  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>9434 MEDICAL CENTER DR FL 1  LA JOLLA, CA 92037-1337  <i>Phone:</i> (858) 657-8530  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-8530  <i>Provider Gender:</i> Male  <i>License number:</i> A117426  <i>NPI:</i> 1639404031  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Pioneers Memorial Hospital, El Centro Regional Medical Center, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p>9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-8322  <i>Fax:</i> (858) 657-8723  <i>After Hours Phone:</i> (858) 657-8322  <i>Provider Gender:</i> Male  <i>License number:</i> A38964  <i>NPI:</i> 1760422992  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<hr/> <b>ALLERGY IMMUNOLOGY</b> <hr/>		
<p><b>SILVA ENCISO, JORGE E</b>  <i>Provider ID:</i> 120489  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP</p>	<p><b>BROIDE, DAVID H</b>  <i>Provider ID:</i> 65132  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP</p>	<p><b>DOHERTY, TAYLOR A</b>  <i>Provider ID:</i> 65163  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-8322  <i>Fax:</i> (858) 657-8723  <i>After Hours Phone:</i> (858) 657-8322  <i>Provider Gender:</i> Male</p>

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## D. Directorio de proveedores de atención especializada

<p>License number: A86650  NPI: 1225015845  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Scripps Green  Hospital  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Rady Childrens  Hospital San Diego  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>	<p>Jolla John Sally Thornton, Ucsd  Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>HOFFMAN, HAROLD M</b>  Provider ID: 65192  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR STE  1A  LA JOLLA, CA 92037-1300  Phone: (858) 657-8000  Fax:  After Hours Phone: (858)  657-8000  Provider Gender: Male  License number: A53101  NPI: 1326074261  Provider English Spoken: Yes</p>	<p><b>SMITH, TUKISA D</b>  Provider ID: 255602  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (858) 657-5350  Fax:  After Hours Phone: (858)  657-5350  Provider Gender: Female  License number: A165499  NPI: 1205194198  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La</p>	<p><b>WASSERMAN, STEPHEN I</b>  Provider ID: 65321  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (619) 543-2347  Fax:  After Hours Phone: (619)  543-2347  Provider Gender: Male  License number: A23431  NPI: 1588612154  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):</p>

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## D. Directorio de proveedores de atención especializada

No	<i>Email:</i>	<i>Email:</i>
♿ <i>Accessibility:</i> W	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M,W-F 9AM-5PM, TU 8AM-5PM, SA 9AM-5PM	<i>IPA:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Website:</i>	<b>ANESTHESIOLOGY PAIN MANAGEMENT</b>	<b>ANESTHESIOLOGY</b>
<i>Email:</i>		
<i>Medical Group(s):</i>		<b>OSWALD, JESSICA C</b>
<i>IPA:</i>	<b>CASTELLANOS, JOEL</b>	<i>Provider ID:</i> 239601
<b>ZURAW, BRUCE L</b>	<i>Provider ID:</i> 243554	<i>Board Certified Specialty:</i> No
<i>Provider ID:</i> 65331	<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP
<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP	9300 CAMPUS POINT DR
UCSD MEDICAL GROUP	9300 CAMPUS POINT DR	LA JOLLA, CA 92037-1300
9350 CAMPUS POINT DR	LA JOLLA, CA 92037-1300	<i>Phone:</i> (800) 926-8273
LA JOLLA, CA 92037-1300	<i>Phone:</i> (800) 926-8273	<i>Fax:</i>
<i>Phone:</i> (858) 657-8723	<i>Fax:</i>	<i>After Hours Phone:</i> (800)
<i>Fax:</i>	<i>After Hours Phone:</i> (800)	926-8273
<i>After Hours Phone:</i> (858)	926-8273	<i>Provider Gender:</i> Female
657-8723	<i>Provider Gender:</i> Male	<i>License number:</i> A130925
<i>Provider Gender:</i> Male	<i>License number:</i> A154199	<i>NPI:</i> 1427315118
<i>License number:</i> G47065	<i>NPI:</i> 1700296514	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1780634261	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd La
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd	Jolla John Sally Thornton, Ucsd
<i>Hospital Affiliation:</i> Scripps	Medical Ctr, Ucsd La Jolla John	Medical Ctr
Green Hospital	Sally Thornton	<i>Medi-Cal Open Panel:</i> Yes
<i>Medi-Cal Open Panel:</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/999
<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	No
No	No	♿ <i>Accessibility:</i>
♿ <i>Accessibility:</i> W	♿ <i>Accessibility:</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Hours:</i> M-SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA	9AM-5PM
<i>Website:</i>	9AM-5PM	<i>Website:</i>
	<i>Website:</i>	<i>Email:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>TRIVEDI, SURAJ S</b> Provider ID: 246750 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A122196 NPI: 1699057885 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>TZENG, ERIC</b></p>	<p>Provider ID: 284578 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A153819 NPI: 1801258264 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <hr/> <p style="text-align: center;"><b>CARDIOLOGY</b></p> <hr/> <p><b>AIZIN, VITALI</b> Provider ID: 124981</p>	<p>Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 9834 GENESEE AVE STE 101 LA JOLLA, CA 92037-1214 Phone: (858) 430-8455 Fax: (858) 433-6946 After Hours Phone: (858) 430-8455 Provider Gender: Male License number: A82761 NPI: 1366545733 Provider English Spoken: Yes Provider Language(s) Spoken: Lithuanian Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California,</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Imperial Health Holdings  
Medical Group-Sd

### AL KHIAMI, BELAL O

Provider ID: 127143  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL 1  
LA JOLLA, CA 92037-1337  
Phone: (858) 657-8530  
Fax:  
After Hours Phone: (858)  
657-8530  
Provider Gender: Male  
License number: A141418  
NPI: 1861623506  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr, Pioneers Memorial  
Hospital, El Centro Regional  
Medical Center, Loma Linda  
University Med Ctr Murrieta,  
Temecula Valley Hospital Inc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### AL KHIAMI, BELAL O

Provider ID: 275993  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL 1  
LA JOLLA, CA 92037-1337  
Phone: (858) 657-8530  
Fax:  
After Hours Phone: (858)  
657-8530  
Provider Gender: Male  
License number: A141418  
NPI: 1861623506  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr, Pioneers Memorial  
Hospital, El Centro Regional  
Medical Center, Loma Linda  
University Med Ctr Murrieta,  
Temecula Valley Hospital Inc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA

9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### BERMAN, BRETT J

Provider ID: 295825  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037-1214  
Phone: (858) 430-8455  
Fax: (858) 433-6943  
After Hours Phone: (858)  
430-8455  
Provider Gender: Male  
License number: A78854  
NPI: 1457446684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Ucsd Medical  
Ctr, Scripps Memorial Hospital,  
Scripps Mercy Hospital Chula  
Vista, Sharp Chula Vista Med  
Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No

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## D. Directorio de proveedores de atención especializada

☯ Accessibility: No  
 Hours: M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

### **COTTER, BRUNO R**

Provider ID: 65154  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE 1D  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858) 657-8530  
 Provider Gender: Male  
 License number: A67069  
 NPI: 1205886389  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, German  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

No  
 ☯ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GREENBERG, BARRY H**

Provider ID: 65180  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE 1D  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858) 657-8530  
 Provider Gender: Male  
 License number: G29316  
 NPI: 1093773137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

☯ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HOFFMAYER, KURT S**

Provider ID: 110437  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858) 657-8530  
 Provider Gender: Male  
 License number: A98256  
 NPI: 1841322195  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Provider ID:</i> 210202	9300 CAMPUS POINT DR
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92037-1300
<i>IPA:</i>	UCSD MEDICAL GROUP	<i>Phone:</i> (800) 926-8273
<b>KIM, PAUL J</b>	9434 MEDICAL CENTER DR FL 1	<i>Fax:</i>
<i>Provider ID:</i> 120632	LA JOLLA, CA 92037-1337	<i>After Hours Phone:</i> (800)
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (858) 657-8530	926-8273
UCSD MEDICAL GROUP	<i>Fax:</i>	<i>Provider Gender:</i> Male
9434 MEDICAL CENTER DR FL 1	<i>After Hours Phone:</i> (858)	<i>License number:</i> A109213
LA JOLLA, CA 92037-1337	657-8530	<i>NPI:</i> 1417104837
<i>Phone:</i> (858) 657-8530	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
<i>Fax:</i>	<i>License number:</i> A109213	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (858)	<i>NPI:</i> 1417104837	<i>Cultural Competency:</i> No
657-8530	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd
<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	Medical Ctr, Ucsd La Jolla John
<i>License number:</i> A109213	<i>Cultural Competency:</i> No	Sally Thornton
<i>NPI:</i> 1417104837	<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> Yes
<i>Provider English Spoken:</i> Yes	Medical Ctr, Ucsd La Jolla John	<i>Min/Max Age:</i> 0/999
<i>Provider Language(s) Spoken:</i>	Sally Thornton	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes	No
<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> 0/999	<i>Accessibility:</i>
Medical Ctr, Ucsd La Jolla John	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA
Sally Thornton	No	9AM-5PM
<i>Medi-Cal Open Panel:</i> No	<i>Accessibility:</i>	<i>Website:</i>
<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>
<i>American Sign Language (ASL):</i>	9AM-5PM	<i>Medical Group(s):</i>
No	<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Accessibility:</i> W	<i>Email:</i>	<b>MIZZELL, ANNA M</b>
<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>	<i>Provider ID:</i> 214021
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	<i>Board Certified Specialty:</i> No
<i>Email:</i>	<b>KIM, PAUL J</b>	UCSD MEDICAL GROUP
<i>Medical Group(s):</i>	<i>Provider ID:</i> 244997	9434 MEDICAL CENTER DR FL 1
<i>IPA:</i> Ucsd Medical Group	<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92037-1337
<b>KIM, PAUL J</b>	UCSD MEDICAL GROUP	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	Provider Gender: Female	Provider Language(s) Spoken:
Fax:	License number: A112810	Cultural Competency: No
After Hours Phone: (800) 926-8273	NPI: 1851561021	Hospital Affiliation: Ucsd Medical Ctr
Provider Gender: Female	Provider English Spoken: Yes	Medi-Cal Open Panel: No
License number: A112810	Provider Language(s) Spoken:	Min/Max Age: None
NPI: 1851561021	Cultural Competency: No	American Sign Language (ASL): No
Provider English Spoken: Yes	Hospital Affiliation: Ucsd Medical Ctr	♿ Accessibility: W
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM
Cultural Competency: No	Min/Max Age: None	Website:
Hospital Affiliation: Ucsd Medical Ctr	American Sign Language (ASL): No	Email:
Medi-Cal Open Panel: Yes	♿ Accessibility: W	Medical Group(s):
Min/Max Age: 0/999	Hours: M-F 9AM-6PM, SA 9AM-5PM	IPA: Ucsd Medical Group
American Sign Language (ASL): No	Website:	<b>NAREZKINA, ANNA D</b>
♿ Accessibility:	Email:	Provider ID: 110162
Hours: M-F 8AM-5PM, SA 9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA: Ucsd Medical Group	UCSD MEDICAL GROUP
Email:	<b>MIZZELL, ANNA M</b>	9434 MEDICAL CENTER DR FL 1
Medical Group(s):	Provider ID: 84119	LA JOLLA, CA 92037-1337
IPA: Ucsd Medical Group	Board Certified Specialty: No	Phone: (858) 657-8530
<b>MIZZELL, ANNA M</b>	UCSD MEDICAL GROUP	Fax: (858) 657-8814
Provider ID: 83365	9434 MEDICAL CENTER DR FL 1	After Hours Phone: (858) 657-8530
Board Certified Specialty: No	LA JOLLA, CA 92037-1337	Provider Gender: Female
UCSD MEDICAL GROUP	Phone: (800) 926-8273	License number: A113210
9300 CAMPUS POINT DR	Fax:	NPI: 1891958773
LA JOLLA, CA 92037-1300	After Hours Phone: (800) 926-8273	Provider English Spoken: Yes
Phone: (858) 657-7000	Provider Gender: Female	Provider Language(s) Spoken: Russian
Fax:	License number: A112810	Cultural Competency: No
After Hours Phone: (858) 657-7000	NPI: 1851561021	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John
	Provider English Spoken: Yes	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Sally Thornton, Pioneers Memorial Hospital, El Centro Regional Medical Center Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>PHREANER, NICHOLAS J</b> Provider ID: 224864 Board Certified Specialty: No UCSD MEDICAL GROUP 9434 MEDICAL CENTER DR FL 1 LA JOLLA, CA 92037-1337 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A126789 NPI: 1023373040 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes	<b>TAUB, PAM R</b> Provider ID: 277681 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A89612 NPI: 1346355161 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No	<b>TAUB, PAM R</b> Provider ID: 277682 Board Certified Specialty: No UCSD MEDICAL GROUP 9434 MEDICAL CENTER DR FL 1 LA JOLLA, CA 92037-1337 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A89612 NPI: 1346355161 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Website:</i>	<i>Medical Group(s):</i>	<i>Provider ID:</i> 210604
<i>Email:</i>	<i>IPA:</i>	<i>Board Certified Specialty:</i> No
<i>Medical Group(s):</i>	<b>WALTERS, DANIEL</b>	UCSD MEDICAL GROUP
<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 240403	9434 MEDICAL CENTER DR FL 1
<b>UREY, MARCUS A</b>	<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92037-1337
<i>Provider ID:</i> 120573	UCSD MEDICAL GROUP	<i>Phone:</i> (858) 657-8630
<i>Board Certified Specialty:</i> No	9434 MEDICAL CENTER DR FL 1	<i>Fax:</i> (858) 657-8814
UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1337	<i>After Hours Phone:</i> (858)
9434 MEDICAL CENTER DR FL 1	<i>Phone:</i> (800) 926-8273	657-8630
LA JOLLA, CA 92037-1337	<i>Fax:</i>	<i>Provider Gender:</i> Male
<i>Phone:</i> (858) 657-8530	<i>After Hours Phone:</i> (800)	<i>License number:</i> A122511
<i>Fax:</i>	926-8273	<i>NPI:</i> 1063701068
<i>After Hours Phone:</i> (858)	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
657-8530	<i>License number:</i> A129565	<i>Provider Language(s) Spoken:</i>
<i>Provider Gender:</i> Male	<i>NPI:</i> 1659665461	<i>Cultural Competency:</i> No
<i>License number:</i> A148944	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd
<i>NPI:</i> 1972820058	<i>Provider Language(s) Spoken:</i>	Medical Ctr, Ucsd La Jolla John
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	Sally Thornton
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd La	<i>Medi-Cal Open Panel:</i> Yes
Spanish	Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> 0/999
<i>Cultural Competency:</i> No	Medical Ctr	<i>American Sign Language (ASL):</i>
<i>Hospital Affiliation:</i> Ucsd La	<i>Medi-Cal Open Panel:</i> Yes	No
Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> 0/999	<i>Accessibility:</i>
Medical Ctr	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Medi-Cal Open Panel:</i> No	No	9AM-5PM
<i>Min/Max Age:</i> None	<i>Accessibility:</i>	<i>Website:</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>
No	9AM-5PM	<i>Medical Group(s):</i>
<i>Accessibility:</i> W	<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	
9AM-5PM	<i>Medical Group(s):</i>	<hr/> <b>CARDIOVASCULAR DISEASE</b> <hr/>
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	<b>ADLER, ERIC D</b>
<i>Email:</i>	<b>WETTERSTEN, NICHOLAS W</b>	<i>Provider ID:</i> 64793

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8530  
*Fax:* (858) 657-8021  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A116525  
*NPI:* 1477699601  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ADLER, ERIC D**

*Provider ID:* 65369  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-8530  
*Fax:* (858) 657-8021  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A116525  
*NPI:* 1477699601  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

*Phone:* (800) 926-8273  
*Fax:* (858) 657-8021  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A116525  
*NPI:* 1477699601  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **AIZIN, VITALI**

*Provider ID:* 295811  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 9834 GENESEE AVE STE 101  
 LA JOLLA, CA 92037-1214  
*Phone:* (858) 430-8455  
*Fax:* (858) 433-6946  
*After Hours Phone:* (858) 430-8455

*Provider Gender:* Male  
*License number:* A82761  
*NPI:* 1366545733  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Lithuanian  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

### **BAHADORANI, JOHN N**

*Provider ID:* 101235  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337

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## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 657-8530            Fax:            After Hours Phone: (858) 657-8530            Provider Gender: Male            License number: A123767            NPI: 1780883082            Provider English Spoken: Yes            Provider Language(s) Spoken: Farsi, Persian, Spanish            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (858) 657-8530            Fax: (858) 657-8021            After Hours Phone: (858) 657-8530            Provider Gender: Female            License number: G65241            NPI: 1669497731            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>License number: A51936            NPI: 1508912387            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>
<p><b>BARNARD, DENISE D</b>            Provider ID: 65123            Board Certified Specialty: No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR STE 1D            LA JOLLA, CA 92037-1300</p>	<p><b>BEN YEHUDA, ORI</b>            Provider ID: 65125            Board Certified Specialty: No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR STE 1D            LA JOLLA, CA 92037-1300            Phone: (858) 657-8530            Fax:            After Hours Phone: (858) 657-8530            Provider Gender: Male</p>	<p><b>BERMAN, BRETT J</b>            Provider ID: 101016            Board Certified Specialty: No            INTEGRATIVE            CARDIOVASCULAR CENTER            OF LA JOLLA            9834 GENESEE AVE STE 101            LA JOLLA, CA 92037-1214            Phone: (858) 430-8455            Fax: (858) 433-6943            After Hours Phone: (858) 430-8455            Provider Gender: Male            License number: A78854            NPI: 1457446684            Provider English Spoken: Yes</p>

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## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p> <p><b>DANIELS, LORI B</b>  <i>Provider ID:</i> 65157  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR STE 1D  LA JOLLA, CA 92037-1300</p>	<p><i>Phone:</i> (858) 657-8530  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-8530  <i>Provider Gender:</i> Female  <i>License number:</i> A74503  <i>NPI:</i> 1295755080  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>DEMARIA, ANTHONY N</b>  <i>Provider ID:</i> 65160  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR STE 1D  LA JOLLA, CA 92037-1300</p>	<p><i>Phone:</i> (858) 657-8530  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-8530  <i>Provider Gender:</i> Male  <i>License number:</i> G20471  <i>NPI:</i> 1124043948  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>FELD, GREGORY K</b>  <i>Provider ID:</i> 70155  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9434 MEDICAL CENTER DR FL 1  LA JOLLA, CA 92037-1337  <i>Phone:</i> (858) 657-8530  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-8530  <i>Provider Gender:</i> Male</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

License number: G37258	Cultural Competency: No	Min/Max Age: None
NPI: 1720003924	Hospital Affiliation:	American Sign Language (ASL):
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	No
Provider Language(s) Spoken:	Min/Max Age: 0/999	♿ Accessibility: W
Cultural Competency: No	American Sign Language (ASL):	Hours: M-F 9AM-5PM, SA
Hospital Affiliation: Ucsd La	No	9AM-5PM
Jolla John Sally Thornton, Ucsd	♿ Accessibility:	Website:
Medical Ctr	Hours: M-SA 9AM-5PM	Email:
Medi-Cal Open Panel: No	Website:	Medical Group(s):
Min/Max Age: None	Email:	IPA:
American Sign Language (ASL):	Medical Group(s):	
No	IPA: Ucsd Medical Group	<b>MAHMUD, EHTISHAM</b>
♿ Accessibility: W		Provider ID: 65244
Hours: M-SA 9AM-5PM	<b>KRUMMEN, DAVID E</b>	Board Certified Specialty: No
Website:	Provider ID: 65223	UCSD MEDICAL GROUP
Email:	Board Certified Specialty: No	9350 CAMPUS POINT DR STE
Medical Group(s):	UCSD MEDICAL GROUP	1D
IPA:	9350 CAMPUS POINT DR STE	LA JOLLA, CA 92037-1300
	1D	Phone: (858) 657-8530
<b>KEEN, WILLIAM D</b>	LA JOLLA, CA 92037-1300	Fax:
Provider ID: 291303	Phone: (858) 657-8530	After Hours Phone: (858)
Board Certified Specialty: No	Fax:	657-8530
UCSD MEDICAL GROUP	After Hours Phone: (858)	Provider Gender: Male
9434 MEDICAL CENTER DR	657-8530	License number: G75925
LA JOLLA, CA 92037-1337	Provider Gender: Male	NPI: 1730112335
Phone: (800) 926-8372	License number: A81261	Provider English Spoken: Yes
Fax: (888) 539-8781	NPI: 1235152885	Provider Language(s) Spoken:
After Hours Phone: (800)	Provider English Spoken: Yes	Urdu
926-8372	Provider Language(s) Spoken:	Cultural Competency: No
Provider Gender: Male	Spanish	Hospital Affiliation: Ucsd
License number: G73551	Cultural Competency: No	Medical Ctr
NPI: 1962561571	Hospital Affiliation: Ucsd	Medi-Cal Open Panel: No
Provider English Spoken: Yes	Medical Ctr	Min/Max Age: None
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>No  <i>Accessibility: W</i>  <i>Hours: M-F 9AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><b>TSIMIKAS, SOTIRIOS</b>  <i>Provider ID: 65312</i>  <i>Board Certified Specialty: No</i>  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR STE 1D  LA JOLLA, CA 92037-1300  <i>Phone: (858) 657-8530</i>  <i>Fax:</i>  <i>After Hours Phone: (858) 657-8530</i>  <i>Provider Gender: Male</i>  <i>License number: G73170</i>  <i>NPI: 1629124417</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Cultural Competency: No</i>  <i>Hospital Affiliation: Medi-Cal Open Panel: No</i>  <i>Min/Max Age: None</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility: W</i>  <i>Hours: M-F 9AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>PATEL, MITUL P</b>  <i>Provider ID: 65009</i>  <i>Board Certified Specialty: No</i>  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone: (858) 657-7000</i>  <i>Fax:</i>  <i>After Hours Phone: (858) 657-7000</i>  <i>Provider Gender: Male</i>  <i>License number: A95406</i>  <i>NPI: 1457572448</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Gujarati, Spanish</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Ucsd Medical Ctr</i>  <i>Medi-Cal Open Panel: No</i>  <i>Min/Max Age: None</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility: W</i>  <i>Hours: M-SA 9AM-5PM</i></p>	<p><b>PATEL, MITUL P</b>  <i>Provider ID: 65376</i>  <i>Board Certified Specialty: No</i>  UCSD MEDICAL GROUP  9434 MEDICAL CENTER DR FL 1  LA JOLLA, CA 92037-1337  <i>Phone: (800) 926-8273</i>  <i>Fax:</i>  <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>License number: A95406</i>  <i>NPI: 1457572448</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Gujarati, Spanish</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Ucsd Medical Ctr</i>  <i>Medi-Cal Open Panel: No</i>  <i>Min/Max Age: None</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility: W</i>  <i>Hours: M-SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p style="text-align: center;"><b>CERTIFIED NURSE PRACTITIONER</b></p> <p><b>AGYEMANG, ALBERTA A</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 265130  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR STE  2B  LA JOLLA, CA 92037-1300  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: NP95002195  NPI: 1023400082  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La  Jolla John Sally Thornton, Ucsd  Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>AGYEMANG, ALBERTA A</b>  Provider ID: 265131  Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP  8939 VILLA LA JOLLA DR  LA JOLLA, CA 92037-1732  Phone: (858) 657-8000  Fax: (858) 657-8387  After Hours Phone: (858)  657-8000  Provider Gender: Female  License number: NP95002195  NPI: 1023400082  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La  Jolla John Sally Thornton, Ucsd  Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>ANDREWS, BARBARA G</b>  Provider ID: 291428  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300</p>	<p>Phone: (858) 657-8200  Fax: (858) 657-8235  After Hours Phone: (858)  657-8200  Provider Gender: Female  License number: NP9397  NPI: 1235145962  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>ATTIA, JILL M</b>  Provider ID: 83197  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (858) 822-2124  Fax: (858) 534-4813  After Hours Phone: (858)  822-2124  Provider Gender: Female  License number: NP16882</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

NPI: 1275598591	Min/Max Age: None	Hours: M-SA 9AM-5PM
Provider English Spoken: Yes	American Sign Language (ASL):	Website:
Provider Language(s) Spoken:	No	Email:
Cultural Competency: No	♿ Accessibility:	Medical Group(s):
Hospital Affiliation:	Hours: M-SA 9AM-5PM	IPA:
Medi-Cal Open Panel: No	Website:	
Min/Max Age: None	Email:	<b>BAMEL, KASEY C</b>
American Sign Language (ASL):	Medical Group(s):	Provider ID: 126321
No	IPA:	Board Certified Specialty: No
♿ Accessibility: W		UCSD MEDICAL GROUP
Hours: M-SA 9AM-5PM	<b>BALL, KELLY R</b>	3855 HEALTH SCIENCES DR
Website:	Provider ID: 125572	LA JOLLA, CA 92093-1503
Email:	Board Certified Specialty: No	Phone: (858) 822-6100
Medical Group(s):	UCSD MEDICAL GROUP	Fax:
IPA:	9300 CAMPUS POINT DR	After Hours Phone: (858)
	LA JOLLA, CA 92037-1300	822-6100
	Phone: (858) 657-7000	Provider Gender: Female
<b>ATTIA, JILL M</b>	Fax:	License number: NP95004824
Provider ID: 83198	After Hours Phone: (858)	NPI: 1487106886
Board Certified Specialty: No	657-7000	Provider English Spoken: Yes
UCSD MEDICAL GROUP	Provider Gender: Female	Provider Language(s) Spoken:
9300 CAMPUS POINT DR	License number: NP95004819	Cultural Competency: No
LA JOLLA, CA 92037-1300	NPI: 1902343833	Hospital Affiliation:
Phone: (858) 822-2124	Provider English Spoken: Yes	Medi-Cal Open Panel: No
Fax: (858) 534-4813	Provider Language(s) Spoken:	Min/Max Age: None
After Hours Phone: (858)	Cultural Competency: No	American Sign Language (ASL):
822-2124	Hospital Affiliation: Ucsd La	No
Provider Gender: Female	Jolla John Sally Thornton, Ucsd	♿ Accessibility: W
License number: NP16882	Medical Ctr	Hours: M-SA 9AM-5PM
NPI: 1275598591	Medi-Cal Open Panel: No	Website:
Provider English Spoken: Yes	Min/Max Age: None	Email:
Provider Language(s) Spoken:	American Sign Language (ASL):	Medical Group(s):
Cultural Competency: No	No	IPA:
Hospital Affiliation:	♿ Accessibility:	
Medi-Cal Open Panel: No		<b>BILENKAYA, IRINA</b>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider ID:* 83241  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8322  
*Fax:* (858) 657-8269  
*After Hours Phone:* (858) 657-8322  
*Provider Gender:* Female  
*License number:* NP15880  
*NPI:* 1801030267  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian, Ukrainian  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BOTTA, LAUREN M**

*Provider ID:* 256368  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP95012577  
*NPI:* 1730726563  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BOUTELLE, AMY L**

*Provider ID:* 243485  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE 200  
 LA JOLLA, CA 92037-1701

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP9500140  
*NPI:* 1609117704  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BRADY, KATELYN A**

*Provider ID:* 209017  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>License number: NP95004809  NPI: 1952797540  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>
<p><b>BUENROSTRO, CHRISTINA</b>  Provider ID: 243717  Board Certified Specialty: No  UCSD MEDICAL GROUP  8910 VILLA LA JOLLA DR STE  200  LA JOLLA, CA 92037-1701  Phone: (800) 926-8273  Fax:  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: NP95004366  NPI: 1851749253  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p><b>BYRNE, JENNIFER M</b>  Provider ID: 113432  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (858) 822-6600  Fax: (958) 822-6395  After Hours Phone: (858)  822-6600  Provider Gender: Female  License number: NP23295  NPI: 1568804326  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr</p>	<p><b>CAIN, JULIA M</b>  Provider ID: 83251  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (858) 822-6100  Fax: (858) 822-6277  After Hours Phone: (858)  822-6100  Provider Gender: Female  License number: NP18867  NPI: 1457593808  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM</p>

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## D. Directorio de proveedores de atención especializada

Website:	Medical Group(s):	8910 VILLA LA JOLLA DR STE
Email:	IPA: Ucsd Medical Group	100
Medical Group(s):		LA JOLLA, CA 92037-1701
IPA:	<b>CASTANO, NEREMIAH J</b>	Phone: (800) 926-8273
	Provider ID: 83257	Fax:
<b>CAPOZZI, JENNIFER E</b>	Board Certified Specialty: No	After Hours Phone: (800)
Provider ID: 241030	UCSD MEDICAL GROUP	926-8273
Board Certified Specialty: No	3855 HEALTH SCIENCES DR	Provider Gender: Female
UCSD MEDICAL GROUP	LA JOLLA, CA 92093-1503	License number: NP95002903
9400 CAMPUS POINT DR	Phone: (858) 822-6100	NPI: 1750722666
LA JOLLA, CA 92093-1350	Fax: (858) 822-6188	Provider English Spoken: Yes
Phone: (800) 926-8273	After Hours Phone: (858)	Provider Language(s) Spoken:
Fax:	822-6100	Cultural Competency: No
After Hours Phone: (800)	Provider Gender: Male	Hospital Affiliation: Ucsd La
926-8273	License number: NP18985	Jolla John Sally Thornton,
Provider Gender: Female	NPI: 1437190071	University Of California Irvine
License number: NP11056	Provider English Spoken: Yes	Med Ctr, Ucsd Medical Ctr
NPI: 1336258276	Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Cultural Competency: No	Min/Max Age: 0/999
Provider Language(s) Spoken:	Hospital Affiliation:	American Sign Language (ASL):
Tagalog	Medi-Cal Open Panel: No	No
Cultural Competency: No	Min/Max Age: None	♿ Accessibility:
Hospital Affiliation: Ucsd	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
Medical Ctr, Ucsd La Jolla John	No	9AM-5PM
Sally Thornton	♿ Accessibility: W	Website:
Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM	Email:
Min/Max Age: 0/999	Website:	Medical Group(s):
American Sign Language (ASL):	Email:	IPA: Ucsd Medical Group
No	Medical Group(s):	
♿ Accessibility:	IPA:	<b>COLLINS, CYNTHIA M</b>
Hours: M-F 8AM-5PM, SA		Provider ID: 83300
9AM-5PM	<b>CHRISTIANSO, ELIZABETH S</b>	Board Certified Specialty: No
Website:	Provider ID: 247329	UCSD MEDICAL GROUP
Email:	Board Certified Specialty: No	9350 CAMPUS POINT DR
	UCSD MEDICAL GROUP	

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## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92037-1300  
 Phone: (619) 543-6303  
 Fax: (619) 543-5717  
 After Hours Phone: (619) 543-6303  
 Provider Gender: Female  
 License number: NP17358  
 NPI: 1780869164  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP13032  
 NPI: 1609081710  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858) 657-8745  
 Provider Gender: Female  
 License number: NP13032  
 NPI: 1609081710  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### CONNOR, CAROLINE L

Provider ID: 279834  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE 200  
 LA JOLLA, CA 92037-1701

### CONNOR, CAROLINE L

Provider ID: 83304  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

### CRAMER, ARLENE

Provider ID: 116535  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 534-7079  
 Fax: (858) 822-1186  
 After Hours Phone: (858) 534-7079

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>
<i>License number:</i> NP14879	<i>Medi-Cal Open Panel:</i> Yes	No
<i>NPI:</i> 1083815575	<i>Min/Max Age:</i> 0/999	<i>♿ Accessibility:</i>
<i>Provider English Spoken:</i> Yes	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Provider Language(s) Spoken:</i>	No	9AM-5PM
<i>Cultural Competency:</i> No	<i>♿ Accessibility:</i>	<i>Website:</i>
<i>Hospital Affiliation:</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>
<i>Medi-Cal Open Panel:</i> No	9AM-5PM	<i>Medical Group(s):</i>
<i>Min/Max Age:</i> None	<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group
<i>American Sign Language (ASL):</i>	<i>Email:</i>	
No	<i>Medical Group(s):</i>	<b>DAVIES, SUMMER R</b>
<i>♿ Accessibility:</i> W	<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 253691
<i>Hours:</i> M-SA 9AM-5PM		<i>Board Certified Specialty:</i> No
<i>Website:</i>	<b>DAVIES, SUMMER R</b>	UCSD MEDICAL GROUP
<i>Email:</i>	<i>Provider ID:</i> 238922	8910 VILLA LA JOLLA DR STE
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	100
<i>IPA:</i>	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1701
	9300 CAMPUS POINT DR	<i>Phone:</i> (858) 249-6800
	LA JOLLA, CA 92037-1300	<i>Fax:</i> (858) 657-6420
	<i>Phone:</i> (858) 657-7600	<i>After Hours Phone:</i> (858)
	<i>Fax:</i>	249-6800
	<i>After Hours Phone:</i> (858)	<i>Provider Gender:</i> Female
	657-7600	<i>License number:</i> NP21519
	<i>Provider Gender:</i> Female	<i>NPI:</i> 1679850671
	<i>License number:</i> NP21519	<i>Provider English Spoken:</i> Yes
	<i>NPI:</i> 1679850671	<i>Provider Language(s) Spoken:</i>
	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd La
	<i>Cultural Competency:</i> No	Jolla John Sally Thornton, Ucsd
	<i>Hospital Affiliation:</i> Ucsd La	Medical Ctr
	Jolla John Sally Thornton, Ucsd	<i>Medi-Cal Open Panel:</i> Yes
	Medical Ctr	<i>Min/Max Age:</i> 0/999
	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>
	<i>Min/Max Age:</i> 0/999	No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>IPA:</i>  <b>DEUTSCH, ELIANA J</b>  <i>Provider ID:</i> 121229  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            8910 VILLA LA JOLLA DR STE            200            LA JOLLA, CA 92037-1701  <i>Phone:</i> (858) 657-8745  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            657-8745  <i>Provider Gender:</i> Female  <i>License number:</i> NP19666  <i>NPI:</i> 1770807000  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p>9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> NP95011770  <i>NPI:</i> 1346670718  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La            Jolla John Sally Thornton, Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>
<p><b>DELA VINA, JANELLE P</b>  <i>Provider ID:</i> 125314  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-8322  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            657-8322  <i>Provider Gender:</i> Female  <i>License number:</i> NP17592  <i>NPI:</i> 1821232778  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><b>DIMAIRA, FRANCESCA</b>  <i>Provider ID:</i> 245579  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP</p>	<p><b>DIMAIRA, FRANCESCA</b>  <i>Provider ID:</i> 245580  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP95011770  
 NPI: 1346670718  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **DOVE, JANET H**

Provider ID: 83368  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (858) 657-8322  
 Fax:  
 After Hours Phone: (858) 657-8322  
 Provider Gender: Female  
 License number: NP8210  
 NPI: 1982860664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DRCAR, THAO T**

Provider ID: 83373  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-5257  
 Fax: (858) 657-7107  
 After Hours Phone: (858) 657-5257  
 Provider Gender: Female

License number: NP14165  
 NPI: 1710958798  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DRISCOLL, KARRIE**

Provider ID: 110193  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6277  
 Fax: (858) 228-1731  
 After Hours Phone: (858) 822-6277  
 Provider Gender: Female  
 License number: NP22651  
 NPI: 1396085098  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>DRISCOLL, KARRIE</b>  <i>Provider ID:</i> 286376  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503  <i>Phone:</i> (858) 822-6277  <i>Fax:</i> (858) 228-1731  <i>After Hours Phone:</i> (858)            822-6277  <i>Provider Gender:</i> Female  <i>License number:</i> NP22651  <i>NPI:</i> 1396085098  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i></p>	<p><i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>DUONG, MICHELLE T</b>  <i>Provider ID:</i> 126862  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503  <i>Phone:</i> (858) 822-6600  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            822-6600  <i>Provider Gender:</i> Female  <i>License number:</i> NP95004623  <i>NPI:</i> 1659821080  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><b>ELAMPARO, KAYE L , NPA</b>  <i>Provider ID:</i> 258928  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            9834 GENESEE AVE STE 560            LA JOLLA, CA 92037-1223  <i>Phone:</i> (858) 552-1710  <i>Fax:</i> (858) 429-4009  <i>After Hours Phone:</i> (858)            552-1710  <i>Provider Gender:</i> Female  <i>License number:</i> NP20795  <i>NPI:</i> 1851673610  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Korean, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Tri City            Medical Ctr, Scripps Mercy            Hospital Chula Vista, Scripps            Memorial Hospital, Scripps            Memorial Hospital Encinitas,            Scripps Green Hospital, Scripps            Mercy Hospital, Alvarado Hosp            Med Ctr, Paradise Valley            Hospital, Alvarado Hospital Llc,            Palomar Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM	IPA:	<i>Board Certified Specialty:</i> No
<i>Website:</i>		UCSD MEDICAL GROUP
<i>Email:</i>	<b>ESPEJO, MARISSA C</b>	3855 HEALTH SCIENCES DR
<i>Medical Group(s):</i>	<i>Provider ID:</i> 121412	LA JOLLA, CA 92093-1503
<i>IPA:</i> Community Care Ipa Llc	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (858) 822-6040
	UCSD RADIOLOGY AT LA	<i>Fax:</i>
<b>ELMORE, DUDLEY G</b>	JOLLA	<i>After Hours Phone:</i> (858)
<i>Provider ID:</i> 83411	9300 CAMPUS POINT DR	822-6040
<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92037-1300	<i>Provider Gender:</i> Female
UCSD MEDICAL GROUP	<i>Phone:</i> (619) 471-0320	<i>License number:</i> NP19711
9300 CAMPUS POINT DR	<i>Fax:</i>	<i>NPI:</i> 1972839975
LA JOLLA, CA 92037-1300	<i>After Hours Phone:</i> (619)	<i>Provider English Spoken:</i> Yes
<i>Phone:</i> (858) 657-7000	471-0320	<i>Provider Language(s) Spoken:</i>
<i>Fax:</i> (619) 543-7785	<i>Provider Gender:</i> Female	Farsi
<i>After Hours Phone:</i> (858)	<i>License number:</i> NP20343	<i>Cultural Competency:</i> No
657-7000	<i>NPI:</i> 1508112590	<i>Hospital Affiliation:</i>
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> No
<i>License number:</i> NP18199	<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> None
<i>NPI:</i> 1568620375	<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i>
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd La	No
<i>Provider Language(s) Spoken:</i>	Jolla John Sally Thornton, Ucsd	<i>♿ Accessibility:</i> W
<i>Cultural Competency:</i> No	Medical Ctr	<i>Hours:</i> M-SA 9AM-5PM
<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> No	<i>Website:</i>
Medical Ctr, Ucsd La Jolla John	<i>Min/Max Age:</i> None	<i>Email:</i>
Sally Thornton	<i>American Sign Language (ASL):</i>	<i>Medical Group(s):</i>
<i>Medi-Cal Open Panel:</i> No	No	<i>IPA:</i>
<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i>	
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM	<b>FRIEBEN, CODY J</b>
No	<i>Website:</i>	<i>Provider ID:</i> 244096
<i>♿ Accessibility:</i>	<i>Email:</i>	<i>Board Certified Specialty:</i> No
<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>	UCSD MEDICAL GROUP
<i>Website:</i>	<i>IPA:</i>	9300 CAMPUS POINT DR
<i>Email:</i>		LA JOLLA, CA 92037-1300
<i>Medical Group(s):</i>	<b>FEELY, HOMIRA</b>	
	<i>Provider ID:</i> 83426	

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: NP95008175  
 NPI: 1992179162  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GARCIA, DAVID**

Provider ID: 83446  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (619) 543-6222  
 Fax: (619) 543-7785  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: NP9111  
 NPI: 1851544480  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GARTH, MELISSA A**

Provider ID: 268991  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP95011870

NPI: 1689232977  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GARTH, MELISSA A**

Provider ID: 268992  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP95011870  
 NPI: 1689232977  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GELUZ, JAYDEE ROSE F**

Provider ID: 117074  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 534-7079  
 Fax:  
 After Hours Phone: (858) 534-7079  
 Provider Gender: Female  
 License number: NP95004002  
 NPI: 1861854622  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GERNHOFER, YAN K**

Provider ID: 83661  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP22280  
 NPI: 1205185915  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Mandarin, Yue Chinese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GERNHOFER, YAN K**

Provider ID: 83662  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 437-7777  
 Fax: (858) 657-5058  
 After Hours Phone: (619) 437-7777  
 Provider Gender: Female  
 License number: NP22280  
 NPI: 1205185915  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Mandarin, Yue Chinese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GILBERT, TARI L**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider ID:* 125238  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE  
 100  
 LA JOLLA, CA 92037-1701  
*Phone:* (858) 249-6800  
*Fax:*  
*After Hours Phone:* (858)  
 249-6800  
*Provider Gender:* Female  
*License number:* NP10378  
*NPI:* 1811248347  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GIOVANNETTI, ERIN R**

*Provider ID:* 276002  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* NP22803  
*NPI:* 1013317767  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GORDON, CAITLIN R**

*Provider ID:* 246042  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* NP23078  
*NPI:* 1063842078  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Ucsd Medical Ctr,  
 Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GORDON, DEBBIE**

*Provider ID:* 128662  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 657-8530	NPI: 1992869739	Provider Language(s) Spoken:
Fax:	Provider English Spoken: Yes	Cultural Competency: No
After Hours Phone: (858) 657-8530	Provider Language(s) Spoken:	Hospital Affiliation:
Provider Gender: Female	Cultural Competency: No	Medi-Cal Open Panel: Yes
License number: NP13438	Hospital Affiliation:	Min/Max Age: 0/999
NPI: 1730315532	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Provider English Spoken: Yes	Min/Max Age: 18/125	No
Provider Language(s) Spoken:	American Sign Language (ASL):	♿ Accessibility:
Cultural Competency: No	No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Hospital Affiliation:	♿ Accessibility:	Website:
Medi-Cal Open Panel: No	Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:
Min/Max Age: None	Website:	Medical Group(s):
American Sign Language (ASL):	Email:	IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
No	Medical Group(s):	
♿ Accessibility: W	IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	
Hours: M-SA 9AM-5PM		
Website:		
Email:		
Medical Group(s):		
IPA:		
<b>HALEY, KATHLEEN M , NPA</b>	<b>HALEY, KATHLEEN M</b>	<b>HARKNESS, RUMIKO</b>
Provider ID: 253506	Provider ID: 262439	Provider ID: 208840
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
COMMUNITY CARE IPA LLC	IMPERIAL HEALTH HOLDINGS	UCSD MEDICAL GROUP
9850 GENESEE AVE STE 560	MEDICAL GROUP-SD	8910 VILLA LA JOLLA DR STE 200
LA JOLLA, CA 92037-1229	9850 GENESEE AVE STE 560	LA JOLLA, CA 92037-1701
Phone: (858) 552-1410	LA JOLLA, CA 92037-1229	Phone: (800) 926-8273
Fax: (858) 552-0929	Phone: (858) 552-1410	Fax:
After Hours Phone: (858) 552-1410	Fax: (858) 552-0929	After Hours Phone: (800) 926-8273
Provider Gender: Female	After Hours Phone: (858) 552-1410	Provider Gender: Female
License number: NP11124	Provider Gender: Female	License number: NP11566
	License number: NP11124	NPI: 1487785093
	NPI: 1992869739	Provider English Spoken: Yes
	Provider English Spoken: Yes	Provider Language(s) Spoken:
		Japanese

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  🔊 Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>HERMAN, HEATHER G</b>  Provider ID: 83590  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (858) 534-7079  Fax: (858) 822-0872  After Hours Phone: (858)  534-7079  Provider Gender: Female  License number: NP15024  NPI: 1407064728  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):</p>	<p>No  🔊 Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>HORNFELD, COURTNEY A</b>  Provider ID: 277360  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (800) 926-8273  Fax: (619) 543-7128  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: NP95013375  NPI: 1982234027  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  🔊 Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:</p>	<p>Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>HUYNH, HOAI HUONG K</b>  Provider ID: 83606  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (858) 657-8540  Fax: (858) 657-8549  After Hours Phone: (858)  657-8540  Provider Gender: Female  License number: NP19793  NPI: 1194035501  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  🔊 Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>IYER, VICTORIA G</b>  Provider ID: 265624  Board Certified Specialty: No  UCSD MEDICAL GROUP</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

9350 CAMPUS POINT DR STE 2B LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: NP18782 NPI: 1871738864 Provider English Spoken: Yes Provider Language(s) Spoken: Tagalog Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (800) 926-8273 Fax: (800) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: NP95914220 NPI: 1396371431 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (858) 657-6380 Fax: (858) 657-6904 After Hours Phone: (858) 657-6380 Provider Gender: Female License number: NP13634 NPI: 1366558678 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:  <b>KIM, JENNIFER S</b> Provider ID: 112495 Board Certified Specialty: No UCSD MEDICAL GROUP 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093-1503 Phone: (858) 534-7079 Fax: (858) 822-6186 After Hours Phone: (858) 534-7079 Provider Gender: Female License number: NP19867
<b>JONES, CHRISTA E</b> Provider ID: 275564 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300	<b>KHUAT, LIEN M</b> Provider ID: 83653 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300	

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## D. Directorio de proveedores de atención especializada

NPI: 1851601819	Min/Max Age: None	Website:
Provider English Spoken: Yes	American Sign Language (ASL):	Email:
Provider Language(s) Spoken:	No	Medical Group(s):
Cultural Competency: No	♿ Accessibility:	IPA:
Hospital Affiliation:	Hours: M-SA 9AM-5PM	
Medi-Cal Open Panel: No	Website:	<b>KOMIYA, ASAKO</b>
Min/Max Age: None	Email:	Provider ID: 279183
American Sign Language (ASL):	Medical Group(s):	Board Certified Specialty: No
No	IPA:	RADY CHILDRENS HEALTH NETWORK
♿ Accessibility: W		4150 REGENTS PARK ROW STE 355
Hours: M-SA 9AM-5PM	<b>KNECHEL, NANCY A</b>	LA JOLLA, CA 92037-9102
Website:	Provider ID: 83660	Phone: (858) 457-2043
Email:	Board Certified Specialty: No	Fax: (858) 457-2092
Medical Group(s):	UCSD MEDICAL GROUP	After Hours Phone: (858) 457-2043
IPA:	9300 CAMPUS POINT DR	Provider Gender: Female
	LA JOLLA, CA 92037-1300	License number: NP13504
	Phone: (858) 657-7000	NPI: 1144797895
<b>KIRK, MARY P</b>	Fax:	Provider English Spoken: Yes
Provider ID: 83657	After Hours Phone: (858) 657-7000	Provider Language(s) Spoken:
Board Certified Specialty: No	Provider Gender: Female	Cultural Competency: No
UCSD MEDICAL GROUP	License number: NP17401	Hospital Affiliation:
9350 CAMPUS POINT DR	NPI: 1871757211	Medi-Cal Open Panel: No
LA JOLLA, CA 92037-1300	Provider English Spoken: Yes	Min/Max Age: 0/18
Phone: (619) 471-0701	Provider Language(s) Spoken:	American Sign Language (ASL):
Fax: (619) 543-7785	Cultural Competency: No	No
After Hours Phone: (619) 471-0701	Hospital Affiliation:	♿ Accessibility:
Provider Gender: Female	Medi-Cal Open Panel: No	Hours: M-F 8AM-5PM, SA 8AM-12PM
License number: NP17276	Min/Max Age: None	Website:
NPI: 1760668073	American Sign Language (ASL):	Email:
Provider English Spoken: Yes	No	Medical Group(s):
Provider Language(s) Spoken:	♿ Accessibility:	
Cultural Competency: No	Hours: M-F 9AM-5PM, SA 9AM-5PM	
Hospital Affiliation:		
Medi-Cal Open Panel: No		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health Network

### **KORMANIK, PATRICIA A**

Provider ID: 282070  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP9707  
 NPI: 1093895047  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **KORMANIK, PATRICIA A**

Provider ID: 83665  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax: (858) 822-6395  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Female  
 License number: NP9707  
 NPI: 1093895047  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **LEBLANC, ALLYN E**

Provider ID: 275539  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: NP95004227  
 NPI: 1376732685  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **LEE, HEE J**

Provider ID: 274644  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>License number:</i> NP18324	<i>Provider Language(s) Spoken:</i>
<i>License number:</i> NP95006499	<i>NPI:</i> 1952564320	<i>Cultural Competency:</i> No
<i>NPI:</i> 1497275705	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> No
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None
Korean	<i>Hospital Affiliation:</i> Ucsd	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John	No
<i>Hospital Affiliation:</i> Ucsd	Sally Thornton	<i>Accessibility:</i> W
Medical Ctr, Ucsd La Jolla John	<i>Medi-Cal Open Panel:</i> No	<i>Hours:</i> M-SA 9AM-5PM
Sally Thornton	<i>Min/Max Age:</i> None	<i>Website:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>Min/Max Age:</i> 0/999	No	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	<i>Accessibility:</i>	<i>IPA:</i>
No	<i>Hours:</i> M-F 9AM-5PM, SA	<b>MATTHESS, JANETTE E</b>
<i>Accessibility:</i>	9AM-5PM	<i>Provider ID:</i> 122010
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Website:</i>	<i>Board Certified Specialty:</i> No
9AM-5PM	<i>Email:</i>	UCSD MEDICAL GROUP
<i>Website:</i>	<i>Medical Group(s):</i>	8910 VILLA LA JOLLA DR STE
<i>Email:</i>	<i>IPA:</i>	200
<i>Medical Group(s):</i>	<b>MARTINEZ, JOYCELLE C</b>	LA JOLLA, CA 92037-1701
<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 84008	<i>Phone:</i> (858) 657-8745
<b>LEITHEM, DESIREE S</b>	<i>Board Certified Specialty:</i> No	<i>Fax:</i>
<i>Provider ID:</i> 121150	UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (858)
<i>Board Certified Specialty:</i> No	9434 MEDICAL CENTER DR FL 1	657-8745
UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1337	<i>Provider Gender:</i> Female
8910 VILLA LA JOLLA DR STE	<i>Phone:</i> (800) 926-8273	<i>License number:</i> NP22833
200	<i>Fax:</i> (858) 657-8530	<i>NPI:</i> 1457694549
LA JOLLA, CA 92037-1701	<i>After Hours Phone:</i> (800)	<i>Provider English Spoken:</i> Yes
<i>Phone:</i> (858) 657-8745	926-8273	<i>Provider Language(s) Spoken:</i>
<i>Fax:</i>	<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No
<i>After Hours Phone:</i> (858)	<i>License number:</i> NP16021	<i>Hospital Affiliation:</i> Ucsd
657-8745	<i>NPI:</i> 1891906228	Medical Ctr, Ucsd La Jolla John
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	Sally Thornton

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:            Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>
<p><b>MATTHESS, JANETTE E</b>          Provider ID: 287644          Board Certified Specialty: No          UCSD MEDICAL GROUP          8910 VILLA LA JOLLA DR STE 100          LA JOLLA, CA 92037-1701          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: NP22833          NPI: 1457694549          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):</p>	<p><b>MATTHESS, JANETTE E</b>          Provider ID: 287645          Board Certified Specialty: No          UCSD MEDICAL GROUP          9415 CAMPUS POINT DR          LA JOLLA, CA 92093-1350          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: NP22833          NPI: 1457694549          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA</p>	<p><b>MCALPIN, REBECCA A</b>          Provider ID: 84012          Board Certified Specialty: No          UCSD MEDICAL GROUP          3855 HEALTH SCIENCES DR          LA JOLLA, CA 92093-1503          Phone: (858) 822-6040          Fax: (858) 822-1634          After Hours Phone: (858) 822-6040          Provider Gender: Female          License number: NP17151          NPI: 1063662153          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:            Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>
		<p><b>MCGHEE, SARAH L</b></p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Provider ID: 113363  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-5182  
 Fax: (858) 822-6186  
 After Hours Phone: (858)  
 822-5182  
 Provider Gender: Female  
 License number: NP18236  
 NPI: 1043467020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MEDIANO, FERNANDO**

Provider ID: 116093  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (858) 657-8540  
 Fax:  
 After Hours Phone: (858)  
 657-8540  
 Provider Gender: Male  
 License number: NP95005764  
 NPI: 1730558743  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MICK, SHARON L**

Provider ID: 84133  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8590  
 Fax:  
 After Hours Phone: (858)  
 657-8590

Provider Gender: Female  
 License number: NP10449  
 NPI: 1891061966  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MIRALLES, ARA**

Provider ID: 84273  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8322  
 Fax:  
 After Hours Phone: (858)  
 657-8322  
 Provider Gender: Female  
 License number: NP22052  
 NPI: 1457697567  
 Provider English Spoken: Yes

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## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age: 0/999</i>	<i>Website:</i>
<i>Cultural Competency: No</i>	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>Hospital Affiliation:</i>	No	<i>Medical Group(s):</i>
<i>Medi-Cal Open Panel: No</i>	<i>♿ Accessibility:</i>	<i>IPA: Ucsd Medical Group</i>
<i>Min/Max Age: None</i>	<i>Hours: M-F 8AM-5PM, SA</i>	
<i>American Sign Language (ASL):</i>	9AM-5PM	<b>NACOSTE, LAKEISHA</b>
No	<i>Website:</i>	<i>Provider ID: 272935</i>
<i>♿ Accessibility:</i>	<i>Email:</i>	<i>Board Certified Specialty: No</i>
<i>Hours: M-SA 9AM-5PM</i>	<i>Medical Group(s):</i>	UCSD MEDICAL GROUP
<i>Website:</i>	<i>IPA: Ucsd Medical Group</i>	3855 HEALTH SCIENCES DR
<i>Email:</i>		LA JOLLA, CA 92093-1503
<i>Medical Group(s):</i>	<b>MULVEY, CAOILFHIONN M</b>	<i>Phone: (858) 822-5210</i>
<i>IPA:</i>	<i>Provider ID: 291420</i>	<i>Fax:</i>
	<i>Board Certified Specialty: No</i>	<i>After Hours Phone: (858)</i>
<b>MOHEBBI, ATHENA</b>	UCSD MEDICAL GROUP	822-5210
<i>Provider ID: 282231</i>	3855 HEALTH SCIENCES DR	<i>Provider Gender: Female</i>
<i>Board Certified Specialty: No</i>	LA JOLLA, CA 92093-1503	<i>License number: NP95007600</i>
UCSD MEDICAL GROUP	<i>Phone: (800) 926-8372</i>	<i>NPI: 1194139634</i>
9300 CAMPUS POINT DR	<i>Fax: (888) 539-8781</i>	<i>Provider English Spoken: Yes</i>
LA JOLLA, CA 92037-1300	<i>After Hours Phone: (800)</i>	<i>Provider Language(s) Spoken:</i>
<i>Phone: (800) 926-8273</i>	926-8372	<i>Cultural Competency: No</i>
<i>Fax: (888) 539-8781</i>	<i>Provider Gender: Female</i>	<i>Hospital Affiliation:</i>
<i>After Hours Phone: (800)</i>	<i>License number: NP95018331</i>	<i>Medi-Cal Open Panel: Yes</i>
926-8273	<i>NPI: 1184386864</i>	<i>Min/Max Age: 0/999</i>
<i>Provider Gender: Female</i>	<i>Provider English Spoken: Yes</i>	<i>American Sign Language (ASL):</i>
<i>License number: NP19120</i>	<i>Provider Language(s) Spoken:</i>	No
<i>NPI: 1952627176</i>	<i>Cultural Competency: No</i>	<i>♿ Accessibility:</i>
<i>Provider English Spoken: Yes</i>	<i>Hospital Affiliation:</i>	<i>Hours: M-F 8AM-5PM, SA</i>
<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel: Yes</i>	9AM-5PM
Farsi	<i>Min/Max Age: 0/999</i>	<i>Website:</i>
<i>Cultural Competency: No</i>	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>Hospital Affiliation: Ucsd</i>	No	<i>Medical Group(s):</i>
Medical Ctr	<i>♿ Accessibility:</i>	<i>IPA: Ucsd Medical Group</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Hours: M-SA 9AM-5PM</i>	
		<b>NINCHAK, VIOLA M</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider ID:* 285896  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 530  
 LA JOLLA, CA 92037-1213  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* NP95010549  
*NPI:* 1275007403  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ODONNELL, SIOBHAN M**

*Provider ID:* 110904  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 822-6600  
*Fax:*  
*After Hours Phone:* (858) 822-6600  
*Provider Gender:* Female  
*License number:* NP21367  
*NPI:* 1760745947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PAULSON, KERRY L**

*Provider ID:* 201269  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (619) 543-3000  
*Fax:*  
*After Hours Phone:* (619) 543-3000  
*Provider Gender:* Female

*License number:* NP95002615  
*NPI:* 1518363407  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PHILBRICK, MEGAN M**

*Provider ID:* 270401  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP95012381  
*NPI:* 1871074633  
*Provider English Spoken:* Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ucsd Medical Group</p> <p><b>PHILLIPS, KELLY M</b></p> <p><i>Provider ID:</i> 84328</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p><i>Phone:</i> (858) 657-8322</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (858) 657-8322</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> NP18868</p> <p><i>NPI:</i> 1336370543</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd La</p>	<p><i>Medical Ctr</i></p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p> <p><b>PODSADA, KIMBERLY C</b></p> <p><i>Provider ID:</i> 121756</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p><i>Phone:</i> (858) 822-6135</p> <p><i>Fax:</i> (858) 657-6644</p> <p><i>After Hours Phone:</i> (858) 822-6135</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> NP19181</p> <p><i>NPI:</i> 1891011078</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i></p>	<p>No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p> <p><b>RALEIGH, DEBORAH J</b></p> <p><i>Provider ID:</i> 215016</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9434 MEDICAL CENTER DR FL 1</p> <p>LA JOLLA, CA 92037-1337</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> NP21444</p> <p><i>NPI:</i> 1689006876</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM	Provider ID: 84588	Phone: (800) 926-8273
Website:	Board Certified Specialty: No	Fax: (888) 539-8781
Email:	UCSD MEDICAL GROUP	After Hours Phone: (800)
Medical Group(s):	9300 CAMPUS POINT DR	926-8273
IPA: Ucsd Medical Group	LA JOLLA, CA 92037-1300	Provider Gender: Female
<b>RICHARDS, LISA M</b>	Phone: (619) 543-7162	License number: NP95012534
Provider ID: 84583	Fax: (619) 543-6954	NPI: 1063040384
Board Certified Specialty: No	After Hours Phone: (619)	Provider English Spoken: Yes
UCSD MEDICAL GROUP	543-7162	Provider Language(s) Spoken:
9350 CAMPUS POINT DR	Provider Gender: Female	Cultural Competency: No
LA JOLLA, CA 92037-1300	License number: NP13576	Hospital Affiliation: Ucsd
Phone: (858) 657-8322	NPI: 1871758508	Medical Ctr, Ucsd La Jolla John
Fax: (619) 471-3242	Provider English Spoken: Yes	Sally Thornton
After Hours Phone: (858)	Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes
657-8322	Cultural Competency: No	Min/Max Age: 0/999
Provider Gender: Female	Hospital Affiliation:	American Sign Language (ASL):
License number: NP8458	Medi-Cal Open Panel: No	No
NPI: 1720247612	Min/Max Age: None	♿ Accessibility:
Provider English Spoken: Yes	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
Provider Language(s) Spoken:	No	9AM-5PM
Cultural Competency: No	♿ Accessibility:	Website:
Hospital Affiliation:	Hours: M-SA 9AM-5PM	Email:
Medi-Cal Open Panel: No	Website:	Medical Group(s):
Min/Max Age: None	Email:	IPA: Ucsd Medical Group
American Sign Language (ASL):	Medical Group(s):	<b>ROSSI, CATHERINE R</b>
No	IPA:	Provider ID: 291446
♿ Accessibility:	<b>ROCHE, CHELSEA E</b>	Board Certified Specialty: No
Hours: M-SA 9AM-5PM	Provider ID: 270706	UCSD MEDICAL GROUP
Website:	Board Certified Specialty: No	9300 CAMPUS POINT DR
Email:	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
Medical Group(s):	9300 CAMPUS POINT DR	
IPA:	LA JOLLA, CA 92037-1300	

### RIVIELLO, GABRIELA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 926-8372          Fax: (888) 539-8781          After Hours Phone: (800) 926-8372          Provider Gender: Female          License number: NP95018984          NPI: 1649934126          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>License number: NP95016430          NPI: 1376138388          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>
<p><b>SERRATO, ANTHONY J</b>          Provider ID: 278974          Board Certified Specialty: No          UCSD MEDICAL GROUP          8910 VILLA LA JOLLA DR STE          200          LA JOLLA, CA 92037-1701          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800)          926-8273          Provider Gender: Male</p>	<p><b>SMITH, HEIDI A</b>          Provider ID: 84816          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-7000          Fax: (619) 543-7785          After Hours Phone: (858)          657-7000          Provider Gender: Female          License number: NP8236          NPI: 1992950539          Provider English Spoken: Yes</p>	<p><b>SOLDANO, DEBBIE A</b>          Provider ID: 123422          Board Certified Specialty: No          UCSD MEDICAL GROUP          9350 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-8322          Fax:          After Hours Phone: (858)          657-8322          Provider Gender: Female          License number: NP95001088          NPI: 1174923072          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):</p>

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## D. Directorio de proveedores de atención especializada

No	9AM-5PM	IPA: Ucsd Medical Group
♿ Accessibility:	Website:	<b>STEVENSON, REHEIA A</b>
Hours: M-F 9AM-5PM, SA	Email:	Provider ID: 210795
9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA: Ucsd Medical Group	UCSD MEDICAL GROUP
Email:	<b>SRILASAK, MICHELE</b>	9434 MEDICAL CENTER DR FL 1
Medical Group(s):	Provider ID: 84899	LA JOLLA, CA 92037-1337
IPA:	Board Certified Specialty: No	Phone: (800) 926-8273
<b>SRILASAK, MICHELE</b>	UCSD MEDICAL GROUP	Fax: (888) 539-8781
Provider ID: 281855	3855 HEALTH SCIENCES DR	After Hours Phone: (800)
Board Certified Specialty: No	LA JOLLA, CA 92093-1503	926-8273
UCSD MEDICAL GROUP	Phone: (858) 822-6040	Provider Gender: Female
3855 HEALTH SCIENCES DR	Fax:	License number: NP95003341
LA JOLLA, CA 92093-1503	After Hours Phone: (858)	NPI: 1346696044
Phone: (800) 926-8273	822-6040	Provider English Spoken: Yes
Fax: (888) 539-8781	Provider Gender: Female	Provider Language(s) Spoken:
After Hours Phone: (800)	License number: NP13694	Cultural Competency: No
926-8273	NPI: 1265487326	Hospital Affiliation: Ucsd La
Provider Gender: Female	Provider English Spoken: Yes	Jolla John Sally Thornton, Ucsd
License number: NP13694	Provider Language(s) Spoken:	Medical Ctr
NPI: 1265487326	Cultural Competency: No	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Hospital Affiliation: Ucsd	Min/Max Age: 0/999
Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John	American Sign Language (ASL):
Cultural Competency: No	Sally Thornton	No
Hospital Affiliation: Ucsd	Medi-Cal Open Panel: No	♿ Accessibility:
Medical Ctr, Ucsd La Jolla John	Min/Max Age: None	Hours: M-F 8AM-5PM, SA
Sally Thornton	American Sign Language (ASL):	9AM-5PM
Medi-Cal Open Panel: Yes	No	Website:
Min/Max Age: 0/999	♿ Accessibility: W	Email:
American Sign Language (ASL):	Hours: M-SA 9AM-5PM	Medical Group(s):
No	Website:	IPA: Ucsd Medical Group
♿ Accessibility:	Email:	<b>SUN, CHENG</b>
Hours: M-F 8AM-5PM, SA	Medical Group(s):	Provider ID: 84911

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female  
*License number:* NP9759  
*NPI:* 1437358892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TANGTUMNU, RUNGFA**

*Provider ID:* 84923  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (619) 543-6502  
*Fax:* (619) 543-7785  
*After Hours Phone:* (619)  
 543-6502  
*Provider Gender:* Female  
*License number:* NP17451  
*NPI:* 1689828741  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TOMICICH, STEPHANIE S**

*Provider ID:* 115348  
*Board Certified Specialty:* No  
 CALIFORNIA CANCER ASSOCS  
 FOR RESEARCH AND EXCELL  
 9834 GENESEE AVE STE 416  
 LA JOLLA, CA 92037-1264  
*Phone:* (858) 458-0099  
*Fax:* (858) 458-0089  
*After Hours Phone:* (858)  
 458-0099  
*Provider Gender:* Female

*License number:* NP95002402  
*NPI:* 1316333792  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/120  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **TOMICICH, STEPHANIE S , NPA**

*Provider ID:* 248026  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9834 GENESEE AVE STE 416  
 LA JOLLA, CA 92037-1264  
*Phone:* (858) 458-0099  
*Fax:* (858) 458-0089  
*After Hours Phone:* (858)  
 458-0099  
*Provider Gender:* Female  
*License number:* NP95002402  
*NPI:* 1316333792

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/125  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd         </p>	<p> <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd         </p>	<p> <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group         </p>
<p> <b>TOMICICH, STEPHANIE S</b>  <i>Provider ID:</i> 262398  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD            9850 GENESEE AVE STE 560            LA JOLLA, CA 92037-1229  <i>Phone:</i> (559) 447-4949  <i>Fax:</i> (559) 447-4925  <i>After Hours Phone:</i> (559) 447-4949  <i>Provider Gender:</i> Female  <i>License number:</i> NP95002402  <i>NPI:</i> 1316333792  <i>Provider English Spoken:</i> Yes         </p>	<p> <b>TOPPEN, LAURA</b>  <i>Provider ID:</i> 215475  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9434 MEDICAL CENTER DR FL 1            LA JOLLA, CA 92037-1337  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> NP95010163  <i>NPI:</i> 1326563495  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> </p>	<p> <b>TOPPEN, LAURA</b>  <i>Provider ID:</i> 215476  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> NP95010163  <i>NPI:</i> 1326563495  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> </p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### TRUJILLO, DALE M

Provider ID: 278428

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR STE

2B

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: NP95009664

NPI: 1003104423

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### TRUJILLO, DALE M

Provider ID: 278428

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR STE

2B

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: PT18136

NPI: 1003104423

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### VERA, ABIGAIL M

Provider ID: 119436

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7073

Fax:

After Hours Phone: (858)

657-7073

Provider Gender: Female

License number: NP23547

NPI: 1932462785

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### WATERS, VALERIE L

Provider ID: 121214  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE  
 200  
 LA JOLLA, CA 92037-1701  
 Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858)  
 657-8745  
 Provider Gender: Female  
 License number: NP95007374  
 NPI: 1770002313  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (858) 657-8530  
 Fax: (858) 657-5054  
 After Hours Phone: (858)  
 657-8530  
 Provider Gender: Female  
 License number: NP12765  
 NPI: 1497881197  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858)  
 657-8530  
 Provider Gender: Female  
 License number: NP12624  
 NPI: 1386609386  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

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### CERTIFIED REGISTERED NURSE MIDWIFE

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### BECERRA, AMANDA J

Provider ID: 110463  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE  
 200  
 LA JOLLA, CA 92037-1701

### WAX, VIVIKA S

Provider ID: 84957

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (858) 657-8745	License number: NM1689	Cultural Competency: No
Fax:	NPI: 1477644417	Hospital Affiliation: Kern
After Hours Phone: (858) 657-8745	Provider English Spoken: Yes	Medical Center, Ucsd Medical
Provider Gender: Female	Provider Language(s) Spoken: Spanish	Ctr, Ucsd La Jolla John Sally Thornton
License number: NM235778	Cultural Competency: No	Medi-Cal Open Panel: Yes
NPI: 1386037299	Hospital Affiliation: Ucsd	Min/Max Age: 0/999
Provider English Spoken: Yes	Medical Ctr	American Sign Language (ASL): No
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	☯ Accessibility:
Cultural Competency: No	Min/Max Age: None	Hours: M-F 8AM-5PM, SA 9AM-5PM
Hospital Affiliation: Ucsd Medical Ctr	American Sign Language (ASL): No	Website:
Medi-Cal Open Panel: No	☯ Accessibility: W	Email:
Min/Max Age: None	Hours: M-SA 9AM-5PM	Medical Group(s):
American Sign Language (ASL): No	Website:	IPA: Ucsd Medical Group
☯ Accessibility:	Email:	
Hours: M-SA 9AM-5PM	Medical Group(s):	
Website:	IPA:	<b>GARRETT BROWN, REBECCA C</b>
Email:		Provider ID: 83459
Medical Group(s):	<b>DOLLAND, STEVEN C</b>	Board Certified Specialty: No
IPA:	Provider ID: 280553	UCSD MEDICAL GROUP
	Board Certified Specialty: No	9350 CAMPUS POINT DR
	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
	9300 CAMPUS POINT DR	Phone: (858) 657-8745
	LA JOLLA, CA 92037-1300	Fax: (858) 657-8666
	Phone: (800) 926-8273	After Hours Phone: (858) 657-8745
	Fax: (888) 539-8781	Provider Gender: Female
	After Hours Phone: (800) 926-8273	License number: NMW862
	Provider Gender: Male	NPI: 1659344224
	License number: NA95000632	Provider English Spoken: Yes
	NPI: 1982059044	Provider Language(s) Spoken:
	Provider English Spoken: Yes	Cultural Competency: No
	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medical Ctr	Min/Max Age: None	American Sign Language (ASL):
Medi-Cal Open Panel: No	American Sign Language (ASL):	No
Min/Max Age: None	No	♿ Accessibility:
American Sign Language (ASL):	♿ Accessibility:	Hours: M-F 8AM-5PM, SA
No	Hours: M-F 9AM-5PM, SA	9AM-5PM
♿ Accessibility: W	9AM-5PM	Website:
Hours: M-SA 9AM-5PM	Website:	Email:
Website:	Email:	Medical Group(s):
Email:	Medical Group(s):	IPA: Ucsd Medical Group
Medical Group(s):	IPA: Ucsd Medical Group	
IPA:		
<b>GOODWIN, RACHEL K</b>	<b>GOODWIN, RACHEL K</b>	<b>GREAR MANN, MELISSA P</b>
Provider ID: 126235	Provider ID: 210017	Provider ID: 210051
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR STE	8910 VILLA LA JOLLA DR STE	8910 VILLA LA JOLLA DR STE
200	200	200
LA JOLLA, CA 92037-1701	LA JOLLA, CA 92037-1701	LA JOLLA, CA 92037-1701
Phone: (800) 926-8273	Phone: (800) 926-8273	Phone: (800) 926-8273
Fax:	Fax:	Fax:
After Hours Phone: (800)	After Hours Phone: (800)	After Hours Phone: (800)
926-8273	926-8273	926-8273
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: NM1908	License number: NM1908	License number: NMW1830
NPI: 1518274919	NPI: 1518274919	NPI: 1255384475
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Spanish	Spanish	Cultural Competency: No
Cultural Competency: No	Cultural Competency: No	Hospital Affiliation:
Hospital Affiliation: Ucsd La	Hospital Affiliation: Ucsd La	Medi-Cal Open Panel: Yes
Jolla John Sally Thornton, Ucsd	Jolla John Sally Thornton, Ucsd	Min/Max Age: 0/999
Medical Ctr	Medical Ctr	American Sign Language (ASL):
Medi-Cal Open Panel: No	Medi-Cal Open Panel: Yes	No
	Min/Max Age: 0/999	♿ Accessibility:
		Hours: M-F 8AM-5PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	IPA: Ucsd Medical Group  <b>HIRSCH, JENNIFER S</b> Provider ID: 210056 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-8745 Fax: After Hours Phone: (858) 657-8745 Provider Gender: Female License number: NMW970 NPI: 1891752069 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	UCSD MEDICAL GROUP 8910 VILLA LA JOLLA DR STE 200 LA JOLLA, CA 92037-1701 Phone: (858) 657-8745 Fax: After Hours Phone: (858) 657-8745 Provider Gender: Female License number: NMW970 NPI: 1891752069 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M,TU,TH,F 8AM-5PM, W 8AM-8PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>GUNTHER, HOPE R</b> Provider ID: 210040 Board Certified Specialty: No UCSD MEDICAL GROUP 8910 VILLA LA JOLLA DR STE 200 LA JOLLA, CA 92037-1701 Phone: (858) 657-8745 Fax: After Hours Phone: (858) 657-8745 Provider Gender: Female License number: NM1421 NPI: 1285667741 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M,TU,TH,F 8AM-5PM, W 8AM-8PM, SA 9AM-5PM Website: Email: Medical Group(s):	<b>HIRSCH, JENNIFER S</b> Provider ID: 210057 Board Certified Specialty: No	<b>HIRSCH, JENNIFER S</b> Provider ID: 83597 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 657-8745	Provider Gender: Female	Provider Language(s) Spoken:
Fax: (619) 543-6792	License number: NM236132	Cultural Competency: No
After Hours Phone: (858) 657-8745	NPI: 1386046266	Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns
Provider Gender: Female	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
License number: NMW970	Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: 0/999
NPI: 1891752069	Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns	American Sign Language (ASL): No
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	⌘ Accessibility:
Provider Language(s) Spoken: Spanish	Min/Max Age: 0/999	Hours: M-SA 9AM-5PM
Cultural Competency: No	American Sign Language (ASL): No	Website:
Hospital Affiliation:	⌘ Accessibility:	Email:
Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM	Medical Group(s):
Min/Max Age: None	Website:	IPA: Ucsd Medical Group
American Sign Language (ASL): No	Email:	
⌘ Accessibility:	Medical Group(s):	
Hours: M-SA 9AM-5PM	IPA: Ucsd Medical Group	
Website:		
Email:		
Medical Group(s):		
IPA: Ucsd Medical Group		
	<b>MOMBERG, JESSICA</b>	<b>PERDION, KAREN L</b>
	Provider ID: 291458	Provider ID: 210135
	Board Certified Specialty: No	Board Certified Specialty: No
	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
	9300 CAMPUS POINT DR	8910 VILLA LA JOLLA DR STE 200
	LA JOLLA, CA 92037-1300	LA JOLLA, CA 92037-1701
	Phone: (800) 926-8372	Phone: (858) 657-8745
	Fax: (888) 539-8781	Fax:
	After Hours Phone: (800) 926-8372	After Hours Phone: (858) 657-8745
	Provider Gender: Female	Provider Gender: Female
	License number: NM236132	License number: NM1061
	NPI: 1386046266	NPI: 1518916857
	Provider English Spoken: Yes	Provider English Spoken: Yes
		Provider Language(s) Spoken:
		Cultural Competency: No
		Hospital Affiliation: Ucsd

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Medical Group(s):            IPA: Ucsd Medical Group</p>
<p><b>PERDION, KAREN L</b>            Provider ID: 210136            Board Certified Specialty: No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (800) 926-8273            Fax:            After Hours Phone: (800)            926-8273            Provider Gender: Female            License number: NM1061            NPI: 1518916857            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd            Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No</p>	<p><b>PERDION, KAREN L</b>            Provider ID: 84325            Board Certified Specialty: No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (858) 657-8745            Fax: (619) 543-2366            After Hours Phone: (858)            657-8745            Provider Gender: Female            License number: NM1061            NPI: 1518916857            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd            Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:</p>	<p><b>WARD, PAMELA R</b>            Provider ID: 84953            Board Certified Specialty: No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (858) 657-8745            Fax: (858) 657-8666            After Hours Phone: (858)            657-8745            Provider Gender: Female            License number: NM757            NPI: 1912063199            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>
<hr/> <p><b>DERMATOLOGY</b></p> <hr/>		
<p><b>CROWLEY, CHRISTOPHER S ,            MD</b></p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider ID:* 269668  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8322  
*Fax:*  
*After Hours Phone:* (858)  
 657-8322  
*Provider Gender:* Male  
*License number:* A134188  
*NPI:* 1962836783  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton,  
 Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **GALLO, RICHARD L**

*Provider ID:* 65173  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8322  
*Fax:* (858) 657-8723  
*After Hours Phone:* (858)  
 657-8322  
*Provider Gender:* Male  
*License number:* C50273  
*NPI:* 1679598890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HATA, TISSA R**

*Provider ID:* 65186  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8322  
*Fax:*  
*After Hours Phone:* (858)  
 657-8322  
*Provider Gender:* Female

*License number:* G63547  
*NPI:* 1558313916  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MIREMADI, ARJAMG K**

*Provider ID:* 122520  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 7702 IVANHOE AVE  
 LA JOLLA, CA 92037-4520  
*Phone:* (858) 456-1840  
*Fax:* (858) 456-9341  
*After Hours Phone:* (858)  
 456-1840  
*Provider Gender:* Male  
*License number:* A31016  
*NPI:* 1497849418  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Spanish

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## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **MIREMADI, ARJAMG K**

Provider ID: 257630  
 Board Certified Specialty: Yes  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 7702 IVANHOE AVE  
 LA JOLLA, CA 92037-4520  
 Phone: (858) 456-1840  
 Fax: (858) 456-9341  
 After Hours Phone: (858) 456-1840  
 Provider Gender: Male  
 License number: A31016  
 NPI: 1497849418  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish

Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **YU, BENJAMIN D**

Provider ID: 65328  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8322  
 Fax:  
 After Hours Phone: (858) 657-8322  
 Provider Gender: Male  
 License number: A80119  
 NPI: 1831103084  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd

Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

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### **EMERGENCY MEDICINE**

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### **AMANN, CHRISTOPHER J**

Provider ID: 270914  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax: (888) 539-8781  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: C132360  
 NPI: 1134326895  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **BARRY, JEFFREY R**

Provider ID: 271131

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A149215

NPI: 1801207006

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **BELLINGHAUSEN, AMY**

Provider ID: 270335

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A143164

NPI: 1801206354

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Coronado Hosp And Healthcare

Ctr, Sharp Memorial Hospital,

Ucsd La Jolla John Sally

Thornton, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LI, JINGHONG**

Provider ID: 255937

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7125

Fax: (858) 657-7107

After Hours Phone: (858)

657-7125

Provider Gender: Female

License number: A107000

NPI: 1619014479

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

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## D. Directorio de proveedores de atención especializada

Website:	IPA: Ucsd Medical Group	Ucsd Medical Group
Email:		
Medical Group(s):	<b>PADDOCK, DIANA L</b>	<b>ENDOCRINOLOGY</b>
IPA: Ucsd Medical Group	Provider ID: 256121	<b>METABOLISM DIABETES</b>
<b>LI, JINGHONG</b>	Board Certified Specialty: No	<b>BOEDER, SCHAFFER C</b>
Provider ID: 255938	UCSD MEDICAL GROUP	Provider ID: 255612
Board Certified Specialty: No	8910 VILLA LA JOLLA DR STE	Board Certified Specialty: No
UCSD MEDICAL GROUP	100	UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1	LA JOLLA, CA 92037-1701	9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1337	Phone: (800) 926-8273	LA JOLLA, CA 92037-1300
Phone: (858) 657-7125	Fax: (888) 539-8781	Phone: (800) 926-8273
Fax: (858) 657-7107	After Hours Phone: (800)	Fax: (888) 539-8781
After Hours Phone: (858)	926-8273	After Hours Phone: (800)
657-7125	Provider Gender: Female	926-8273
Provider Gender: Female	License number: PA52175	Provider Gender: Male
License number: A107000	NPI: 1447657804	License number: A129134
NPI: 1619014479	Provider English Spoken: Yes	NPI: 1477808285
Provider English Spoken: Yes	Provider Language(s) Spoken:	Provider English Spoken: Yes
Provider Language(s) Spoken:	Spanish	Provider Language(s) Spoken:
Cultural Competency: No	Cultural Competency: No	Spanish
Hospital Affiliation: Ucsd	Hospital Affiliation: Ucsd La	Cultural Competency: No
Medical Ctr, Ucsd La Jolla John	Jolla John Sally Thornton, Ucsd	Hospital Affiliation: Ucsd La
Sally Thornton	Medical Ctr	Jolla John Sally Thornton, Ucsd
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	Medical Ctr
Min/Max Age: 18/999	Min/Max Age: 0/999	Medi-Cal Open Panel: Yes
American Sign Language (ASL):	American Sign Language (ASL):	Min/Max Age: 0/999
No	No	American Sign Language (ASL):
Accessibility:	Accessibility:	No
Hours: M-F 8AM-5PM, SA	Hours: M-F 8AM-5PM, SA	Accessibility:
9AM-5PM	9AM-5PM	Hours: M-F 8AM-5PM, SA
Website:	Website:	9AM-5PM
Email:	Email:	Website:
Medical Group(s):	Medical Group(s):	Email:
	IPA: Ihp Of Southern California,	

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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>DILLMANN, WOLFGANG</b>            Provider ID: 65162            Board Certified Specialty: No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (619) 543-6886            Fax:            After Hours Phone: (619)            543-6886            Provider Gender: Male            License number: A33658            NPI: 1386675445            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd            Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p> <p><b>DULEBA, ANTONI J</b>            Provider ID: 83386            Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (858) 543-2347            Fax:            After Hours Phone: (858)            543-2347            Provider Gender: Male            License number: C52680            NPI: 1659354702            Provider English Spoken: Yes            Provider Language(s) Spoken:            Polish            Cultural Competency: No            Hospital Affiliation: Ucsd            Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p> <p><b>EDELMAN, STEVEN V</b>            Provider ID: 83396            Board Certified Specialty: No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300</p>	<p>Phone: (858) 657-1636            Fax:            After Hours Phone: (858)            657-1636            Provider Gender: Male            License number: G51578            NPI: 1477585248            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p> <p><b>GUERIN, CHRIS K</b>            Provider ID: 284645            Board Certified Specialty: No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800)            926-8273            Provider Gender: Male            License number: G47081</p>
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## D. Directorio de proveedores de atención especializada

<p>NPI: 1275648875          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Provider Language(s) Spoken: Farsi          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:  Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>
<p><b>HAMIDI, VALA</b>          Provider ID: 121429          Board Certified Specialty: No          UCSD MEDICAL GROUP          9350 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (619) 543-2347          Fax:          After Hours Phone: (619) 543-2347          Provider Gender: Female          License number: A150069          NPI: 1316231681          Provider English Spoken: Yes</p>	<p><b>JUANG, PATRICIA S</b>          Provider ID: 255606          Board Certified Specialty: No          UCSD MEDICAL GROUP          9350 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A110217          NPI: 1265695795          Provider English Spoken: Yes          Provider Language(s) Spoken: Mandarin          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p>	<p><b>JUANG, PATRICIA S</b>          Provider ID: 83552          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-7000          Fax:          After Hours Phone: (858) 657-7000          Provider Gender: Female          License number: A110217          NPI: 1265695795          Provider English Spoken: Yes          Provider Language(s) Spoken: Mandarin          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p>

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No  🔗 Accessibility: W  Hours: M-F 9AM-6PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>🔗 Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>
<p><b>KULASA, KRISTEN M</b>  Provider ID: 255623  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (800) 962-8273  Fax: (888) 539-8781  After Hours Phone: (800) 962-8273  Provider Gender: Female  License number: A96293  NPI: 1932324175  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No</p>	<p><b>MAFONG, DEREK D</b>  Provider ID: 65242  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR STE C  LA JOLLA, CA 92037-1300  Phone: (858) 657-8440  Fax: (858) 657-8989  After Hours Phone: (858) 657-8440  Provider Gender: Male  License number: A89536  NPI: 1699781633  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Palomar Medical Center  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No</p>	<p><b>NAGELBERG, JODI B</b>  Provider ID: 287778  Board Certified Specialty: No  UCSD MEDICAL GROUP  8939 VILLA LA JOLLA DR  LA JOLLA, CA 92037-1732  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: A146838  NPI: 1720474141  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL): No</p>
	<p>🔗 Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	

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## D. Directorio de proveedores de atención especializada

<p><b>SANTOS CAVAIOLA, TRICIA</b>  <i>Provider ID:</i> 256092  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> A108282  <i>NPI:</i> 1518163799  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>9350 CAMPUS POINT DR STE 1A            LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-8000  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-8000  <i>Provider Gender:</i> Female  <i>License number:</i> A81848  <i>NPI:</i> 1467401521  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> 20A16077  <i>NPI:</i> 1265810337  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Chinese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>
<hr/>		
<b>FAMILY PRACTICE</b>		
<p><b>WOODS, GINA N</b>  <i>Provider ID:</i> 110869  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP</p>	<p><b>CHEN, ALICE I</b>  <i>Provider ID:</i> 207165  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9400 CAMPUS POINT DR            LA JOLLA, CA 92093-1350</p>	<p><b>EASTMAN, AMELIA S</b>  <i>Provider ID:</i> 83393  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300</p>

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## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 657-8200          Fax:          After Hours Phone: (858) 657-8200          Provider Gender: Female          License number: 20A11643          NPI: 1336393990          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Alvarado Hospital Llc          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-F 9AM-6PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>9350 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-8745          Fax:          After Hours Phone: (858) 657-8745          Provider Gender: Female          License number: A63540          NPI: 1750339446          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Phone: (800) 926-8273          Fax:          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A63540          NPI: 1750339446          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>
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### GASTROENTEROLOGY

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#### **FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**

#### **LUKACZ, EMILY S**

Provider ID: 256953  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

#### **LUKACZ, EMILY S**

Provider ID: 256954  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

#### **ANAND, GOBIND S**

Provider ID: 110471  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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## D. Directorio de proveedores de atención especializada

Phone: (858) 657-1636	License number: A120739	Cultural Competency: No
Fax:	NPI: 1861626814	Hospital Affiliation: Ucsd La
After Hours Phone: (858) 657-1636	Provider English Spoken: Yes	Jolla John Sally Thornton, Ucsd
Provider Gender: Male	Provider Language(s) Spoken:	Medical Ctr, Desert Regional
License number: A120739	Cultural Competency: No	Med Ctr
NPI: 1861626814	Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Medical Ctr	Min/Max Age: 18/999
Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Cultural Competency: No	Min/Max Age: 0/999	No
Hospital Affiliation: Ucsd	American Sign Language (ASL):	♿ Accessibility:
Medical Ctr	No	Hours: M-F 8AM-5PM, SA
Medi-Cal Open Panel: No	♿ Accessibility:	9AM-5PM
Min/Max Age: None	Hours: M-F 8AM-5PM, SA	Website:
American Sign Language (ASL):	9AM-5PM	Email:
No	Website:	Medical Group(s):
♿ Accessibility: W	Email:	IPA: Ucsd Medical Group
Hours: M-SA 9AM-5PM	Medical Group(s):	
Website:	IPA: Ucsd Medical Group	<b>BRENNER, DAVID A</b>
Email:		Provider ID: 64823
Medical Group(s):	<b>BORTNIKER, ETHAN I</b>	Board Certified Specialty: No
IPA: Ucsd Medical Group	Provider ID: 209550	UCSD MEDICAL GROUP
	Board Certified Specialty: No	9300 CAMPUS POINT DR
	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
	9350 CAMPUS POINT DR	Phone: (858) 657-8381
	LA JOLLA, CA 92037-1300	Fax: (858) 657-8989
	Phone: (800) 926-8273	After Hours Phone: (858)
	Fax:	657-8381
	After Hours Phone: (800)	Provider Gender: Male
	926-8273	License number: G54658
	Provider Gender: Male	NPI: 1679649024
	License number: A155188	Provider English Spoken: Yes
	NPI: 1396905576	Provider Language(s) Spoken:
	Provider English Spoken: Yes	Cultural Competency: No
	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>Accessibility:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> Ucsd Medical Group
<b>COPUR DAHI, NEDRET</b> <i>Provider ID:</i> 64853 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR STE 2C LA JOLLA, CA 92037-1300 <i>Phone:</i> (619) 543-2347 <i>Fax:</i> <i>After Hours Phone:</i> (619) 543-2347 <i>Provider Gender:</i> Female <i>License number:</i> A99701 <i>NPI:</i> 1932290145 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Turkish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	<b>DAVE, SHRAVAN S</b> <i>Provider ID:</i> 270448 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300 <i>Phone:</i> (800) 925-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 925-8273 <i>Provider Gender:</i> Male <i>License number:</i> A139385 <i>NPI:</i> 1588081814 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 18/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i>	<b>DAVE, SHRAVAN S</b> <i>Provider ID:</i> 270449 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR STE 2C LA JOLLA, CA 92037-1300 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> A139385 <i>NPI:</i> 1588081814 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 18/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>DILAURO, STEVEN C , MD</b>            Provider ID: 269298            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            9850 GENESEE AVE STE 440            LA JOLLA, CA 92037-1212            Phone: (858) 373-0211            Fax: (760) 635-5972            After Hours Phone: (858) 373-0211            Provider Gender: Male            License number: A104332            NPI: 1629117643            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital Encinitas            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>DOCHERTY, MICHAEL J</b></p>	<p>Provider ID: 64859            Board Certified Specialty: No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR STE 2C            LA JOLLA, CA 92037-1300            Phone: (619) 543-2347            Fax:            After Hours Phone: (619) 543-2347            Provider Gender: Male            License number: A74870            NPI: 1841230935            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p> <p><b>FEHMI, SYED M</b>            Provider ID: 64876            Board Certified Specialty: No            UCSD MEDICAL GROUP</p>	<p>9300 CAMPUS POINT DR STE 2C            LA JOLLA, CA 92037-1300            Phone: (619) 543-2347            Fax:            After Hours Phone: (619) 543-2347            Provider Gender: Male            License number: A107838            NPI: 1942320288            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p> <p><b>FEJLEH, MOHAMMAD P</b>            Provider ID: 271042            Board Certified Specialty: No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300</p>
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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A149205  
 NPI: 1205240959  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **FEJLEH, MOHAMMAD P**

Provider ID: 271043  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR STE 2C  
 LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A149205  
 NPI: 1205240959  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GOLDKLANG, ROBERT H , MD**

Provider ID: 269271  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 440  
 LA JOLLA, CA 92037-1212  
 Phone: (858) 373-0211  
 Fax: (760) 635-5972  
 After Hours Phone: (858) 373-0211

Provider Gender: Male  
 License number: G69237  
 NPI: 1275527657  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **GUPTA, SAMIR**

Provider ID: 83525  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-2347  
 Fax: (619) 543-7480  
 After Hours Phone: (619) 543-2347  
 Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>License number: A78715  NPI: 1023127057  Provider English Spoken: Yes  Provider Language(s) Spoken: Hindi  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>
<p><b>HOLMER, ARIELA K</b>  Provider ID: 273216  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: A149594  NPI: 1083032544  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p><b>KALMAZ, DENISE</b>  Provider ID: 64931  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR STE 2C  LA JOLLA, CA 92037-1300  Phone: (619) 543-2347  Fax:  After Hours Phone: (619) 543-2347  Provider Gender: Female  License number: A87252  NPI: 1275700973  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p>	<p><b>KLAPHEKE, ROBERT W</b>  Provider ID: 283347  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Male  License number: A154916  NPI: 1891113288  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL):</p>

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## D. Directorio de proveedores de atención especializada

No	9AM-5PM	Email:
♿ Accessibility:	Website:	Medical Group(s):
Hours: M-F 8AM-5PM, SA	Email:	IPA:
9AM-5PM	Medical Group(s):	
Website:	IPA: Ucsd Medical Group	<b>KRINSKY, MARY L</b>
Email:		Provider ID: 83674
Medical Group(s):	<b>KONO, YUKO</b>	Board Certified Specialty: No
IPA: Ucsd Medical Group	Provider ID: 65218	UCSD MEDICAL GROUP
	Board Certified Specialty: No	9300 CAMPUS POINT DR STE
<b>KLAPHEKE, ROBERT W</b>	UCSD MEDICAL GROUP	2C
Provider ID: 283348	9350 CAMPUS POINT DR STE	LA JOLLA, CA 92037-1300
Board Certified Specialty: No	2B	Phone: (619) 543-2347
UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300	Fax:
9300 CAMPUS POINT DR	Phone: (858) 657-8010	After Hours Phone: (619)
LA JOLLA, CA 92037-1300	Fax:	543-2347
Phone: (800) 926-8273	After Hours Phone: (858)	Provider Gender: Female
Fax: (888) 539-8781	657-8010	License number: 20A7425
After Hours Phone: (800)	Provider Gender: Female	NPI: 1588765085
926-8273	License number: A111039	Provider English Spoken: Yes
Provider Gender: Male	NPI: 1982628665	Provider Language(s) Spoken:
License number: A154916	Provider English Spoken: Yes	Cultural Competency: No
NPI: 1891113288	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd
Provider English Spoken: Yes	Japanese	Medical Ctr, Ucsd La Jolla John
Provider Language(s) Spoken:	Cultural Competency: No	Sally Thornton
Cultural Competency: No	Hospital Affiliation: Ucsd	Medi-Cal Open Panel: No
Hospital Affiliation: Ucsd La	Medical Ctr, Ucsd La Jolla John	Min/Max Age: None
Jolla John Sally Thornton, Ucsd	Sally Thornton	American Sign Language (ASL):
Medical Ctr	Medi-Cal Open Panel: No	No
Medi-Cal Open Panel: Yes	Min/Max Age: None	♿ Accessibility:
Min/Max Age: 18/999	American Sign Language (ASL):	Hours: M-F 9AM-6PM, SA
American Sign Language (ASL):	No	9AM-5PM
No	♿ Accessibility: P, EB, IB, E, R, T	Website:
♿ Accessibility:	Hours: M-SA 9AM-5PM	Email:
Hours: M-F 8AM-5PM, SA	Website:	Medical Group(s):

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## D. Directorio de proveedores de atención especializada

<p>IPA:</p> <p><b>KWONG, WILSON T</b></p> <p>Provider ID: 84283</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (619) 543-2347</p> <p>Fax:</p> <p>After Hours Phone: (619) 543-2347</p> <p>Provider Gender: Male</p> <p>License number: A114763</p> <p>NPI: 1134389653</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA:</p> <p><b>LAJOIE, ADRIANNE M , MD</b></p> <p>Provider ID: 269300</p> <p>Board Certified Specialty: No</p>	<p>COMMUNITY CARE IPA LLC</p> <p>9850 GENESEE AVE STE 440</p> <p>LA JOLLA, CA 92037-1212</p> <p>Phone: (858) 373-0211</p> <p>Fax: (760) 635-5972</p> <p>After Hours Phone: (858) 373-0211</p> <p>Provider Gender: Female</p> <p>License number: A84301</p> <p>NPI: 1225253651</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Scripps Memorial Hospital Encinitas</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc, Ihp Of Southern California</p> <p><b>MENDLER, MICHEL H</b></p> <p>Provider ID: 210290</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p>	<p>LA JOLLA, CA 92037-1300</p> <p>Phone: (619) 543-5415</p> <p>Fax:</p> <p>After Hours Phone: (619) 543-5415</p> <p>Provider Gender: Male</p> <p>License number: A78316</p> <p>NPI: 1134232051</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: French</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr, Lac Usc Medical Center, Lac Rancho Los Amigos National Rehab Center</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p> <p><b>MENDLER, MICHEL H</b></p> <p>Provider ID: 65247</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p>
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## D. Directorio de proveedores de atención especializada

Phone: (619) 543-5415	Phone: (619) 543-2347	NPI: 1154718997
Fax:	Fax:	Provider English Spoken: Yes
After Hours Phone: (619) 543-5415	After Hours Phone: (619) 543-2347	Provider Language(s) Spoken:
Provider Gender: Male	Provider Gender: Male	Cultural Competency: No
License number: A78316	License number: C50204	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
NPI: 1134232051	NPI: 1376567255	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Provider English Spoken: Yes	Min/Max Age: 0/999
Provider Language(s) Spoken: French	Provider Language(s) Spoken: Cultural Competency: No	American Sign Language (ASL): No
Cultural Competency: No	Hospital Affiliation:	♿ Accessibility:
Hospital Affiliation: Ucsd Medical Ctr, Lac Usc Medical Center, Lac Rancho Los Amigos National Rehab Center	Medi-Cal Open Panel: No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Medi-Cal Open Panel: No	Min/Max Age: None	Website:
Min/Max Age: None	American Sign Language (ASL): No	Email:
American Sign Language (ASL): No	♿ Accessibility: W	Medical Group(s):
♿ Accessibility: W	Hours: M-SA 9AM-5PM	IPA: Ucsd Medical Group
Hours: M-F 9AM-5PM, SA 9AM-5PM	Website:	<b>NGUYEN, NGHIA H</b>
Website:	Email:	Provider ID: 283296
Email:	Medical Group(s):	Board Certified Specialty: No
Medical Group(s):	IPA:	UCSD MEDICAL GROUP
IPA: Ucsd Medical Group	<b>NGUYEN, NGHIA H</b>	9300 CAMPUS POINT DR
<b>MITTAL, RAVINDER K</b>	Provider ID: 283295	LA JOLLA, CA 92037-1300
Provider ID: 65255	Board Certified Specialty: No	Phone: (858) 657-7423
Board Certified Specialty: No	UCSD MEDICAL GROUP	Fax: (888) 539-8781
UCSD MEDICAL GROUP	9350 CAMPUS POINT DR	After Hours Phone: (858) 657-7423
9350 CAMPUS POINT DR	LA JOLLA, CA 92037-1300	Provider Gender: Male
LA JOLLA, CA 92037-1300	Phone: (800) 926-8273	License number: A144052
	Fax: (888) 539-8781	NPI: 1154718997
	After Hours Phone: (800) 926-8273	Provider English Spoken: Yes
	Provider Gender: Male	Provider Language(s) Spoken:
	License number: A144052	

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## D. Directorio de proveedores de atención especializada

<p>Cultural Competency: No  Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  &amp; Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>PATEL, DEREK R</b>  Provider ID: 65008  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR STE 2C  LA JOLLA, CA 92037-1300  Phone: (619) 543-2347  Fax:  After Hours Phone: (619) 543-2347  Provider Gender: Male  License number: A69111  NPI: 1073538385  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No</p>	<p>Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  &amp; Accessibility:  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>PATTON, HEATHER M</b>  Provider ID: 65274  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (619) 543-2347  Fax:  After Hours Phone: (619) 543-2347  Provider Gender: Female  License number: A75284  NPI: 1396796124  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr, Palomar Medical Center  Medi-Cal Open Panel: No  Min/Max Age: None</p>	<p>American Sign Language (ASL): No  &amp; Accessibility: W  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>RIVERA NIEVES, JESUS</b>  Provider ID: 65287  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (619) 543-6886  Fax:  After Hours Phone: (619) 543-6886  Provider Gender: Male  License number: C54808  NPI: 1437228079  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  &amp; Accessibility: W</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SANDBORN, WILLIAM J**

Provider ID: 65293

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 543-2347

Fax:

After Hours Phone: (619)

543-2347

Provider Gender: Male

License number: G63853

NPI: 1639157563

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SAVIDES, THOMAS J**

Provider ID: 65048

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR STE  
2C

LA JOLLA, CA 92037-1300

Phone: (619) 543-2347

Fax:

After Hours Phone: (619)

543-2347

Provider Gender: Male

License number: G64139

NPI: 1588649081

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SHAH, SHAILJA C**

Provider ID: 283897

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A125800

NPI: 1073803243

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SHAH, SHAILJA C**

Provider ID: 283898

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

---

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A125800  
NPI: 1073803243  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TSAI, MATTHEW**

Provider ID: 252368  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A138084  
NPI: 1285051177  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TSAI, MATTHEW**

Provider ID: 252369  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A138084  
NPI: 1285051177  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TSE, CHUNG S**

Provider ID: 282879  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

---

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A171036  
NPI: 1417336215  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TSE, CHUNG S**

Provider ID: 282880  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A171036  
NPI: 1417336215  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **YANG, EDWARD**

Provider ID: 283163  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A154057  
NPI: 1437545654  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **YANG, EDWARD**

Provider ID: 283164  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

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## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Male            License number: A154057            NPI: 1437545654            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: G30850            NPI: 1295806040            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network, Ucsd Medical Group</p>	<p>Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: G30850            NPI: 1295806040            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network, Ucsd Medical Group</p>
<b>GENETICS MEDICAL</b>		

### JONES, MARILYN C

Provider ID: 202347  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

### JONES, MARILYN C

Provider ID: 280121  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337

### SCIOSCIA, ANGELA L

Provider ID: 65298  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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## D. Directorio de proveedores de atención especializada

Phone: (619) 543-2347

Fax:

After Hours Phone: (619)  
543-2347

Provider Gender: Female

License number: G64765

NPI: 1902839335

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **GYNECOLOGIC ONCOLOGY**

#### **ESKANDER, RAMEZ N**

Provider ID: 282165

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A102482

NPI: 1144486929

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: University

Of California Irvine Med Ctr,

Earl And Lorraine Miller

Childrens Hsp, Long Beach

Memorial Med Ctr, Providence

St Joseph Hospital, Providence

St Jude Medical Center, Orange

Coast Mem Med Ctr, Fountain

Valley Regional Hosp And Med

Ctr, Corona Regional Med Ctr,

Ucsd La Jolla John Sally

Thornton, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HEMATOLOGY / ONCOLOGY**

#### **ASIMAKOPOULOS, FOTIOS A**

Provider ID: 246594

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A115772

NPI: 1518134923

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### **BALL, EDWARD D**

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 64405            Board Certified Specialty: No            UCSD MEDICAL GROUP            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503            Phone: (858) 822-6100            Fax:            After Hours Phone: (858) 822-6100            Provider Gender: Male            License number: G84752            NPI: 1093740110            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (858) 552-1410            Fax: (858) 552-0929            After Hours Phone: (858) 552-1410            Provider Gender: Male            License number: A69490            NPI: 1164497855            Provider English Spoken: Yes            Provider Language(s) Spoken:            Hindi            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>9850 GENESEE AVE STE 560            LA JOLLA, CA 92037-1229            Phone: (858) 552-1410            Fax:            After Hours Phone: (858) 552-1410            Provider Gender: Male            License number: A69490            NPI: 1164497855            Provider English Spoken: Yes            Provider Language(s) Spoken:            Hindi            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>BANERJEE, PUSHPENDU, MD</b>            Provider ID: 257619            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            9850 GENESEE AVE STE 560            LA JOLLA, CA 92037-1229</p>	<p><b>BANERJEE, PUSHPENDU</b>            Provider ID: 54041            Board Certified Specialty: No            CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL</p>	<p><b>BAZHENOVA, LYUDMILA A</b>            Provider ID: 64408            Board Certified Specialty: No            UCSD MEDICAL GROUP</p>

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## D. Directorio de proveedores de atención especializada

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax:  
After Hours Phone: (858)  
822-6100  
Provider Gender: Female  
License number: A76755  
NPI: 1093791006  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Russian  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BEJAR, RAFAEL**

Provider ID: 64409  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

Phone: (858) 822-6100  
Fax:  
After Hours Phone: (858)  
822-6100  
Provider Gender: Male  
License number: A121394  
NPI: 1720051493  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BOTTA, GREGORY P**

Provider ID: 242346  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273

Provider Gender: Male  
License number: A140495  
NPI: 1881006955  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Green Hospital, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CHOI, MICHAEL Y**

Provider ID: 64417  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax: (858) 534-5620  
After Hours Phone: (858)  
822-6100  
Provider Gender: Male  
License number: A100104

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

NPI: 1912181173	Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM
Provider English Spoken: Yes	Min/Max Age: None	Website:
Provider Language(s) Spoken:	American Sign Language (ASL):	Email:
Cultural Competency: No	No	Medical Group(s):
Hospital Affiliation: Ucsd	♿ Accessibility:	IPA:
Medical Ctr	Hours: M-SA 9AM-5PM	
Medi-Cal Open Panel: No	Website:	<b>FANTA, PAUL T</b>
Min/Max Age: None	Email:	Provider ID: 64428
American Sign Language (ASL):	Medical Group(s):	Board Certified Specialty: No
No	IPA:	UCSD MEDICAL GROUP
♿ Accessibility:		3855 HEALTH SCIENCES DR
Hours: M-SA 9AM-5PM	<b>DANIELS, GREGORY A</b>	LA JOLLA, CA 92093-1503
Website:	Provider ID: 64422	Phone: (858) 822-6135
Email:	Board Certified Specialty: No	Fax: (858) 822-6186
Medical Group(s):	UCSD MEDICAL GROUP	After Hours Phone: (858)
IPA:	3855 HEALTH SCIENCES DR	822-6135
	LA JOLLA, CA 92093-1503	Provider Gender: Male
	Phone: (858) 822-6100	License number: A81637
	Fax:	NPI: 1467661496
	After Hours Phone: (858)	Provider English Spoken: Yes
	822-6100	Provider Language(s) Spoken:
	Provider Gender: Male	Cultural Competency: No
	License number: A92515	Hospital Affiliation: Ucsd
	NPI: 1164480943	Medical Ctr, Ucsd La Jolla John
	Provider English Spoken: Yes	Sally Thornton
	Provider Language(s) Spoken:	Medi-Cal Open Panel: No
	Cultural Competency: No	Min/Max Age: None
	Hospital Affiliation: Ucsd	American Sign Language (ASL):
	Medical Ctr	No
	Medi-Cal Open Panel: No	♿ Accessibility:
	Min/Max Age: None	Hours: M-SA 9AM-5PM
	American Sign Language (ASL):	Website:
	No	Email:
	♿ Accessibility:	Medical Group(s):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>IPA:</p> <p><b>FLORES, EDNA I , MD</b></p> <p>Provider ID: 256366</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p>9850 GENESEE AVE STE 830</p> <p>LA JOLLA, CA 92037-1219</p> <p>Phone: (858) 552-1410</p> <p>Fax: (858) 429-4009</p> <p>After Hours Phone: (858) 552-1410</p> <p>Provider Gender: Female</p> <p>License number: A114373</p> <p>NPI: 1396994604</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Pioneers Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 8:30AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc,</p>	<p>Imperial Health Holdings</p> <p>Medical Group-Sd</p> <p><b>GOLD, KATHRYN A</b></p> <p>Provider ID: 109559</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>3855 HEALTH SCIENCES DR</p> <p>LA JOLLA, CA 92093-1503</p> <p>Phone: (858) 822-5182</p> <p>Fax: (858) 534-6186</p> <p>After Hours Phone: (858) 822-5182</p> <p>Provider Gender: Female</p> <p>License number: C139391</p> <p>NPI: 1306909791</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation:</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA:</p> <p><b>GOODMAN, AARON M</b></p> <p>Provider ID: 121426</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p>	<p>3855 HEALTH SCIENCES DR</p> <p>LA JOLLA, CA 92093-1503</p> <p>Phone: (858) 822-6173</p> <p>Fax:</p> <p>After Hours Phone: (858) 822-6173</p> <p>Provider Gender: Male</p> <p>License number: A130400</p> <p>NPI: 1851603559</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation:</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p> <p><b>GOODMAN, AARON M</b></p> <p>Provider ID: 216894</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>3855 HEALTH SCIENCES DR</p> <p>LA JOLLA, CA 92093-1503</p> <p>Phone: (858) 822-6200</p> <p>Fax:</p> <p>After Hours Phone: (858) 822-6200</p> <p>Provider Gender: Male</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>License number: A130400  NPI: 1851603559  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>GOPAL, SRILA</b>  Provider ID: 127731  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (858) 822-6276  Fax:  After Hours Phone: (858)  822-6276  Provider Gender: Female  License number: A151332  NPI: 1831323369  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No</p>	<p>Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>HAMDAN, AYAD</b>  Provider ID: 241429  Board Certified Specialty: No  UCSD MEDICAL GROUP  3800-3899 HEALTH SCIENCES  DR  LA JOLLA, CA 92093-1503  Phone: (800) 926-8273  Fax:  After Hours Phone: (800)  926-8273  Provider Gender: Male  License number: C162882  NPI: 1144431230  Provider English Spoken: Yes  Provider Language(s) Spoken:  Arabic, French  Cultural Competency: No  Hospital Affiliation: Ucsd La  Jolla John Sally Thornton, Ucsd</p>	<p>Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>HEYMAN, BENJAMIN M</b>  Provider ID: 128684  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (800) 926-8273  Fax:  After Hours Phone: (800)  926-8273  Provider Gender: Male  License number: A157684  NPI: 1982995809  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No</p> <p>♿ Accessibility: Hours: M-SA 9AM-5PM</p> <p>Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>HEYMAN, BENJAMIN M</b></p> <p>Provider ID: 128685</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9400 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92093-1350</p> <p>Phone: (800) 926-8273</p> <p>Fax: After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male</p> <p>License number: A157684</p> <p>NPI: 1982995809</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p>	<p>Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>HEYMAN, BENJAMIN M</b></p> <p>Provider ID: 128686</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9300 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (800) 926-8273</p> <p>Fax: After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male</p> <p>License number: A157684</p> <p>NPI: 1982995809</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>HEYMAN, BENJAMIN M</b></p> <p>Provider ID: 202663</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p>	<p><b>HEYMAN, BENJAMIN M</b></p> <p>Provider ID: 202662</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>3855 HEALTH SCIENCES DR</p> <p>LA JOLLA, CA 92093-1503</p> <p>Phone: (800) 926-8273</p> <p>Fax: After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male</p> <p>License number: A157684</p> <p>NPI: 1982995809</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: Hours: M-SU 8AM-5PM</p> <p>Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>HEYMAN, BENJAMIN M</b></p> <p>Provider ID: 202663</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A157684  
NPI: 1982995809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### HEYMAN, BENJAMIN M

Provider ID: 202664  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A157684  
NPI: 1982995809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### JAMIESON, CATRIONA H

Provider ID: 64436  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

Phone: (858) 822-6276  
Fax:  
After Hours Phone: (858)  
822-6276  
Provider Gender: Female  
License number: A67419  
NPI: 1841223617  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### KATO, SHU M

Provider ID: 113897  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-3115  
Fax:  
After Hours Phone: (858)  
822-3115

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	Medical Ctr, Ucsd La Jolla John
<i>License number:</i> A111322	<i>Provider Language(s) Spoken:</i>	Sally Thornton, Uc Davis
<i>NPI:</i> 1609025865	Hindi	Medical Ctr
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> None
Japanese	Medical Ctr	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No	No
<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i>
Medical Ctr, Ucsd La Jolla John	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 9AM-5PM, SA
Sally Thornton	No	9AM-5PM
<i>Medi-Cal Open Panel:</i> No	♿ <i>Accessibility:</i>	<i>Website:</i>
<i>Min/Max Age:</i> None	<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>
<i>American Sign Language (ASL):</i>	<i>Website:</i>	<i>Medical Group(s):</i>
No	<i>Email:</i>	<i>IPA:</i>
♿ <i>Accessibility:</i>	<i>Medical Group(s):</i>	<b>MILLARD, FREDERICK E</b>
<i>Hours:</i> M-SA 9AM-5PM	<i>IPA:</i>	<i>Provider ID:</i> 64454
<i>Website:</i>	<b>KU, GRACE H</b>	<i>Board Certified Specialty:</i> No
<i>Email:</i>	<i>Provider ID:</i> 64444	UC SAN DIEGO CANCER CTR
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	3855 HEALTH SCIENCES DR
<i>IPA:</i>	UC SAN DIEGO CANCER CTR	LA JOLLA, CA 92093-1503
<b>KOURA, DIVYA T</b>	3855 HEALTH SCIENCES DR	<i>Phone:</i> (858) 822-6100
<i>Provider ID:</i> 83672	LA JOLLA, CA 92093-1503	<i>Fax:</i>
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (858) 822-6100	<i>After Hours Phone:</i> (858)
UCSD MEDICAL GROUP	<i>Fax:</i>	822-6100
3855 HEALTH SCIENCES DR	<i>After Hours Phone:</i> (858)	<i>Provider Gender:</i> Male
LA JOLLA, CA 92093-1503	822-6100	<i>License number:</i> G52424
<i>Phone:</i> (858) 822-6100	<i>Provider Gender:</i> Female	<i>NPI:</i> 1922056373
<i>Fax:</i> (858) 822-6844	<i>License number:</i> A92382	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (858)	<i>NPI:</i> 1538145719	<i>Provider Language(s) Spoken:</i>
822-6100	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd
<i>License number:</i> A125774	<i>Cultural Competency:</i> No	Medical Ctr
<i>NPI:</i> 1053471318	<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MILLARD, FREDERICK E**

Provider ID: 64454

Board Certified Specialty: No

UC SAN DIEGO CANCER CTR

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6100

Fax:

After Hours Phone: (858)

822-6100

Provider Gender: Male

License number: G52424

NPI: 1922056373

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MILLARD, FREDERICK E**

Provider ID: 64454

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6100

Fax:

After Hours Phone: (858)

822-6100

Provider Gender: Male

License number: G52424

NPI: 1922056373

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MILLARD, FREDERICK E**

Provider ID: 64454

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6100

Fax:

After Hours Phone: (858)

822-6100

Provider Gender: Male

License number: G52424

NPI: 1922056373

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MILLER, AARON M**

Provider ID: 112346

Board Certified Specialty: No

UCSD MEDICAL GROUP

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>3855 HEALTH SCIENCES DR LA JOLLA, CA 92093-1503 Phone: (858) 822-3115 Fax: (858) 822-6186 After Hours Phone: (858) 822-3115 Provider Gender: Male License number: A118116 NPI: 1104127679 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>MITCHELL, WILLIAM M</b> Provider ID: 64455 Board Certified Specialty: No UCSD MEDICAL GROUP 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093-1503</p>	<p>Phone: (858) 822-6100 Fax: (858) 822-6352 After Hours Phone: (858) 822-6100 Provider Gender: Male License number: A92024 NPI: 1669634663 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>PARK, SOO J</b> Provider ID: 257202 Board Certified Specialty: No UCSD MEDICAL GROUP 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093-1503 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273</p>	<p>Provider Gender: Female License number: A135455 NPI: 1821351198 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>PATEL, SANDIP P</b> Provider ID: 88443 Board Certified Specialty: No UCSD MEDICAL GROUP 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093-1503 Phone: (858) 822-6100 Fax: (858) 246-1915 After Hours Phone: (858) 822-6100 Provider Gender: Male License number: A110132 NPI: 1245481381</p>
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## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> None
<i>Provider Language(s) Spoken:</i>	Medical Ctr, Ucsd La Jolla John	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	Sally Thornton	No
<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> Yes	<i>♿ Accessibility:</i>
Medical Ctr, Ucsd La Jolla John	<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-SA 9AM-5PM
Sally Thornton, Eisenhower	<i>American Sign Language (ASL):</i>	<i>Website:</i>
Medical Ctr	No	<i>Email:</i>
<i>Medi-Cal Open Panel:</i> No	<i>♿ Accessibility:</i>	<i>Medical Group(s):</i>
<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8AM-5PM, SA	<i>IPA:</i>
<i>American Sign Language (ASL):</i>	9AM-5PM	
No	<i>Website:</i>	<b>RICHARDSON, ANGELIQUE E</b>
<i>♿ Accessibility:</i>	<i>Email:</i>	<i>Provider ID:</i> 215010
<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP
<i>Email:</i>		3855 HEALTH SCIENCES DR
<i>Medical Group(s):</i>	<b>RANDALL, JAMES M</b>	LA JOLLA, CA 92093-1503
<i>IPA:</i>	<i>Provider ID:</i> 64466	<i>Phone:</i> (800) 926-8273
	<i>Board Certified Specialty:</i> No	<i>Fax:</i>
<b>PEARSE, WILLIAM B</b>	UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (800)
<i>Provider ID:</i> 285649	3855 HEALTH SCIENCES DR	926-8273
<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92093-1503	<i>Provider Gender:</i> Female
UCSD MEDICAL GROUP	<i>Phone:</i> (858) 822-6100	<i>License number:</i> A123556
3855 HEALTH SCIENCES DR	<i>Fax:</i> (858) 822-6186	<i>NPI:</i> 1700120102
LA JOLLA, CA 92093-1503	<i>After Hours Phone:</i> (858)	<i>Provider English Spoken:</i> Yes
<i>Phone:</i> (800) 926-8273	822-6100	<i>Provider Language(s) Spoken:</i>
<i>Fax:</i> (888) 539-8781	<i>Provider Gender:</i> Male	<i>Cultural Competency:</i> No
<i>After Hours Phone:</i> (800)	<i>License number:</i> A99468	<i>Hospital Affiliation:</i> Ucsd La
926-8273	<i>NPI:</i> 1144407115	Jolla John Sally Thornton, Ucsd
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	Medical Ctr
<i>License number:</i> A173950	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>NPI:</i> 1225423148	<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/999
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd	<i>American Sign Language (ASL):</i>
<i>Provider Language(s) Spoken:</i>	Medical Ctr	No
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No	<i>♿ Accessibility:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	IPA:  <b>SINCLAIR, JAMES M</b> Provider ID: 54027 Board Certified Specialty: No CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL 9850 GENESEE AVE STE 560 LA JOLLA, CA 92037-1229 Phone: (858) 552-1410 Fax: (858) 552-0929 After Hours Phone: (858) 552-1410 Provider Gender: Male License number: G48926 NPI: 1356300230 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas Medi-Cal Open Panel: Yes Min/Max Age: 16/120 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings	Medical Group-Sd  <b>STEWART, TYLER F</b> Provider ID: 243920 Board Certified Specialty: No UCSD MEDICAL GROUP 9400 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A163409 NPI: 1699110676 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group  <b>TANAKA, TIFFANY N</b> Provider ID: 115252
<b>SACCO, ASSUNTINA G</b> Provider ID: 110199 Board Certified Specialty: No UCSD MEDICAL GROUP 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093-1503 Phone: (858) 822-6100 Fax: (858) 822-6198 After Hours Phone: (858) 822-6100 Provider Gender: Female License number: A132120 NPI: 1871757831 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s):		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6276  
*Fax:*  
*After Hours Phone:* (858)  
 822-6276  
*Provider Gender:* Female  
*License number:* A119740  
*NPI:* 1407159726  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **TZACHANIS, DIMITRIOS**

*Provider ID:* 102364  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6600  
*Fax:*  
*After Hours Phone:* (858)  
 822-6600  
*Provider Gender:* Male  
*License number:* C55514  
*NPI:* 1528026002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 German, Greek  
*Cultural Competency:* No  
*Hospital Affiliation:* Cedars  
 Sinai Medical Center, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **VU, PETER**

*Provider ID:* 272717  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A149741  
*NPI:* 1861810830  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Ucsd Medical Group

### **WALLACH, SABINA R , MD**

*Provider ID:* 269286  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 400  
 LA JOLLA, CA 92037-1212

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 558-8666  
 Fax: (858) 558-9233  
 After Hours Phone: (858) 558-8666  
 Provider Gender: Female  
 License number: A34070  
 NPI: 1871529081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### HEPATOLOGY

#### **BARMAN, PRANAB M**

Provider ID: 241952  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR STE 2C

LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A162554  
 NPI: 1023301991  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

#### **BARMAN, PRANAB M**

Provider ID: 241954  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A162554  
 NPI: 1023301991  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SHARPTON, SUZANNE

Provider ID: 245667  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-5273  
 Fax:  
 After Hours Phone: (800) 926-5273  
 Provider Gender: Female  
 License number: A123642  
 NPI: 1891084257  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HOSPICE AND PALLIATIVE MEDICINE**

#### **MESARWI, PAULA**

Provider ID: 118780  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858) 822-6173  
 Provider Gender: Male  
 License number: C144047  
 NPI: 1073722021  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### **RUBENSIK, TAMARA T**

Provider ID: 245574  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female

License number: A119245  
 NPI: 1811200652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HOSPITALIST MD/DO**

#### **CHILDERS, DIANA J**

Provider ID: 275069  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A86157

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## D. Directorio de proveedores de atención especializada

NPI: 1033128376	Cultural Competency: No	Sally Thornton
Provider English Spoken: Yes	Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John	Min/Max Age: 0/999
Cultural Competency: No	Sally Thornton	American Sign Language (ASL):
Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes	No
Medical Ctr, Ucsd La Jolla John	Min/Max Age: 0/999	♿ Accessibility:
Sally Thornton	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
Medi-Cal Open Panel: Yes	No	9AM-5PM
Min/Max Age: 0/999	♿ Accessibility:	Website:
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Email:
No	9AM-5PM	Medical Group(s):
♿ Accessibility:	Website:	IPA: Ucsd Medical Group
Hours: M-F 8AM-5PM, SA	Email:	
9AM-5PM	Medical Group(s):	<b>HAGGERTY, LAUREN E</b>
Website:	IPA: Ucsd Medical Group	Provider ID: 291311
Email:		Board Certified Specialty: No
Medical Group(s):	<b>FIRESTEIN, CATHERINE E</b>	UCSD MEDICAL GROUP
IPA: Ucsd Medical Group	Provider ID: 275388	9300 CAMPUS POINT DR
	Board Certified Specialty: No	LA JOLLA, CA 92037-1300
	UCSD MEDICAL GROUP	Phone: (858) 534-7792
	9350 CAMPUS POINT DR	Fax: (619) 471-9017
	LA JOLLA, CA 92037-1300	After Hours Phone: (858)
	Phone: (800) 926-8273	534-7792
	Fax: (888) 539-8781	Provider Gender: Female
	After Hours Phone: (800)	License number: A164175
	926-8273	NPI: 1871090993
	Provider Gender: Female	Provider English Spoken: Yes
	License number: A143013	Provider Language(s) Spoken:
	NPI: 1427348382	Cultural Competency: No
	Provider English Spoken: Yes	Hospital Affiliation:
	Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes
	Cultural Competency: No	Min/Max Age: 0/999
	Hospital Affiliation: Ucsd	American Sign Language (ASL):
	Medical Ctr, Ucsd La Jolla John	No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### HAMMOND, CHARLES F

Provider ID: 278589  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A169655  
 NPI: 1033641816  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SHINDO, YURI

Provider ID: 284744  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A167796  
 NPI: 1700271939  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Japanese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No

Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### INFECTIOUS DISEASE

### BENSON, CONSTANCE A

Provider ID: 64814  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858)  
 657-7000  
 Provider Gender: Female  
 License number: G87372  
 NPI: 1871541664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **COWELL, ANNE N**

*Provider ID:* 117215  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6146  
*Fax:*  
*After Hours Phone:* (619)  
 543-6146  
*Provider Gender:* Female  
*License number:* A131119  
*NPI:* 1639494420  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LOONEY, DAVID J**

*Provider ID:* 64959  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Male  
*License number:* G67588  
*NPI:* 1912955048  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RAWLINGS, STEPHEN A**

*Provider ID:* 284362  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9500 GILMAN DR STE 2069  
 LA JOLLA, CA 92093-5004  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male

*License number:* A146123  
*NPI:* 1861888984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SAVOIA, MARIA C**

*Provider ID:* 65049  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6146  
*Fax:*  
*After Hours Phone:* (619)  
 543-6146  
*Provider Gender:* Female  
*License number:* G36729  
*NPI:* 1710903075  
*Provider English Spoken:* Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	<i>Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</i>
<i>Cultural Competency:</i> No		
<i>Hospital Affiliation:</i>		
<i>Medi-Cal Open Panel:</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> 18/999	<i>Min/Max Age:</i> 0/999
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>♿ Accessibility:</i> W	<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA:</i>	<i>IPA:</i> Ucsd Medical Group	<i>IPA:</i> Ucsd Medical Group

### INTERNAL MEDICINE CRITICAL

#### CARE MEDICINE

#### **ALOTAIBI, MONA A**

*Provider ID:* 271480  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A147271  
*NPI:* 1174933915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No

#### **BOROK, ZEA**

*Provider ID:* 284703  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-5273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-5273  
*Provider Gender:* Female  
*License number:* A47911  
*NPI:* 1750317251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew  
*Cultural Competency:* No  
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Lac Usc

#### **ODISH, MAZEN F**

*Provider ID:* 271468  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A133179  
*NPI:* 1992141428  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### ROSE, ALEXANDRA

Provider ID: 224832

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A143518

NPI: 1033557525

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas,

Ucsd La Jolla John Sally

Thornton, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### TRAN, LINH N

Provider ID: 271938

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A122603

NPI: 1851682728

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr, Southwest

Healthcare System Murrieta

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

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### INTERNAL MEDICINE

### GERIATRIC MEDICINE

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### BOULAND, DANIEL L

Provider ID: 64820

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 471-9198

Fax: (619) 543-8255

After Hours Phone: (619)

471-9198

Provider Gender: Male

License number: G50358

NPI: 1669498630

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Riverside

Community Hosp, Ucsd Medical

Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### INTERNAL MEDICINE

#### ABDELMALEK, JOSEPH A

Provider ID: 83072  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858)  
 657-7000  
 Provider Gender: Male  
 License number: A107185  
 NPI: 1740485531  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA:  
**ABDELMALEK, JOSEPH A**  
 Provider ID: 83075  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE  
 110

LA JOLLA, CA 92037-1732  
 Phone: (858) 657-8000  
 Fax:  
 After Hours Phone: (858)  
 657-8000  
 Provider Gender: Male  
 License number: A107185  
 NPI: 1740485531  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### ALLY, MARYANN T

Provider ID: 117754  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Female  
 License number: C146011  
 NPI: 1316104359  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### AMIRREZVANI, ALI

Provider ID: 64798  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	Provider Gender: Male	Provider Language(s) Spoken:
Fax:	License number: A115926	Cultural Competency: No
After Hours Phone: (800) 926-8273	NPI: 1851529879	Hospital Affiliation: University Hsp Of San Diego Co
Provider Gender: Male	Provider English Spoken: Yes	Medi-Cal Open Panel: No
License number: G88284	Provider Language(s) Spoken:	Min/Max Age: None
NPI: 1861485005	Cultural Competency: No	American Sign Language (ASL):
Provider English Spoken: Yes	Hospital Affiliation: University Hsp Of San Diego Co	No
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	♿ Accessibility: W
Cultural Competency: No	Min/Max Age: None	Hours: M-SA 9AM-5PM
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	American Sign Language (ASL):	Website:
Medi-Cal Open Panel: No	No	Email:
Min/Max Age: None	♿ Accessibility: W	Medical Group(s):
American Sign Language (ASL):	Hours: M-F 9AM-6PM, SA 9AM-5PM	IPA:
No	Website:	<b>ANTONUCCI, STEPHEN A</b>
♿ Accessibility: W	Email:	Provider ID: 115618
Hours: M-SA 9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA:	UCSD MEDICAL GROUP
Email:	<b>ANG, LAWRENCE W</b>	9300 CAMPUS POINT DR
Medical Group(s):	Provider ID: 116100	LA JOLLA, CA 92037-1300
IPA:	Board Certified Specialty: No	Phone: (619) 471-9185
<b>ANG, LAWRENCE W</b>	UCSD MEDICAL GROUP	Fax:
Provider ID: 111110	9434 MEDICAL CENTER DR FL 1	After Hours Phone: (619) 471-9185
Board Certified Specialty: No	LA JOLLA, CA 92037-1337	Provider Gender: Male
UCSD MEDICAL GROUP	Phone: (858) 657-8530	License number: A143234
9300 CAMPUS POINT DR	Fax:	NPI: 1124331426
LA JOLLA, CA 92037-1300	After Hours Phone: (858) 657-8530	Provider English Spoken: Yes
Phone: (858) 657-7000	Provider Gender: Male	Provider Language(s) Spoken:
Fax:	License number: A115926	Cultural Competency: No
After Hours Phone: (858) 657-7000	NPI: 1851529879	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
	Provider English Spoken: Yes	

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **ARUTYUNOV, BORIS S**

Provider ID: 201909

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 471-9186

Fax:

After Hours Phone: (619)

471-9186

Provider Gender: Male

License number: A137892

NPI: 1144562703

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency: No

Hospital Affiliation: Good

Samaritan Hospital, Good

Samaritan Hospital Los

Angeles, Sutter Medical Center

Sacramento, Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **ASUDANI, DEEPAK G**

Provider ID: 64802

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax: (619) 543-8255

After Hours Phone: (858)

657-7000

Provider Gender: Male

License number: A100515

NPI: 1548208812

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BAJWA, JASWINDER P**

Provider ID: 64807

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax: (619) 543-8255

After Hours Phone: (858)

657-7000

Provider Gender: Male

License number: A118049

NPI: 1306000922

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Punjabi

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): IPA:</p> <p><b>BAZICK, JESSICA G</b> Provider ID: 64811 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A121356 NPI: 1114155082 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>BELL, JOHN F</b> Provider ID: 64813</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-7000 Fax: (619) 543-8255 After Hours Phone: (858) 657-7000 Provider Gender: Male License number: A120667 NPI: 1699978445 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>BOLAND, BRIGID S</b> Provider ID: 83242 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>	<p>Phone: (619) 543-2347 Fax: After Hours Phone: (619) 543-2347 Provider Gender: Female License number: A111250 NPI: 1902069446 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-6PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>BORDIN-WOSK, TALYA S</b> Provider ID: 273984 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 471-9186

Fax: (619) 543-8255

After Hours Phone: (760)  
471-9186

Provider Gender: Female

License number: A123772

NPI: 1801184973

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **BORDIN-WOSK, TALYA S**

Provider ID: 273985

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A123772

NPI: 1801184973

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **BROWNE, SARA H**

Provider ID: 64829

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax:

After Hours Phone: (858)  
657-7000

Provider Gender: Female

License number: A51877

NPI: 1275571176

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHACE, CONSTANCE R**

Provider ID: 117242

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 471-9186

Fax:

After Hours Phone: (619)

471-9186

Provider Gender: Female

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## D. Directorio de proveedores de atención especializada

License number: A129086	Provider Language(s) Spoken: Chinese	Cultural Competency: No
NPI: 1154682953	Cultural Competency: No	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
Provider English Spoken: Yes	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Medi-Cal Open Panel: No
Provider Language(s) Spoken: Cultural Competency: No	Medi-Cal Open Panel: Yes	Min/Max Age: None
Cultural Competency: No	Min/Max Age: 18/999	American Sign Language (ASL): No
Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego	American Sign Language (ASL): No	Accessibility: W
Medi-Cal Open Panel: No	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 9AM-5PM, SA 9AM-5PM
Min/Max Age: None	Website:	Website:
American Sign Language (ASL): No	Email:	Email:
Accessibility: W	Medical Group(s):	Medical Group(s):
Hours: M-SA 9AM-5PM	IPA: Ucsd Medical Group	IPA:
Website:	<b>CHOE, CHARLES H</b>	<b>CHOE, CHARLES H</b>
Email:	Provider ID: 64732	Provider ID: 65146
Medical Group(s):	Board Certified Specialty: No	Board Certified Specialty: No
IPA: Rady Childrens Health Network	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
<b>CHENG, GEORGE Z</b>	9350 CAMPUS POINT DR	9350 CAMPUS POINT DR
Provider ID: 247640	LA JOLLA, CA 92037-1300	LA JOLLA, CA 92037-1300
Board Certified Specialty: No	Phone: (858) 657-8000	Phone: (858) 657-8440
UCSD MEDICAL GROUP	Fax:	Fax:
9300 CAMPUS POINT DR	After Hours Phone: (858) 657-8000	After Hours Phone: (858) 657-8440
LA JOLLA, CA 92037-1300	Provider Gender: Male	Provider Gender: Male
Phone: (800) 926-8273	License number: A77451	License number: A77451
Fax:	NPI: 1891733846	NPI: 1891733846
After Hours Phone: (800) 926-8273	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Gender: Male	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
License number: A166013	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John
NPI: 1316174568		
Provider English Spoken: Yes		

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## D. Directorio de proveedores de atención especializada

<p>Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p>No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>CLAY, BRIAN J</b>  <i>Provider ID:</i> 64850  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-7000  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            657-7000  <i>Provider Gender:</i> Male  <i>License number:</i> A83799  <i>NPI:</i> 1831124635  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>IPA:</i></p> <p><b>COSTELLO, CAITLIN L</b>  <i>Provider ID:</i> 64419  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503  <i>Phone:</i> (858) 822-6173  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            822-6173  <i>Provider Gender:</i> Female  <i>License number:</i> A108322  <i>NPI:</i> 1760649230  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>DASHI, ARBEN</b>  <i>Provider ID:</i> 291394</p>
<p><b>CHOUERI, MICHEL B</b>  <i>Provider ID:</i> 118666  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (619) 471-9186  <i>Fax:</i> (619) 543-8255  <i>After Hours Phone:</i> (619)            471-9186  <i>Provider Gender:</i> Male  <i>License number:</i> A117112  <i>NPI:</i> 1780991869  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i></p>	<p><i>Medical Group(s):</i>  <i>IPA:</i></p>	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8372 Fax: (888) 539-8781 After Hours Phone: (800) 926-8372 Provider Gender: Male License number: A119142 NPI: 1790055705 Provider English Spoken: Yes Provider Language(s) Spoken: Italian Cultural Competency: No Hospital Affiliation: Palomar Medical Center, Palomar Health, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>DJEKIC, KRISTINA</b> Provider ID: 286669 Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: 20A15063 NPI: 1417343732 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>EL KAREH, ROBERT E</b> Provider ID: 64868 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>	<p>Phone: (619) 471-9185 Fax: (619) 543-8255 After Hours Phone: (619) 471-9185 Provider Gender: Male License number: A112957 NPI: 1497944656 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>FREDERICK, WILLIAM J</b> Provider ID: 83442 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 471-9186 Fax: (619) 543-8255 After Hours Phone: (858) 471-9186</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	Russian	Memorial Hospital, Vibra
<i>License number:</i> A123614	<i>Cultural Competency:</i> No	Hospital Of San Diego, Ucsd
<i>NPI:</i> 1841592805	<i>Hospital Affiliation:</i> Ucsd	Medical Ctr, Alvarado Hospital
<i>Provider English Spoken:</i> Yes	Medical Ctr, Medical Ctr At Ucsf	Llc, Scripps Memorial Hospital,
<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> No	Ucsd La Jolla John Sally
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None	Thornton
<i>Hospital Affiliation:</i> Ucsd	<i>American Sign Language (ASL):</i>	<i>Medi-Cal Open Panel:</i> No
Medical Ctr	No	<i>Min/Max Age:</i> None
<i>Medi-Cal Open Panel:</i> No	<i>Accessibility:</i>	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 9AM-5PM, SA	No
<i>American Sign Language (ASL):</i>	9AM-5PM	<i>Accessibility:</i> W
No	<i>Website:</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>Accessibility:</i> W	<i>Email:</i>	<i>Website:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>	<i>Email:</i>
<i>Website:</i>	<i>IPA:</i>	<i>Medical Group(s):</i>
<i>Email:</i>		<i>IPA:</i>
<i>Medical Group(s):</i>	<b>GANDHI, NIKHIL R</b>	<b>GELBERG, ANNA</b>
<i>IPA:</i>	<i>Provider ID:</i> 64881	<i>Provider ID:</i> 285639
<b>GALANINA, NATALIE</b>	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
<i>Provider ID:</i> 112342	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
<i>Board Certified Specialty:</i> No	9300 CAMPUS POINT DR	9300 CAMPUS POINT DR
UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300	LA JOLLA, CA 92037-1300
3855 HEALTH SCIENCES DR	<i>Phone:</i> (800) 926-8273	<i>Phone:</i> (800) 926-8273
LA JOLLA, CA 92093-1503	<i>Fax:</i>	<i>Fax:</i> (888) 539-8781
<i>Phone:</i> (858) 822-6173	<i>After Hours Phone:</i> (800)	<i>After Hours Phone:</i> (800)
<i>Fax:</i>	926-8273	926-8273
<i>After Hours Phone:</i> (858)	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Female
822-6173	<i>License number:</i> A81799	<i>License number:</i> A105308
<i>Provider Gender:</i> Female	<i>NPI:</i> 1609934538	<i>NPI:</i> 1104004258
<i>License number:</i> A121363	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1235372855	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	Gujarati, Hindi	Russian
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
	<i>Hospital Affiliation:</i> Sharp	

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Pomerado Hospital, Palomar Medical Center, Hoag Memorial Hospital Presbyterian, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 18/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ucsd Medical Group</p>	<p><i>Hospital Affiliation:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ucsd Medical Group</p> <p><b>HELSTEN, TERESA L</b></p> <p><i>Provider ID:</i> 64431</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>3855 HEALTH SCIENCES DR</p> <p>LA JOLLA, CA 92093-1503</p> <p><i>Phone:</i> (858) 822-6173</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (858) 822-6173</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A71996</p> <p><i>NPI:</i> 1265408678</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p>	<p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p> <p><b>HOGARTH, MICHAEL A</b></p> <p><i>Provider ID:</i> 214385</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9300 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A51060</p> <p><i>NPI:</i> 1225019193</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Portuguese, Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Uc Davis Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 18/999</p> <p><i>American Sign Language (ASL):</i></p>
<p><b>HANNA, LINDSAY D</b></p> <p><i>Provider ID:</i> 284967</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i> (888) 539-8781</p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> NP95009601</p> <p><i>NPI:</i> 1699257907</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p>		

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## D. Directorio de proveedores de atención especializada

No	Website:	<b>HSU, JONATHAN C</b>
♿ Accessibility:	Email:	Provider ID: 83602
Hours: M-F 8AM-5PM, SA 9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA:	UCSD MEDICAL GROUP
Email:	<b>HSU, JONATHAN C</b>	9434 MEDICAL CENTER DR FL 1
Medical Group(s):	Provider ID: 83549	LA JOLLA, CA 92037-1337
IPA: Ucsd Medical Group	Board Certified Specialty: No	Phone: (800) 926-8273
<b>HORMAN, SARAH F</b>	UCSD MEDICAL GROUP	Fax: (858) 657-8814
Provider ID: 64913	9300 CAMPUS POINT DR	After Hours Phone: (800)
Board Certified Specialty: No	LA JOLLA, CA 92037-1300	926-8273
UCSD MEDICAL GROUP	Phone: (858) 657-7000	Provider Gender: Male
9300 CAMPUS POINT DR	Fax:	License number: A104474
LA JOLLA, CA 92037-1300	After Hours Phone: (858)	NPI: 1629199195
Phone: (619) 471-9186	657-7000	Provider English Spoken: Yes
Fax: (619) 543-8255	Provider Gender: Male	Provider Language(s) Spoken:
After Hours Phone: (619)	License number: A104474	Cultural Competency: No
471-9186	NPI: 1629199195	Hospital Affiliation: Ucsd
Provider Gender: Female	Provider English Spoken: Yes	Medical Ctr
License number: A110036	Provider Language(s) Spoken:	Medi-Cal Open Panel: No
NPI: 1861657744	Cultural Competency: No	Min/Max Age: None
Provider English Spoken: Yes	Hospital Affiliation: Ucsd	American Sign Language (ASL):
Provider Language(s) Spoken:	Medical Ctr	No
Cultural Competency: No	Medi-Cal Open Panel: No	♿ Accessibility: W
Hospital Affiliation: Ucsd	Min/Max Age: None	Hours: M-SA 9AM-5PM
Medical Ctr, Ucsd La Jolla John	American Sign Language (ASL):	Website:
Sally Thornton	No	Email:
Medi-Cal Open Panel: No	♿ Accessibility: W	Medical Group(s):
Min/Max Age: None	Hours: M-F 9AM-6PM, SA	IPA:
American Sign Language (ASL):	9AM-5PM	<b>HUANG, BRYAN J</b>
No	Website:	Provider ID: 64917
♿ Accessibility: W	Email:	Board Certified Specialty: No
Hours: M-SA 9AM-5PM	Medical Group(s):	UCSD MEDICAL GROUP
	IPA:	9300 CAMPUS POINT DR

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## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92037-1300  
 Phone: (619) 471-9198  
 Fax: (619) 543-8255  
 After Hours Phone: (619) 471-9198  
 Provider Gender: Male  
 License number: A87875  
 NPI: 1881652394  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HUSAIN, HATIM**

Provider ID: 83605  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858) 822-6173

Provider Gender: Male  
 License number: A99267  
 NPI: 1629234109  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-6PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **IVANOV, MARGARET A**

Provider ID: 272876  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A156352  
 NPI: 1326427014

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **JABBOUR, MOUSSA**

Provider ID: 256658  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A148314  
 NPI: 1255741633  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None	No
<i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	<i>American Sign Language (ASL):</i> No	♿ <i>Accessibility:</i>
<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i> W	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Min/Max Age:</i> 18/999	<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>
<i>American Sign Language (ASL):</i> No	<i>Website:</i>	<i>Email:</i>
♿ <i>Accessibility:</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Medical Group(s):</i>	<i>IPA:</i> Ucsd Medical Group
<i>Website:</i>	<i>IPA:</i>	<b>KAHN, ANDREW M</b>
<i>Email:</i>	<b>KAFI, AARYA</b>	<i>Provider ID:</i> 64929
<i>Medical Group(s):</i>	<i>Provider ID:</i> 271607	<i>Board Certified Specialty:</i> No
<i>IPA:</i> Ucsd Medical Group	<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP
<b>JENKINS, IAN H</b>	UCSD MEDICAL GROUP	9300 CAMPUS POINT DR
<i>Provider ID:</i> 64927	9300 CAMPUS POINT DR	LA JOLLA, CA 92037-1300
<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92037-1300	<i>Phone:</i> (858) 657-7000
UCSD MEDICAL GROUP	<i>Phone:</i> (800) 926-8273	<i>Fax:</i>
9300 CAMPUS POINT DR	<i>Fax:</i> (888) 539-8781	<i>After Hours Phone:</i> (858)
LA JOLLA, CA 92037-1300	<i>After Hours Phone:</i> (800)	657-7000
<i>Phone:</i> (619) 471-9198	926-8273	<i>Provider Gender:</i> Male
<i>Fax:</i> (619) 543-8255	<i>Provider Gender:</i> Male	<i>License number:</i> A78646
<i>After Hours Phone:</i> (619)	<i>License number:</i> A123008	<i>NPI:</i> 1841247384
471-9198	<i>NPI:</i> 1255612339	<i>Provider English Spoken:</i> Yes
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>License number:</i> A87009	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>NPI:</i> 1992762520	Farsi, Spanish	<i>Hospital Affiliation:</i> Ucsd
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Cedars	Sally Thornton
<i>Cultural Competency:</i> No	Sinai Medical Center, Ucsd La	<i>Medi-Cal Open Panel:</i> No
<i>Hospital Affiliation:</i>	Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> None
<i>Medi-Cal Open Panel:</i> No	Medical Ctr	<i>American Sign Language (ASL):</i>
	<i>Medi-Cal Open Panel:</i> Yes	No
	<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i> W
	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 9AM-5PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

9AM-5PM	<i>Email:</i>	<b>KATZ, YISRAEL</b>
<i>Website:</i>	<i>Medical Group(s):</i>	<i>Provider ID:</i> 272937
<i>Email:</i>	<i>IPA:</i>	<i>Board Certified Specialty:</i> No
<i>Medical Group(s):</i>	<b>KALUNIAN, KENNETH C</b>	UCSD MEDICAL GROUP
<i>IPA:</i>	<i>Provider ID:</i> 65206	9300 CAMPUS POINT DR
<b>KAHN, ANDREW M</b>	<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92037-1300
<i>Provider ID:</i> 65205	UCSD MEDICAL GROUP	<i>Phone:</i> (800) 926-8273
<i>Board Certified Specialty:</i> No	9350 CAMPUS POINT DR STE	<i>Fax:</i>
UCSD MEDICAL GROUP	2B	<i>After Hours Phone:</i> (800)
9350 CAMPUS POINT DR STE	LA JOLLA, CA 92037-1300	926-8273
1D	<i>Phone:</i> (858) 249-2500	<i>Provider Gender:</i> Male
LA JOLLA, CA 92037-1300	<i>Fax:</i>	<i>License number:</i> A158910
<i>Phone:</i> (858) 657-8530	<i>After Hours Phone:</i> (858)	<i>NPI:</i> 1730507872
<i>Fax:</i>	249-2500	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (858)	<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>
657-8530	<i>License number:</i> G43645	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Male	<i>NPI:</i> 1346269990	<i>Hospital Affiliation:</i>
<i>License number:</i> A78646	<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>NPI:</i> 1841247384	<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> 18/999
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i>
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd	No
<i>Cultural Competency:</i> No	Medical Ctr	<i>Accessibility:</i>
<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> No	<i>Hours:</i> M-F 8AM-5PM, SA
Medical Ctr, Ucsd La Jolla John	<i>Min/Max Age:</i> None	9AM-5PM
Sally Thornton	<i>American Sign Language (ASL):</i>	<i>Website:</i>
<i>Medi-Cal Open Panel:</i> No	No	<i>Email:</i>
<i>Min/Max Age:</i> None	<i>Accessibility:</i> P, EB, IB, E, R, T	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 9AM-5PM, SA	<i>IPA:</i> Ucsd Medical Group
No	9AM-5PM	<b>KIPPS, THOMAS J</b>
<i>Accessibility:</i> W	<i>Website:</i>	<i>Provider ID:</i> 64443
<i>Hours:</i> M-F 9AM-5PM, SA	<i>Email:</i>	<i>Board Certified Specialty:</i> No
9AM-5PM	<i>Medical Group(s):</i>	UC SAN DIEGO CANCER CTR
<i>Website:</i>	<i>IPA:</i>	3855 HEALTH SCIENCES DR

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## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Male  
 License number: G43229  
 NPI: 1306861950  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KOOLA, JEJO D**

Provider ID: 113846  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619) 471-9186

Provider Gender: Male  
 License number: A122014  
 NPI: 1073775532  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KVIATKOVSKY, MILLA J**

Provider ID: 118158  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Female  
 License number: 20A15453  
 NPI: 1366855355  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Finnish, French, Hebrew,  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **KVIATKOVSKY, MILLA J**

Provider ID: 274002  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Female  
 License number: 20A15453  
 NPI: 1366855355  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Finnish, French, Hebrew,  
 Spanish

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> None
<i>Hospital Affiliation:</i> Ucsd	Medical Ctr, Ucsd La Jolla John	<i>American Sign Language (ASL):</i>
Medical Ctr, Ucsd La Jolla John	Sally Thornton	No
Sally Thornton	<i>Medi-Cal Open Panel:</i> Yes	<i>Accessibility:</i> W
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 18/999	<i>Hours:</i> M-SA 9AM-5PM
<i>Min/Max Age:</i> 18/999	<i>American Sign Language (ASL):</i>	<i>Website:</i>
<i>American Sign Language (ASL):</i>	No	<i>Email:</i>
No	<i>Accessibility:</i>	<i>Medical Group(s):</i>
<i>Accessibility:</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>IPA:</i>
<i>Hours:</i> M-F 8AM-5PM, SA	9AM-5PM	<b>LAGO HERNANDEZ, CARLOS A</b>
9AM-5PM	<i>Website:</i>	<i>Provider ID:</i> 238623
<i>Website:</i>	<i>Email:</i>	<i>Board Certified Specialty:</i> No
<i>Email:</i>	<i>Medical Group(s):</i>	UCSD MEDICAL GROUP
<i>Medical Group(s):</i>	<i>IPA:</i> Ucsd Medical Group	9300 CAMPUS POINT DR
<i>IPA:</i> Ucsd Medical Group	<b>KWAK, KEVIN W</b>	LA JOLLA, CA 92037-1300
<b>KVIATKOVSKY, MILLA J</b>	<i>Provider ID:</i> 118238	<i>Phone:</i> (800) 926-8273
<i>Provider ID:</i> 274004	<i>Board Certified Specialty:</i> No	<i>Fax:</i>
<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (800)
UCSD MEDICAL GROUP	9300 CAMPUS POINT DR	926-8273
9350 CAMPUS POINT DR	LA JOLLA, CA 92037-1300	<i>Provider Gender:</i> Male
LA JOLLA, CA 92037-1300	<i>Phone:</i> (619) 471-9186	<i>License number:</i> A146029
<i>Phone:</i> (800) 926-8273	<i>Fax:</i>	<i>NPI:</i> 1558756270
<i>Fax:</i> (888) 539-8781	<i>After Hours Phone:</i> (619)	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (800)	471-9186	<i>Provider Language(s) Spoken:</i>
926-8273	<i>Provider Gender:</i> Male	Spanish
<i>Provider Gender:</i> Female	<i>License number:</i> A149375	<i>Cultural Competency:</i> No
<i>License number:</i> 20A15453	<i>NPI:</i> 1033538632	<i>Hospital Affiliation:</i> Ucsd
<i>NPI:</i> 1366855355	<i>Provider English Spoken:</i> Yes	Medical Ctr, Ucsd La Jolla John
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	Sally Thornton
<i>Provider Language(s) Spoken:</i>	Korean	<i>Medi-Cal Open Panel:</i> Yes
Finnish, French, Hebrew,	<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 18/999
Spanish	<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No	No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>
<p><b>LAGO HERNANDEZ, CARLOS A</b>  <i>Provider ID:</i> 238624  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A146029  <i>NPI:</i> 1558756270  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>	<p><b>LAM, MICHAEL T</b>  <i>Provider ID:</i> 274409  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A141055  <i>NPI:</i> 1578974259  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Mandarin  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i></p>	<p><b>LIPPMAN, SCOTT M</b>  <i>Provider ID:</i> 64446  <i>Board Certified Specialty:</i> No            UC SAN DIEGO CANCER CTR            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503  <i>Phone:</i> (858) 822-6100  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            822-6100  <i>Provider Gender:</i> Male  <i>License number:</i> A37790  <i>NPI:</i> 1780780874  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
		<p><b>LOOMBA, ROHIT</b>  <i>Provider ID:</i> 65238</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (619) 543-2347 Fax: After Hours Phone: (619) 543-2347 Provider Gender: Male License number: A98657 NPI: 1578593521 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>MAJITHIA, AMIT R</b> Provider ID: 255881 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>	<p>Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: C158025 NPI: 1801091459 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>MARC AURELE, KRISHELLE L</b> Provider ID: 118768 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNNTN 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>	<p>Phone: (858) 249-5800 Fax: After Hours Phone: (858) 249-5800 Provider Gender: Female License number: A99634 NPI: 1952503435 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>MARC AURELE, KRISHELLE L</b> Provider ID: 118770 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNNTN</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9888 GENESEE AVE  
LA JOLLA, CA 92037-1205  
Phone: (858) 626-4123  
Fax:  
After Hours Phone: (858)  
626-4123  
Provider Gender: Female  
License number: A99634  
NPI: 1952503435  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsd La Jolla  
John Sally Thornton, Tri City  
Medical Ctr, Scripps Memorial  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **MARTINEZ, ARMANDO R**

Provider ID: 291422  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8372  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8372  
Provider Gender: Male  
License number: A164016  
NPI: 1598261091  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MARTIN, LESLIE M**

Provider ID: 64970  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 471-9198  
Fax: (619) 543-8255  
After Hours Phone: (619)  
471-9198  
Provider Gender: Female

License number: G79006  
NPI: 1306895495  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Yue Chinese  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MCGEHRIN, KEVIN M**

Provider ID: 256019  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A140783  
NPI: 1972913101  
Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Medical Ctr, Ucsd La Jolla John  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i>  No  🗎 <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA  9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>MCLNTYRE, JONATHAN S</b>  <i>Provider ID:</i> 118235  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (619) 471-9186  <i>Fax:</i>  <i>After Hours Phone:</i> (619)  471-9186  <i>Provider Gender:</i> Male  <i>License number:</i> A149315  <i>NPI:</i> 1134462211  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd</p>	<p>Medical Ctr, Ucsd La Jolla John  Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  🗎 <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>MIRACLE, CYNTHIA M</b>  <i>Provider ID:</i> 64747  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  8939 VILLA LA JOLLA DR STE  110  LA JOLLA, CA 92037-1732  <i>Phone:</i> (858) 657-8000  <i>Fax:</i>  <i>After Hours Phone:</i> (858)  657-8000  <i>Provider Gender:</i> Female  <i>License number:</i> A82348  <i>NPI:</i> 1700976636  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> St Agnes  Medical Center, Ucsd Medical  Ctr  <i>Medi-Cal Open Panel:</i> No</p>	<p><i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  🗎 <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>MULRONEY, CAROLYN M</b>  <i>Provider ID:</i> 64458  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  <i>Phone:</i> (858) 822-6100  <i>Fax:</i>  <i>After Hours Phone:</i> (858)  822-6100  <i>Provider Gender:</i> Female  <i>License number:</i> A48368  <i>NPI:</i> 1215124664  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  🗎 <i>Accessibility:</i></p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MULRONEY, CAROLYN M**

Provider ID: 64458

Board Certified Specialty: No

UC SAN DIEGO CANCER CTR

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6100

Fax:

After Hours Phone: (858)

822-6100

Provider Gender: Female

License number: A48368

NPI: 1215124664

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MULRONEY, CAROLYN M**

Provider ID: 64458

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6173

Fax:

After Hours Phone: (858)

822-6173

Provider Gender: Female

License number: A48368

NPI: 1215124664

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MULRONEY, CAROLYN M**

Provider ID: 64458

Board Certified Specialty: No

UC SAN DIEGO CANCER CTR

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6173

Fax:

After Hours Phone: (858)

822-6173

Provider Gender: Female

License number: A48368

NPI: 1215124664

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **NOBARI, MATTHEW M**

Provider ID: 242034

Board Certified Specialty: No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (619) 471-9186 Fax: After Hours Phone: (619) 471-9186 Provider Gender: Male License number: A145102 NPI: 1619140902 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>NOKES, BRANDON T</b> Provider ID: 287581 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR</p>	<p>LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A155580 NPI: 1487040051 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>ORR, JEREMY E</b> Provider ID: 99608 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>	<p>Phone: (619) 471-9186 Fax: (619) 543-8255 After Hours Phone: (619) 471-9186 Provider Gender: Male License number: A111366 NPI: 1992940969 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Santa Monica Ucla Med Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>PARDEE, PERRIE E</b> Provider ID: 101190 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (619) 471-9186 Fax: (619) 543-8255 After Hours Phone: (619) 471-9186 Provider Gender: Female</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>License number: A123826  NPI: 1578850988  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton, Rady Childrens  Hospital San Diego  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La  Jolla John Sally Thornton, Ucsd  Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Jolla John Sally Thornton, Ucsd  Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 9AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>
<p><b>PARKER, BARBARA A</b>  Provider ID: 122167  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (858) 822-6200  Fax:  After Hours Phone: (858)  822-6200  Provider Gender: Female  License number: G49044  NPI: 1629093927</p>	<p><b>PARKER, BARBARA A</b>  Provider ID: 64464  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (858) 822-6173  Fax:  After Hours Phone: (858)  822-6173  Provider Gender: Female  License number: G49044  NPI: 1629093927  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La</p>	<p><b>PATEL, KRUTI</b>  Provider ID: 276542  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: C170176  NPI: 1043574262  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: Yes</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999	♿ Accessibility:	Website:
American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:
♿ Accessibility:	Website:	Medical Group(s):
Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:	IPA:
Website:	Medical Group(s):	<b>PETTUS, JEREMY H</b>
Email:	IPA: Ucsd Medical Group	Provider ID: 127695
Medical Group(s):	<b>PEDERSEN, BRIAN A</b>	Board Certified Specialty: No
IPA: Ucsd Medical Group	Provider ID: 102051	UCSD MEDICAL GROUP
<b>PATEL, KRUTI</b>	Board Certified Specialty: No	9350 CAMPUS POINT DR
Provider ID: 283318	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
Board Certified Specialty: No	9350 CAMPUS POINT DR STE 2B	Phone: (858) 657-8200
UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300	Fax:
9350 CAMPUS POINT DR	Phone: (858) 249-2500	After Hours Phone: (858) 657-8200
LA JOLLA, CA 92037-1300	Fax:	Provider Gender: Male
Phone: (800) 926-8273	After Hours Phone: (858) 249-2500	License number: A106382
Fax: (888) 539-8781	Provider Gender: Male	NPI: 1225234982
After Hours Phone: (800) 926-8273	License number: A117531	Provider English Spoken: Yes
Provider Gender: Female	NPI: 1790913770	Provider Language(s) Spoken:
License number: C170176	Provider English Spoken: Yes	Cultural Competency: No
NPI: 1043574262	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd
Provider English Spoken: Yes	Spanish	Medical Ctr
Provider Language(s) Spoken:	Cultural Competency: No	Medi-Cal Open Panel: No
Cultural Competency: No	Hospital Affiliation: Ucsd	Min/Max Age: None
Hospital Affiliation: Ucsd	Medical Ctr	American Sign Language (ASL):
Medical Ctr, Ucsd La Jolla John Sally Thornton	Medi-Cal Open Panel: No	No
Min/Max Age: 18/999	Min/Max Age: None	♿ Accessibility: W
American Sign Language (ASL): No	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA 9AM-5PM
No	No	Website:
♿ Accessibility: P, EB, IB, E, R, T	Hours: M-SA 9AM-5PM	Email:
Hours: M-SA 9AM-5PM		Medical Group(s):
		IPA:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

### **POTOK, OLIVIA A**

*Provider ID:* 272707  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A141725  
*NPI:* 1073951323  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **QUARTAROLO, JENNIFER M**

*Provider ID:* 65020  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9198  
*Fax:* (619) 543-8255  
*After Hours Phone:* (619) 471-9198  
*Provider Gender:* Female  
*License number:* A96235  
*NPI:* 1841213865  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RAISINGHANI, AJIT B**

*Provider ID:* 65281  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE 1D  
 LA JOLLA, CA 92037-1300

*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* G75914  
*NPI:* 1831292796  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RAMOS, PEDRO**

*Provider ID:* 65023  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 657-7000	License number: A108745	Cultural Competency: No
Fax: (619) 543-8255	NPI: 1548440902	Hospital Affiliation:
After Hours Phone: (858) 657-7000	Provider English Spoken: Yes	Medi-Cal Open Panel: No
Provider Gender: Male	Provider Language(s) Spoken:	Min/Max Age: None
License number: A91945	Cultural Competency: No	American Sign Language (ASL):
NPI: 1861566366	Hospital Affiliation: Ucsd	No
Provider English Spoken: Yes	Medical Ctr	♿ Accessibility:
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	Hours: M-F 9AM-5PM, SA
Spanish	Min/Max Age: None	9AM-5PM
Cultural Competency: No	American Sign Language (ASL):	Website:
Hospital Affiliation:	No	Email:
Medi-Cal Open Panel: No	♿ Accessibility: W	Medical Group(s):
Min/Max Age: None	Hours: M-SA 9AM-5PM	IPA:
American Sign Language (ASL):	Website:	<b>RENARD, AYSEL</b>
No	Email:	Provider ID: 271843
♿ Accessibility: W	Medical Group(s):	Board Certified Specialty: No
Hours: M-SA 9AM-5PM	IPA:	UCSD MEDICAL GROUP
Website:	<b>REID, ERIN G</b>	9300 CAMPUS POINT DR
Email:	Provider ID: 64468	LA JOLLA, CA 92037-1300
Medical Group(s):	Board Certified Specialty: No	Phone: (800) 926-8273
IPA:	UCSD MEDICAL GROUP	Fax: (888) 539-8781
<b>REEVES, RYAN R</b>	3855 HEALTH SCIENCES DR	After Hours Phone: (800)
Provider ID: 78121	LA JOLLA, CA 92093-1503	926-8273
Board Certified Specialty: No	Phone: (858) 822-6173	Provider Gender: Female
UCSD MEDICAL GROUP	Fax:	License number: A169429
9434 MEDICAL CENTER DR FL 1	After Hours Phone: (858)	NPI: 1225567456
LA JOLLA, CA 92037-1337	822-6173	Provider English Spoken: Yes
Phone: (800) 926-8273	Provider Gender: Female	Provider Language(s) Spoken:
Fax:	License number: A73308	Turkish
After Hours Phone: (800)	NPI: 1902852767	Cultural Competency: No
926-8273	Provider English Spoken: Yes	Hospital Affiliation: Ucsd
Provider Gender: Male	Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John
	Spanish	Sally Thornton

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **RUBIN, JOSHUA E**

Provider ID: 117221

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 543-2347

Fax:

After Hours Phone: (619)

543-2347

Provider Gender: Male

License number: A120297

NPI: 1255610416

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Santa

Monica Ucla Med Ctr, Ronald

Reagan Ucla Med Ctr, Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SASAKI, REID A**

Provider ID: 65047

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax: (619) 543-8255

After Hours Phone: (858)

657-7000

Provider Gender: Male

License number: A112780

NPI: 1972817302

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SCHULTZ, CHRISTINA Y**

Provider ID: 64742

Board Certified Specialty: No

UCSD MEDICAL GROUP

8939 VILLA LA JOLLA DR STE

100

LA JOLLA, CA 92037-1732

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A82421

NPI: 1396725701

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Uc

Davis Medical Ctr, Ucsd Medical

Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

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## D. Directorio de proveedores de atención especializada

<p>Email:          Medical Group(s):          IPA:</p> <p><b>SEBASKY, MEGHAN M</b>          Provider ID: 273963          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (619) 471-9186          Fax:          After Hours Phone: (619)          471-9186          Provider Gender: Female          License number: A114146          NPI: 1538351408          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p><b>SEBASKY, MEGHAN M</b>          Provider ID: 273964          Board Certified Specialty: No          UCSD MEDICAL GROUP          9350 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800)          926-8273          Provider Gender: Female          License number: A114146          NPI: 1538351408          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>SEBASKY, MEGHAN M</b>          Provider ID: 65053          Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-7000          Fax:          After Hours Phone: (858)          657-7000          Provider Gender: Female          License number: A114146          NPI: 1538351408          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>SEGAR, SANDEEP</b>          Provider ID: 118191          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300</p>
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## D. Directorio de proveedores de atención especializada

Phone: (617) 471-9186	Provider Gender: Male	Cultural Competency: No
Fax:	License number: A55150	Hospital Affiliation: Ucsd
After Hours Phone: (617) 471-9186	NPI: 1710920442	Medical Ctr, Ucsd La Jolla John Sally Thornton
Provider Gender: Male	Provider English Spoken: Yes	Medi-Cal Open Panel: No
License number: A149780	Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: None
NPI: 1982017067	Hospital Affiliation: Medi-Cal Open Panel: No	American Sign Language (ASL): No
Provider English Spoken: Yes	Min/Max Age: None	♿ Accessibility: W
Provider Language(s) Spoken: Cultural Competency: No	American Sign Language (ASL): No	Hours: M-SA 9AM-5PM
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	♿ Accessibility: W	Website:
Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM	Email:
Min/Max Age: None	Website:	Medical Group(s):
American Sign Language (ASL): No	Email:	IPA: Ucsd Medical Group
♿ Accessibility: W	Medical Group(s):	<b>SHAHATTO, LOBNA</b>
Hours: M-SA 9AM-5PM	IPA:	Provider ID: 201323
Website:	<b>SHAHATTO, LOBNA</b>	Board Certified Specialty: No
Email:	Provider ID: 129679	UCSD MEDICAL GROUP
Medical Group(s):	Board Certified Specialty: No	9300 CAMPUS POINT DR
IPA:	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
<b>SEYMANN, GREGORY B</b>	9300 CAMPUS POINT DR	Phone: (858) 657-7000
Provider ID: 65057	LA JOLLA, CA 92037-1300	Fax:
Board Certified Specialty: No	Phone: (858) 657-7000	After Hours Phone: (858) 657-7000
UCSD MEDICAL GROUP	Fax:	Provider Gender: Female
9300 CAMPUS POINT DR	After Hours Phone: (858) 657-7000	License number: A117647
LA JOLLA, CA 92037-1300	Provider Gender: Female	NPI: 1477879906
Phone: (619) 471-9198	License number: A117647	Provider English Spoken: Yes
Fax: (619) 543-8255	NPI: 1477879906	Provider Language(s) Spoken: Spanish
After Hours Phone: (619) 471-9198	Provider English Spoken: Yes	Cultural Competency: No
	Provider Language(s) Spoken: Spanish	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL): No            Accessibility:              Hours: SA,SU 12AM-11:59PM, M-F 8AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>SHAH, MITA M</b>            Provider ID: 64757            Board Certified Specialty: No            UCSD MEDICAL GROUP            8939 VILLA LA JOLLA DR STE 110            LA JOLLA, CA 92037-1732            Phone: (858) 657-8000            Fax:            After Hours Phone: (858) 657-8000            Provider Gender: Female            License number: A71739            NPI: 1194773010            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None</p>	<p>American Sign Language (ASL): No            Accessibility:              Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Imperial Health Holdings Medical Group-Sd</p> <p><b>SHATTIL, SANFORD J</b>            Provider ID: 64478            Board Certified Specialty: No            UC SAN DIEGO CANCER CTR            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503            Phone: (858) 822-6100            Fax:            After Hours Phone: (858) 822-6100            Provider Gender: Male            License number: G22082            NPI: 1679530844            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps Green Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            Accessibility:              Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p> <p><b>SMITHERMAN, KENTON O</b>            Provider ID: 65065            Board Certified Specialty: No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (858) 657-7000            Fax:            After Hours Phone: (858) 657-7000            Provider Gender: Male            License number: G84563            NPI: 1205888724            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            Accessibility:              Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>
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## D. Directorio de proveedores de atención especializada

### **SMITH, CHELSEY J**

*Provider ID:* 239921  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE  
 2B  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A126660  
*NPI:* 1013264506  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SWEISS, NATALIE**

*Provider ID:* 101289

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE  
 110  
 LA JOLLA, CA 92037-1732  
*Phone:* (858) 657-8000  
*Fax:*  
*After Hours Phone:* (858)  
 657-8000  
*Provider Gender:* Female  
*License number:* A107585  
*NPI:* 1437387933  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TAYLOR, DAVID S**

*Provider ID:* 274470

*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A169407  
*NPI:* 1033572995  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TOROSIAN, KARO**

*Provider ID:* 269269

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9834 GENESEE AVE STE 312  
 LA JOLLA, CA 92037-1221

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 558-8150  
 Fax: (858) 346-1024  
 After Hours Phone: (858) 558-8150  
 Provider Gender: Male  
 License number: 20A12445  
 NPI: 1275822082  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Armenian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **TRAN, HAO A**

Provider ID: 110169  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1

LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A112846  
 NPI: 1891997078  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **VARUGHESE, JAY I**

Provider ID: 65084  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (858) 657-7000  
 Fax: (619) 543-8255  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Female  
 License number: A105937  
 NPI: 1447490230  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **VODKIN, IRINE E**

Provider ID: 102011  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

License number: A113664	Cultural Competency: No	Min/Max Age: None
NPI: 1861762619	Hospital Affiliation: Ucsd Medical Ctr	American Sign Language (ASL): No
Provider English Spoken: Yes	Medi-Cal Open Panel: No	♿ Accessibility: W
Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: None	Hours: M-F 9AM-5PM, SA 9AM-5PM
Hospital Affiliation: Ucsd Medical Ctr	American Sign Language (ASL): No	Website:
Medi-Cal Open Panel: No	♿ Accessibility: W	Email:
Min/Max Age: None	Hours: M-SA 9AM-5PM	Medical Group(s):
American Sign Language (ASL): No	Website:	IPA:
♿ Accessibility: W	Email:	<b>WANG, ANGELA C</b>
Hours: M-F 8AM-5PM, SA 9AM-5PM	Medical Group(s):	Provider ID: 259536
9AM-5PM	IPA:	Board Certified Specialty: No
Website:	<b>VOSKANIAN, NATALIE N</b>	UCSD MEDICAL GROUP
Email:	Provider ID: 65317	9300 CAMPUS POINT DR
Medical Group(s):	Board Certified Specialty: No	LA JOLLA, CA 92037-1300
IPA:	UCSD MEDICAL GROUP	Phone: (800) 926-8273
<b>VODKIN, IRINE E</b>	9350 CAMPUS POINT DR	Fax: (888) 539-8781
Provider ID: 102015	LA JOLLA, CA 92037-1300	After Hours Phone: (800) 926-8273
Board Certified Specialty: No	Phone: (619) 543-2347	Provider Gender: Female
UCSD MEDICAL GROUP	Fax:	License number: G62974
9300 CAMPUS POINT DR	After Hours Phone: (619) 543-2347	NPI: 1730133976
LA JOLLA, CA 92037-1300	Provider Gender: Female	Provider English Spoken: Yes
Phone: (619) 543-5415	License number: A100333	Provider Language(s) Spoken:
Fax:	NPI: 1376721217	Cultural Competency: No
After Hours Phone: (619) 543-5415	Provider English Spoken: Yes	Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
Provider Gender: Female	Provider Language(s) Spoken: Armenian, Spanish	Medi-Cal Open Panel: Yes
License number: A113664	Cultural Competency: No	Min/Max Age: 18/999
NPI: 1861762619	Hospital Affiliation: Ucsd Medical Ctr	American Sign Language (ASL):
Provider English Spoken: Yes	Medi-Cal Open Panel: No	
Provider Language(s) Spoken:		

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## D. Directorio de proveedores de atención especializada

<p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ucsd Medical Group</p> <p><b>WINTERS, KATHRYN D</b></p> <p><i>Provider ID:</i> 115620</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9300 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p><i>Phone:</i> (619) 471-9185</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 471-9185</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A141944</p> <p><i>NPI:</i> 1790128924</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p>	<p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p> <p><b>WITZTUM, JOSEPH L</b></p> <p><i>Provider ID:</i> 65325</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p><i>Phone:</i> (858) 657-8440</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (858) 657-8440</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G29598</p> <p><i>NPI:</i> 1699791491</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i> W</p> <p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p>	<p><b>WOODELL, TYLER B</b></p> <p><i>Provider ID:</i> 127033</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p><i>Phone:</i> (619) 543-6397</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 543-6397</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A127833</p> <p><i>NPI:</i> 1528322393</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p> <p><b>WOOTEN, DARCY A</b></p> <p><i>Provider ID:</i> 110397</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p>
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## D. Directorio de proveedores de atención especializada

9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (619) 471-9186 Fax: (619) 543-8255 After Hours Phone: (619) 471-9186 Provider Gender: Female License number: A114007 NPI: 1538495973 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A113362 NPI: 1548597784 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group  <b>YADLAPATI, RENA H</b> Provider ID: 238587 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300	Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A113362 NPI: 1548597784 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group  <b>YANG, JENNY Z</b> Provider ID: 283025 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A145538  
 NPI: 1346636453  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### ZAYETS, STANISLAV

Provider ID: 125320  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619) 471-9186  
 Provider Gender: Male  
 License number: A141681  
 NPI: 1437313178  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### ZHANG, SHERRY S

Provider ID: 272658  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 License number: A158102  
 NPI: 1588198147  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

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### MATERNAL AND FETAL MEDICINE

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### BALLAS, JERASIMOS

Provider ID: 209561  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037-1337

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A112607  
 NPI: 1871767384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Eisenhower Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HULL, ANDREW D**

Provider ID: 209482  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858) 657-8745  
 Provider Gender: Male  
 License number: A53578  
 NPI: 1902862121  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LAURENT, LOUISE C**

Provider ID: 208639  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A80409  
 NPI: 1770532707  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **MELBER, DORA J**

Provider ID: 240599  
 Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

<p>UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A147917 NPI: 1124413026 Provider English Spoken: Yes Provider Language(s) Spoken: Hungarian Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>MOORE, THOMAS R</b> Provider ID: 208642 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR</p>	<p>LA JOLLA, CA 92037-1300 Phone: (858) 657-8745 Fax: After Hours Phone: (858) 657-8745 Provider Gender: Male License number: G49930 NPI: 1184682379 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Scripps Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>TARSA, MARYAM</b> Provider ID: 209394 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>	<p>Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A69894 NPI: 1295768638 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>TARSA, MARYAM</b> Provider ID: 285854</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE  
 200  
 LA JOLLA, CA 92037-1701  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A69894  
*NPI:* 1295768638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Memorial Hospital  
 Encinitas, Palomar Medical  
 Center, Scripps Mercy Hospital,  
 Ucsd La Jolla John Sally  
 Thornton, Ucsd Medical Ctr,  
 Eisenhower Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**WOELKERS, DOUGLAS A**  
*Provider ID:* 209383  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858)  
 657-8745  
*Provider Gender:* Male  
*License number:* G77134  
*NPI:* 1013965748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Palomar Medical Center, Ucsd  
 La Jolla John Sally Thornton,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA

9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**WOLF, RICHARD B**  
*Provider ID:* 209252  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* 20A6028  
*NPI:* 1497713846  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Palomar Medical Center, Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>♿ <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>Palomar Medical Center, Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>NEONATAL / PERINATAL MEDICINE</b></p>		
<p><b>DEL ROSARIO, PAMELA G</b>  <i>Provider ID:</i> 295001  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 249-5800  <i>Fax:</i> (858) 249-5839  <i>After Hours Phone:</i> (858) 249-5800  <i>Provider Gender:</i> Female  <i>License number:</i> A142139  <i>NPI:</i> 1952691941  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i></p>	<p><b>GOLEMBESKI, DAVID J</b>  <i>Provider ID:</i> 205894  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 249-5800  <i>Fax:</i> (858) 249-5839  <i>After Hours Phone:</i> (858) 249-5800  <i>Provider Gender:</i> Male  <i>License number:</i> G63111  <i>NPI:</i> 1376614131  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta,</p>	<p><b>HIETALATI, SAMANTHA M</b>  <i>Provider ID:</i> 294252  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 249-5800  <i>Fax:</i> (858) 249-5839  <i>After Hours Phone:</i> (858) 249-5800  <i>Provider Gender:</i> Female  <i>License number:</i> A162427  <i>NPI:</i> 1245617489  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego</p>

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:             Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Medical Ctr, Scripps Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/0            American Sign Language (ASL): No            Accessibility:             Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/0            American Sign Language (ASL): No            Accessibility:             Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>MARC AURELE, KRISHELLE L</b>            Provider ID: 206207            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (858) 249-5800            Fax: (858) 249-5839            After Hours Phone: (858) 249-5800            Provider Gender: Female            License number: A99634            NPI: 1952503435            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City</p>	<p><b>MARC AURELE, KRISHELLE L</b>            Provider ID: 206209            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            9888 GENESEE AVE            LA JOLLA, CA 92037-1205            Phone: (858) 626-4123            Fax: (760) 633-7998            After Hours Phone: (858) 626-4123            Provider Gender: Female            License number: A99634            NPI: 1952503435            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego,</p>	<p><b>MESTAN, KAREN K</b>            Provider ID: 285931            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (858) 249-5800            Fax: (858) 249-5839            After Hours Phone: (858) 249-5800            Provider Gender: Female            License number: C173648            NPI: 1942253356            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No</p>

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## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

### **RAMOS, CARLOS G**

*Provider ID:* 206062  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 249-5800  
*Fax:* (619) 543-3812  
*After Hours Phone:* (858)  
 249-5800  
*Provider Gender:* Male  
*License number:* A91944  
*NPI:* 1205047545  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, El Centro Regional

Medical Center, Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta, Rady Childrens  
 Hospital San Diego, Ucsd La  
 Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

### **SAJTI, ENIKO C**

*Provider ID:* 206170  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 249-5800  
*Fax:* (858) 249-5839  
*After Hours Phone:* (858)  
 249-5800  
*Provider Gender:* Female  
*License number:* A115973  
*NPI:* 1649433103  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens  
 Hosp And Resrch Ctr At  
 Oakland, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

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### **NEPHROLOGY**

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### **BOISKIN, MARK M**

*Provider ID:* 40762  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 9834 GENESEE AVE STE 312  
 LA JOLLA, CA 92037-1221  
*Phone:* (858) 558-8150  
*Fax:*  
*After Hours Phone:* (858)  
 558-8150  
*Provider Gender:* Male  
*License number:* A52055

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## D. Directorio de proveedores de atención especializada

NPI: 1437154143  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Afrikaans, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website: www.balboacare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BOISKIN, MARK M**

Provider ID: 40762  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 9834 GENESEE AVE STE 312 LA JOLLA, CA 92037-1221  
 Phone: (858) 558-8150  
 Fax: (858) 346-1024  
 After Hours Phone: (858) 558-8150  
 Provider Gender: Male

License number: A52055  
 NPI: 1437154143  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Afrikaans, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BOISKIN, MARK M , MD**

Provider ID: 40762  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 9834 GENESEE AVE STE 312 LA JOLLA, CA 92037-1221

Phone: (858) 558-8150  
 Fax: (858) 346-1024  
 After Hours Phone: (858) 558-8150  
 Provider Gender: Male  
 License number: A52055  
 NPI: 1437154143  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Afrikaans, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CUNARD, ROBYN A**

Provider ID: 64733  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

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## D. Directorio de proveedores de atención especializada

<p>8939 VILLA LA JOLLA DR STE 110 LA JOLLA, CA 92037-1732 Phone: (858) 657-8000 Fax: (858) 657-8066 After Hours Phone: (858) 657-8000 Provider Gender: Male License number: A55378 NPI: 1609983253 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>GABBAI, FRANCIS B</b> Provider ID: 64735 Board Certified Specialty: No UCSD MEDICAL GROUP 8939 VILLA LA JOLLA DR STE 110 LA JOLLA, CA 92037-1732</p>	<p>Phone: (858) 657-8000 Fax: After Hours Phone: (858) 657-8000 Provider Gender: Male License number: A45614 NPI: 1356356034 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>GARIMELLA, PRANAV S</b> Provider ID: 110160 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR STE 2B LA JOLLA, CA 92037-1300 Phone: (858) 249-2500 Fax: After Hours Phone: (858) 249-2500 Provider Gender: Male</p>	<p>License number: A143549 NPI: 1477880102 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>IX, JOACHIM H</b> Provider ID: 64740 Board Certified Specialty: No UCSD MEDICAL GROUP 8939 VILLA LA JOLLA DR STE 110 LA JOLLA, CA 92037-1732 Phone: (858) 657-8000 Fax: After Hours Phone: (858) 657-8000 Provider Gender: Male License number: A77110 NPI: 1720017536 Provider English Spoken: Yes</p>
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## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	Memorial Hospital, Scripps	<i>Hospital Affiliation:</i> Scripps
<i>Cultural Competency:</i> No	Memorial Hospital Encinitas	Memorial Hospital, Scripps
<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> Yes	Memorial Hospital Encinitas
Medical Ctr	<i>Min/Max Age:</i> None	<i>Medi-Cal Open Panel:</i> No
<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>	<i>Min/Max Age:</i> None
<i>Min/Max Age:</i> None	No	<i>American Sign Language (ASL):</i>
<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>	No
No	<i>Hours:</i> M-F 9AM-5PM, SA	♿ <i>Accessibility:</i> W
♿ <i>Accessibility:</i> W	9AM-5PM	<i>Hours:</i> M-SA 9AM-5PM
<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>	<i>Website:</i> www.balboacare.com
<i>Website:</i>	<i>Email:</i>	<i>Email:</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc,	<i>IPA:</i> Community Care Ipa Llc,
<i>IPA:</i>	Imperial Health Holdings	Imperial Health Holdings
	Medical Group-Sd	Medical Group-Sd

### LAKHERA, YOGITA, MD

*Provider ID:* 109353  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 9834 GENESEE AVE STE 312  
 LA JOLLA, CA 92037-1221  
*Phone:* (858) 558-8150  
*Fax:* (858) 346-1024  
*After Hours Phone:* (858)  
 558-8150  
*Provider Gender:* Female  
*License number:* A125173  
*NPI:* 1083972483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps

### LAKHERA, YOGITA

*Provider ID:* 109353  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 9834 GENESEE AVE STE 312  
 LA JOLLA, CA 92037-1221  
*Phone:* (858) 810-8000  
*Fax:*  
*After Hours Phone:* (858)  
 810-8000  
*Provider Gender:* Female  
*License number:* A125173  
*NPI:* 1083972483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No

### LAKHERA, YOGITA

*Provider ID:* 262128  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 9834 GENESEE AVE STE 312  
 LA JOLLA, CA 92037-1221  
*Phone:* (858) 558-8150  
*Fax:* (858) 346-1024  
*After Hours Phone:* (858)  
 558-8150  
*Provider Gender:* Female  
*License number:* A125173  
*NPI:* 1083972483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No

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## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MEHTA, RAVINDRA L**

*Provider ID:* 64746  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732  
*Phone:* (858) 657-8000  
*Fax:* (858) 657-8558  
*After Hours Phone:* (858) 657-8000  
*Provider Gender:* Male  
*License number:* A48361  
*NPI:* 1295818102  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Punjabi

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MULLANEY, SCOTT R**

*Provider ID:* 64750  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732  
*Phone:* (858) 657-8000  
*Fax:* (619) 543-7368  
*After Hours Phone:* (858) 657-8000  
*Provider Gender:* Male  
*License number:* A65695  
*NPI:* 1285742726  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RIFKIN, DENA E**

*Provider ID:* 64755  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732  
*Phone:* (858) 657-8000  
*Fax:* (858) 657-8558  
*After Hours Phone:* (858) 657-8000  
*Provider Gender:* Female  
*License number:* A109186  
*NPI:* 1578519203  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>SANCHEZ, AMBER P</b>  <i>Provider ID:</i> 64756  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  8939 VILLA LA JOLLA DR STE  110  LA JOLLA, CA 92037-1732  <i>Phone:</i> (818) 657-8000  <i>Fax:</i>  <i>After Hours Phone:</i> (818)  657-8000  <i>Provider Gender:</i> Female  <i>License number:</i> A91770  <i>NPI:</i> 1700963907  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No</p> <p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i></p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>SANCHEZ, AMBER P</b>  <i>Provider ID:</i> 65040  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-7000  <i>Fax:</i>  <i>After Hours Phone:</i> (858)  657-7000  <i>Provider Gender:</i> Female  <i>License number:</i> A91770  <i>NPI:</i> 1700963907  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No</p> <p>♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>SINGH, PRABHLEEN</b></p>	<p><i>Provider ID:</i> 64759  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  8939 VILLA LA JOLLA DR STE  110  LA JOLLA, CA 92037-1732  <i>Phone:</i> (858) 657-8000  <i>Fax:</i> (858) 657-8558  <i>After Hours Phone:</i> (858)  657-8000  <i>Provider Gender:</i> Female  <i>License number:</i> A93789  <i>NPI:</i> 1235207234  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Hindi, Punjabi  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No</p> <p>♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>STEER, DYLAN L</b>  <i>Provider ID:</i> 257474  <i>Board Certified Specialty:</i> No</p>
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## D. Directorio de proveedores de atención especializada

BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
9834 GENESEE AVE STE 312  
LA JOLLA, CA 92037-1221  
Phone: (858) 558-8150  
Fax: (858) 346-1024  
After Hours Phone: (858)  
558-8150  
Provider Gender: Male  
License number: A65604  
NPI: 1437154978  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Sharp  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health  
Plan Direct, Community Care  
Ipa Llc, Imperial Health  
Holdings Medical Group-Sd

**STEER, DYLAN L**  
Provider ID: 262251  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
9834 GENESEE AVE STE 312  
LA JOLLA, CA 92037-1221  
Phone: (858) 558-8150  
Fax: (858) 346-1024  
After Hours Phone: (858)  
558-8150  
Provider Gender: Male  
License number: A65604  
NPI: 1437154978  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Sharp  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health

Plan Direct, Community Care  
Ipa Llc, Imperial Health  
Holdings Medical Group-Sd  
**STEER, DYLAN L**  
Provider ID: 31399  
Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC  
9834 GENESEE AVE STE 312  
LA JOLLA, CA 92037-1221  
Phone: (858) 558-8150  
Fax:  
After Hours Phone: (858)  
558-8150  
Provider Gender: Male  
License number: A65604  
NPI: 1437154978  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website: www.balboacare.com  
Email:

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## D. Directorio de proveedores de atención especializada

<p><i>Medical Group(s):</i> 9AM-5PM  <i>IPA:</i> Blue Shield Promise Health  Plan Direct, Community Care  Ipa Llc, Imperial Health  Holdings Medical Group-Sd</p> <p><b>STEER, DYLAN L , MD</b>  <i>Provider ID:</i> 31399  <i>Board Certified Specialty:</i> No  BALBOA NEPHROLOGY MED  GRP INC  9834 GENESEE AVE STE 312  LA JOLLA, CA 92037-1221  <i>Phone:</i> (858) 558-8150  <i>Fax:</i> (858) 346-1024  <i>After Hours Phone:</i> (858)  558-8150  <i>Provider Gender:</i> Male  <i>License number:</i> A65604  <i>NPI:</i> 1437154978  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps  Memorial Hospital, Sharp  Memorial Hospital, Scripps  Memorial Hospital Encinitas  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  🗺️ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Blue Shield Promise Health  Plan Direct, Community Care  Ipa Llc, Imperial Health  Holdings Medical Group-Sd</p> <p><b>TOROSIAN, KARO</b>  <i>Provider ID:</i> 118749  <i>Board Certified Specialty:</i> No  BALBOA NEPHROLOGY MED  GRP INC  9834 GENESEE AVE STE 312  LA JOLLA, CA 92037-1221  <i>Phone:</i> (858) 810-8000  <i>Fax:</i>  <i>After Hours Phone:</i> (858)  810-8000  <i>Provider Gender:</i> Male  <i>License number:</i> 20A12445  <i>NPI:</i> 1275822082  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Armenian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps  Memorial Hospital, Scripps  Memorial Hospital Encinitas,  Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i></p>	<p>No  🗺️ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.balboacare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,  Imperial Health Holdings  Medical Group-Sd</p> <p><b>TOROSIAN, KARO</b>  <i>Provider ID:</i> 262330  <i>Board Certified Specialty:</i> No  IMPERIAL HEALTH HOLDINGS  MEDICAL GROUP-SD  9834 GENESEE AVE STE 312  LA JOLLA, CA 92037-1221  <i>Phone:</i> (858) 558-8150  <i>Fax:</i> (858) 346-1024  <i>After Hours Phone:</i> (858)  558-8150  <i>Provider Gender:</i> Male  <i>License number:</i> 20A12445  <i>NPI:</i> 1275822082  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Armenian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps  Memorial Hospital, Scripps  Memorial Hospital Encinitas,  Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999</p>
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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility:            Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Accessibility:            Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>
<b>NEUROLOGY</b>		
<p><b>BEVINS, ELIZABETH A</b>          Provider ID: 277726          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A145182          NPI: 1013395151          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes</p>	<p><b>BLUMENFELD, ANDREW M</b>          Provider ID: 277503          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          9850 GENESEE AVE STE 505          LA JOLLA, CA 92037-1224          Phone: (760) 631-3000          Fax: (760) 631-3016          After Hours Phone: (760) 631-3000          Provider Gender: Male          License number: A47863          NPI: 1164459913          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Memorial Hospital Encinitas          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No</p>	<p><b>BREWER, JAMES B</b>          Provider ID: 65131          Board Certified Specialty: No          UCSD MEDICAL GROUP          9350 CAMPUS POINT DR STE 2B          LA JOLLA, CA 92037-1300          Phone: (858) 249-2500          Fax:          After Hours Phone: (858) 249-2500          Provider Gender: Male          License number: A89348          NPI: 1033144985          Provider English Spoken: Yes          Provider Language(s) Spoken: Hebrew          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:  P, EB, IB, E, R, T          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:</p>

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## D. Directorio de proveedores de atención especializada

<p>Email: Medical Group(s): IPA:</p> <p><b>CHEN, DILLON Y</b> Provider ID: 259995 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 249-5800 Fax: (858) 249-5839 After Hours Phone: (858) 249-5800 Provider Gender: Male License number: A133170 NPI: 1841633914 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/99 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health</p>	<p>Network</p> <p><b>COREY BLOOM, JODY P</b> Provider ID: 65152 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-8540 Fax: (858) 657-8549 After Hours Phone: (858) 657-8540 Provider Gender: Female License number: G62847 NPI: 1053400093 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>COUGHLIN, DAVID G</b> Provider ID: 240950 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR</p>	<p>LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A162063 NPI: 1740543784 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>ELLIS, RONALD J</b> Provider ID: 65166 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-8540 Fax: (858) 657-8549 After Hours Phone: (858) 657-8540</p>
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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i> Newborns, Ucsd La Jolla John	<i>Provider Language(s) Spoken:</i> Newborns, Ucsd La Jolla John
<i>License number:</i> G70658	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>NPI:</i> 1992763114	<i>Hospital Affiliation:</i>	<i>Hospital Affiliation:</i> Sally Thornton
<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> No	<i>Medi-Cal Open Panel:</i> No
<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> None
<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>Hospital Affiliation:</i> Ucsd	<i>No</i>	<i>♿ Accessibility:</i> W
<i>Medical Ctr, Ucsd La Jolla John</i>	<i>♿ Accessibility:</i> W	<i>Hours:</i> M-SA 9AM-5PM
<i>Sally Thornton</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>
<i>Medi-Cal Open Panel:</i> No	<i>Website:</i>	<i>Email:</i>
<i>Min/Max Age:</i> None	<i>Email:</i>	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	<i>Medical Group(s):</i>	<i>IPA:</i> Rady Childrens Health
<i>No</i>	<i>IPA:</i>	<i>Network</i>
<i>♿ Accessibility:</i> W		
<i>Hours:</i> M-SA 9AM-5PM		
<i>Website:</i>		
<i>Email:</i>		
<i>Medical Group(s):</i>		
<i>IPA:</i>		
	<b>HAAS, RICHARD H</b>	<b>HEMMEN, THOMAS M</b>
	<i>Provider ID:</i> 65184	<i>Provider ID:</i> 65188
	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
	9350 CAMPUS POINT DR	9350 CAMPUS POINT DR STE
	LA JOLLA, CA 92037-1300	2B
	<i>Phone:</i> (800) 926-8273	LA JOLLA, CA 92037-1300
	<i>Fax:</i>	<i>Phone:</i> (858) 249-2500
	<i>After Hours Phone:</i> (800)	<i>Fax:</i>
	926-8273	<i>After Hours Phone:</i> (858)
	<i>Provider Gender:</i> Male	249-2500
	<i>License number:</i> A38555	<i>Provider Gender:</i> Male
	<i>NPI:</i> 1700801867	<i>License number:</i> A72645
	<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1902821945
	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes
	<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>
	<i>Hospital Affiliation:</i> Rady	<i>Cultural Competency:</i> No
	Childrens Hospital San Diego,	<i>Hospital Affiliation:</i> El Centro
	Ucsd Medical Ctr, Sharp Mary	Regional Medical Center,
	Birch Hosp For Women And	Scripps Mercy Hospital, Scripps

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## D. Directorio de proveedores de atención especializada

Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ⌘ Accessibility: P, EB, IB, E, R, T Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	No ⌘ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>IRAGUIMADOZ, VICENTE J</b> Provider ID: 246701 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-8540 Fax: After Hours Phone: (858) 657-8540 Provider Gender: Male License number: A31274 NPI: 1053326710 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL):	<b>IRAGUIMADOZ, VICENTE J</b> Provider ID: 65199 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR STE 2B LA JOLLA, CA 92037-1300 Phone: (858) 249-2500 Fax: After Hours Phone: (858) 249-2500 Provider Gender: Male License number: A31274 NPI: 1053326710 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ⌘ Accessibility: P, EB, IB, E, R, T Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email:	<b>KANSAL, LEENA R</b> Provider ID: 65207 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR STE 2B LA JOLLA, CA 92037-1300 Phone: (858) 249-2500 Fax: After Hours Phone: (858) 249-2500 Provider Gender: Female License number: A99271 NPI: 1871759084 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ⌘ Accessibility: P, EB, IB, E, R, T Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email:

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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s):          IPA:</p> <p><b>KINKEL, REVERE P</b>          Provider ID: 83655          Board Certified Specialty: No          UCSD MEDICAL GROUP          9350 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-8540          Fax:          After Hours Phone: (858)          657-8540          Provider Gender: Male          License number: G89360          NPI: 1043325939          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>LEE, DAVID J</b>          Provider ID: 246264          Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP          9350 CAMPUS POINT DR STE          LLB          LA JOLLA, CA 92037-1300          Phone: (800) 926-8273          Fax:          After Hours Phone: (800)          926-8273          Provider Gender: Male          License number: A124329          NPI: 1871884130          Provider English Spoken: Yes          Provider Language(s) Spoken:          Korean          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>LEGER, GABRIEL C</b>          Provider ID: 247609          Board Certified Specialty: No          UCSD MEDICAL GROUP</p>	<p>9444 MEDICAL CENTER DR          LA JOLLA, CA 92037-1337          Phone: (800) 926-8273          Fax:          After Hours Phone: (800)          926-8273          Provider Gender: Male          License number: C155902          NPI: 1720367899          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>MEYER, BRETT C</b>          Provider ID: 65249          Board Certified Specialty: No          UCSD MEDICAL GROUP          9350 CAMPUS POINT DR STE          2B          LA JOLLA, CA 92037-1300</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 249-2500            Fax:            After Hours Phone: (858) 249-2500            Provider Gender: Male            License number: A70903            NPI: 1316011265            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: P, EB, IB, E, R, T            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (760) 631-3000            Fax: (760) 631-3016            After Hours Phone: (760) 631-3000            Provider Gender: Female            License number: 20A11494            NPI: 1730110529            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>LA JOLLA, CA 92037-1300            Phone: (858) 657-1636            Fax:            After Hours Phone: (858) 657-1636            Provider Gender: Male            License number: A83715            NPI: 1376568659            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>
<p><b>NIELSEN, AMY C</b>            Provider ID: 277009            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            9850 GENESEE AVE STE 530            LA JOLLA, CA 92037-1213</p>	<p><b>OLSON, SCOTT E</b>            Provider ID: 65270            Board Certified Specialty: No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR</p>	<p><b>OLSON, SCOTT E</b>            Provider ID: 65374            Board Certified Specialty: No            UCSD MEDICAL GROUP            9434 MEDICAL CENTER DR FL 1            LA JOLLA, CA 92037-1337</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A83715  
 NPI: 1376568659  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PICCIONI, DAVID E**

Provider ID: 84330  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Male  
 License number: A100663  
 NPI: 1851542575  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **QAYOUMI, WALI Z**

Provider ID: 284369  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9500 GILMAN DR STE 2069  
 LA JOLLA, CA 92093-5004  
 Phone: (858) 822-5881  
 Fax: (888) 539-8781  
 After Hours Phone: (858) 822-5881

Provider Gender: Male  
 License number: A168429  
 NPI: 1093178220  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **QAYOUMI, WALI Z**

Provider ID: 284371  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE LLB  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 284-3746  
 Fax: (888) 579-8781  
 After Hours Phone: (619) 284-3746  
 Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>License number: A168429  NPI: 1093178220  Provider English Spoken: Yes  Provider Language(s) Spoken: French  Cultural Competency: No  Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>RAVITS, JOHN M</b>  Provider ID: 65283  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR STE 2B  LA JOLLA, CA 92037-1300  Phone: (858) 249-2500  Fax:  After Hours Phone: (858) 249-2500  Provider Gender: Male  License number: G43695</p>	<p>NPI: 1396858965  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>SCHULTE, JESSICA D</b>  Provider ID: 284819  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (800) 926-8273  Fax: (858) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: A162688  NPI: 1467870576  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No</p>	<p>Hospital Affiliation: Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>SHTRAHMAN, MATTHEW</b>  Provider ID: 114340  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (858) 657-7000  Fax:  After Hours Phone: (858) 657-7000  Provider Gender: Male  License number: A108752  NPI: 1740440460  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Min/Max Age: None	9AM-5PM	IPA:
American Sign Language (ASL): No	Website:	<b>VIIRRE, ERIK S</b>
♿ Accessibility: W	Email:	Provider ID: 65316
Hours: M-SA 9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA:	UCSD MEDICAL GROUP
Email:	<b>TUSZYNSKI, MARK H</b>	9350 CAMPUS POINT DR
Medical Group(s):	Provider ID: 65314	LA JOLLA, CA 92037-1300
IPA:	Board Certified Specialty: No	Phone: (858) 657-8540
<b>TECOMA, EVELYN S</b>	UCSD MEDICAL GROUP	Fax: (858) 657-8549
Provider ID: 65310	9350 CAMPUS POINT DR STE	After Hours Phone: (858)
Board Certified Specialty: No	2B	657-8540
UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300	Provider Gender: Male
9350 CAMPUS POINT DR STE	Phone: (858) 249-2500	License number: G82354
2B	Fax:	NPI: 1093743601
LA JOLLA, CA 92037-1300	After Hours Phone: (858)	Provider English Spoken: Yes
Phone: (858) 249-2500	249-2500	Provider Language(s) Spoken:
Fax:	Provider Gender: Male	French
After Hours Phone: (858)	License number: G56665	Cultural Competency: No
249-2500	NPI: 1669405007	Hospital Affiliation: Ucsd
Provider Gender: Female	Provider English Spoken: Yes	Medical Ctr
License number: G58138	Provider Language(s) Spoken:	Medi-Cal Open Panel: No
NPI: 1174556518	Cultural Competency: No	Min/Max Age: None
Provider English Spoken: Yes	Hospital Affiliation:	American Sign Language (ASL):
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	No
Cultural Competency: No	Min/Max Age: None	♿ Accessibility: W
Hospital Affiliation:	American Sign Language (ASL):	Hours: M-SA 9AM-5PM
Medi-Cal Open Panel: No	No	Website:
Min/Max Age: None	♿ Accessibility: P, EB, IB, E, R, T	Email:
American Sign Language (ASL):	Hours: M-F 9AM-5PM, SA	Medical Group(s):
No	9AM-5PM	IPA:
♿ Accessibility: P, EB, IB, E, R, T	Website:	<b>WANG, CHUNYANG T</b>
Hours: M-F 9AM-5PM, SA	Email:	Provider ID: 285922
	Medical Group(s):	Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>COMMUNITY CARE IPA LLC 9850 GENESEE AVE STE 530 LA JOLLA, CA 92037-1213 Phone: (760) 631-3000 Fax: (760) 631-3016 After Hours Phone: (760) 631-3000 Provider Gender: Female License number: A105660 NPI: 1386890770 Provider English Spoken: Yes Provider Language(s) Spoken: Mandarin, Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Health, Scripps Memorial Hospital, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>WIEGAND, SARAH E</b> Provider ID: 284620</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: 20A16503 NPI: 1164818035 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group</p> <hr/> <p style="text-align: center;"><b>NUCLEAR MEDICINE</b></p> <hr/> <p><b>BELEZZUOLI, ERNEST V</b> Provider ID: 64812 Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (619) 543-3405 Fax: After Hours Phone: (619) 543-3405 Provider Gender: Male License number: G74168 NPI: 1083703805 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>HOH, CARL K</b> Provider ID: 64911 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (619) 543-3405

Fax:

After Hours Phone: (619)  
543-3405

Provider Gender: Male

License number: G61309

NPI: 1962427682

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

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### OBSTETRICS / GYNECOLOGY

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#### ALPERIN, MARIANN

Provider ID: 65116

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8737

Fax:

After Hours Phone: (858)  
657-8737

Provider Gender: Female

License number: A102879

NPI: 1033266879

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Scripps Mercy

Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

#### ALVARADO, JORGE L

Provider ID: 269564

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax:

After Hours Phone: (858)  
657-7000

Provider Gender: Male

License number: A139473

NPI: 1538588561

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### AVERBACH, SARAH H

Provider ID: 115249

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 543-6777

Fax: (619) 543-3703

After Hours Phone: (619)

543-6777

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider Gender: Female  License number: A128990  NPI: 1700012457  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Medical Ctr  At Ucsf, Ucsd Medical Ctr, Ucsf  Medical Center At Mission Bay,  Ucsf Medical Center At Mount  Zion  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>NPI: 1174758031  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 16/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>BINDER, PRATIBHA S</b>  Provider ID: 121153  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (800) 926-8273  Fax:  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: A149945</p>	<p><b>BINDER, PRATIBHA S</b>  Provider ID: 273225  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: A149945  NPI: 1174758031  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No</p>	<p><b>BONDRE, IOANA L</b>  Provider ID: 284310  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: A171540  NPI: 1326579863  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **BONDRE, IOANA L**

Provider ID: 284311

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A171540

NPI: 1326579863

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DELCORE, LAURA M**

Provider ID: 291323

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A133536

NPI: 1790128759

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DELCORE, LAURA M**

Provider ID: 291324

Board Certified Specialty: No

UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR

LA JOLLA, CA 92037-1701

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A133536

NPI: 1790128759

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DRIEBE, AMY M**

Provider ID: 291334

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A142172 NPI: 1730507567 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>DRIEBE, AMY M</b> Provider ID: 291335 Board Certified Specialty: No UCSD MEDICAL GROUP 8910 VILLA LA JOLLA DR LA JOLLA, CA 92037-1701</p>	<p>Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A142172 NPI: 1730507567 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>GABBY, LAURYN C</b> Provider ID: 269691 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female</p>	<p>License number: A151539 NPI: 1003330572 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>GUPTA, PRATIMA</b> Provider ID: 257546 Board Certified Specialty: No UCSD MEDICAL GROUP 8910 VILLA LA JOLLA DR STE 200 LA JOLLA, CA 92037-1701 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A832373</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

NPI: 1891749842	Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John
Provider English Spoken: Yes	Cultural Competency: No	Sally Thornton
Provider Language(s) Spoken:	Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes
Hindi, Spanish	Medical Ctr, Ucsd La Jolla John	Min/Max Age: 16/999
Cultural Competency: No	Sally Thornton	American Sign Language (ASL):
Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes	No
Medical Ctr, Ucsd La Jolla John	Min/Max Age: 16/999	♿ Accessibility:
Sally Thornton	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
Medi-Cal Open Panel: Yes	No	9AM-5PM
Min/Max Age: 16/999	♿ Accessibility:	Website:
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Email:
No	9AM-5PM	Medical Group(s):
♿ Accessibility:	Website:	IPA: Ucsd Medical Group
Hours: M-F 8AM-5PM, SA	Email:	
9AM-5PM	Medical Group(s):	<b>HEBERT, STEPHEN A</b>
Website:	IPA: Ucsd Medical Group	Provider ID: 65187
Email:		Board Certified Specialty: No
Medical Group(s):	<b>HARVEY, SCOTT A</b>	UCSD MEDICAL GROUP
IPA: Ucsd Medical Group	Provider ID: 278918	9350 CAMPUS POINT DR
	Board Certified Specialty: No	LA JOLLA, CA 92037-1300
<b>HARVEY, SCOTT A</b>	UCSD MEDICAL GROUP	Phone: (619) 543-2347
Provider ID: 278916	9444 MEDICAL CENTER DR	Fax:
Board Certified Specialty: No	LA JOLLA, CA 92037-1337	After Hours Phone: (619)
UCSD MEDICAL GROUP	Phone: (800) 926-8273	543-2347
9350 CAMPUS POINT DR	Fax: (888) 539-8781	Provider Gender: Male
LA JOLLA, CA 92037-1300	After Hours Phone: (800)	License number: G40602
Phone: (800) 923-8273	926-8273	NPI: 1730127069
Fax: (888) 539-8781	Provider Gender: Male	Provider English Spoken: Yes
After Hours Phone: (800)	License number: C169168	Provider Language(s) Spoken:
923-8273	NPI: 1457662868	Cultural Competency: No
Provider Gender: Male	Provider English Spoken: Yes	Hospital Affiliation: Scripps
License number: C169168	Provider Language(s) Spoken:	Memorial Hospital
NPI: 1457662868	Cultural Competency: No	Medi-Cal Open Panel: No
Provider English Spoken: Yes	Hospital Affiliation: Ucsd	Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

American Sign Language (ASL): No	No	Hours: M-F 8AM-5PM, SA 9AM-5PM
No	♿ Accessibility:	9AM-5PM
♿ Accessibility: W	Hours: M-F 8AM-5PM, SA	Website:
Hours: M-F 9AM-5PM, SA	9AM-5PM	Email:
9AM-5PM	Website:	Medical Group(s):
Website:	Email:	IPA: Ucsd Medical Group
Email:	Medical Group(s):	
Medical Group(s):	IPA: Ucsd Medical Group	<b>HULL, ANDREW D</b>
IPA:		Provider ID: 65197
	<b>HOM, MARIANNE S</b>	Board Certified Specialty: No
<b>HOANG, MAI P</b>	Provider ID: 242752	UCSD MEDICAL GROUP
Provider ID: 208295	Board Certified Specialty: No	9350 CAMPUS POINT DR
Board Certified Specialty: No	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
UCSD MEDICAL GROUP	9444 MEDICAL CENTER DR	Phone: (619) 543-2347
8910 VILLA LA JOLLA DR STE	LA JOLLA, CA 92037-1337	Fax:
200	Phone: (800) 926-8273	After Hours Phone: (619)
LA JOLLA, CA 92037-1701	Fax:	543-2347
Phone: (800) 926-8273	After Hours Phone: (800)	Provider Gender: Male
Fax:	926-8273	License number: A53578
After Hours Phone: (800)	Provider Gender: Female	NPI: 1902862121
926-8273	License number: A146335	Provider English Spoken: Yes
Provider Gender: Female	NPI: 1972047397	Provider Language(s) Spoken:
License number: A130031	Provider English Spoken: Yes	Cultural Competency: No
NPI: 1104143593	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd
Provider English Spoken: Yes	Spanish	Medical Ctr, Scripps Mercy
Provider Language(s) Spoken:	Cultural Competency: No	Hospital, Scripps Mercy
Vietnamese	Hospital Affiliation: Ucsd La	Hospital Chula Vista, Scripps
Cultural Competency: No	Jolla John Sally Thornton, Ucsd	Memorial Hospital Encinitas,
Hospital Affiliation: Ucsd La	Medical Ctr	Palomar Medical Center,
Jolla John Sally Thornton, Ucsd	Medi-Cal Open Panel: Yes	Scripps Memorial Hospital,
Medical Ctr	Min/Max Age: 16/999	Ucsd La Jolla John Sally
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	Thornton
Min/Max Age: 16/999	No	Medi-Cal Open Panel: No
American Sign Language (ASL):	♿ Accessibility:	Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility: W          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>KELLY, THOMAS F</b>          Provider ID: 65211          Board Certified Specialty: No          UCSD MEDICAL GROUP          9350 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-8745          Fax:          After Hours Phone: (858) 657-8745          Provider Gender: Male          License number: G60630          NPI: 1336203496          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center          Medi-Cal Open Panel: No</p>	<p>Min/Max Age: None          American Sign Language (ASL): No          Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California, Ucsd Medical Group</p> <p><b>KLEIN, DAVID A</b>          Provider ID: 271558          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (800) 926-8273          Fax:          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A155090          NPI: 1780073635          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL):</p>	<p>No          Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>KLEIN, DAVID A</b>          Provider ID: 271559          Board Certified Specialty: No          UCSD MEDICAL GROUP          8910 VILLA LA JOLLA DR STE 200          LA JOLLA, CA 92037-1701          Phone: (800) 926-8273          Fax:          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A155090          NPI: 1780073635          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL): No</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

🗎 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### LAMALE-SMITH, LEAH M

Provider ID: 286230  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE  
 200  
 LA JOLLA, CA 92037-1701  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A135831  
 NPI: 1396904876  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr, Eisenhower  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No

🗎 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### LUKACZ, EMILY S

Provider ID: 83716  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858)  
 657-8200  
 Provider Gender: Female  
 License number: A63540  
 NPI: 1750339446  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 🗎 Accessibility: W  
 Hours: M-F 9AM-6PM, SA  
 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### MACKAY, GILLIAN

Provider ID: 128454  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE  
 200  
 LA JOLLA, CA 92037-1701  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A113346  
 NPI: 1770702177  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 🗎 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Ucsd Medical Group

### **MACKAY, GILLIAN**

Provider ID: 200964

Board Certified Specialty: No

UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR STE  
200

LA JOLLA, CA 92037-1701

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A113346

NPI: 1770702177

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **MEADOWS, AUDRA R**

Provider ID: 285739

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: C171680

NPI: 1467585521

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **MEADOWS, AUDRA R**

Provider ID: 285740

Board Certified Specialty: No

UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR STE  
200

LA JOLLA, CA 92037-1701

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: C171680

NPI: 1467585521

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **MEURICE, MARIELLE**

### **ERENDIRA LUCILLE**

Provider ID: 284267

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A159003  
 NPI: 1720510779  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: University Hsp Of San Diego Co, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MEURICE, MARIELLE**

### **ERENDIRA LUCILLE**

Provider ID: 284269  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR STE 200  
 LA JOLLA, CA 92037-1701  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A159003  
 NPI: 1720510779  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: University Hsp Of San Diego Co, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MOORE, THOMAS R**

Provider ID: 65259  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858) 657-8745  
 Provider Gender: Male  
 License number: G49930  
 NPI: 1184682379  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PINSON, KELSEY A**

Provider ID: 284285  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A158192  
 NPI: 1841722485  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PLAXE, STEVEN C**

Provider ID: 64465  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858) 822-6173  
 Provider Gender: Male  
 License number: G64817  
 NPI: 1942356795  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **RESNIK, JAMIE L**

Provider ID: 271535  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE 200  
 LA JOLLA, CA 92037-1701

Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858) 657-8745  
 Provider Gender: Female  
 License number: A66580  
 NPI: 1558310557  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **RIES, MAUREEN C**

Provider ID: 125252  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE 200  
 LA JOLLA, CA 92037-1701

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## D. Directorio de proveedores de atención especializada

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Phone: (858) 657-8745

Fax:

After Hours Phone: (858)  
657-8745

Provider Gender: Female

License number: A127234

NPI: 1750544516

Provider English Spoken: Yes

Provider Language(s) Spoken:

Indonesian, Spanish, Swahili

Cultural Competency: No

Hospital Affiliation: University

Of California Irvine Med Ctr,

Ucsd La Jolla John Sally

Thornton, Ucsd Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **RIVAS, RENEE N**

Provider ID: 284295

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A173043

NPI: 1295263861

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **RIVAS, RENEE N**

Provider ID: 284297

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A173043

NPI: 1295263861

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SAENZ, CHERYL C**

Provider ID: 64472

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 822-6173            Fax:            After Hours Phone: (858) 822-6173            Provider Gender: Female            License number: G74647            NPI: 1396818134            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: A167853            NPI: 1336599653            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 16/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Provider Gender: Female            License number: A167853            NPI: 1336599653            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 16/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>
<p><b>SANDOVAL, SELINA M</b>            Provider ID: 270561            Board Certified Specialty: No            UCSD MEDICAL GROUP            8910 VILLA LA JOLLA DR STE 200            LA JOLLA, CA 92037-1701</p>	<p><b>SANDOVAL, SELINA M</b>            Provider ID: 270562            Board Certified Specialty: No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273</p>	<p><b>SUYAMA, JULIE A</b>            Provider ID: 284289            Board Certified Specialty: No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: A172670            NPI: 1306372800            Provider English Spoken: Yes</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i> Mandarin	<i>Cultural Competency:</i> No	Medical Ctr
Spanish	<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> No
<i>Cultural Competency:</i> No	Medical Ctr	<i>Min/Max Age:</i> None
<i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No
Medical Ctr	<i>Min/Max Age:</i> 16/999	<i>♿ Accessibility:</i> W
<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM
<i>Min/Max Age:</i> 16/999	<i>♿ Accessibility:</i>	<i>Website:</i>
<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Email:</i>
<i>♿ Accessibility:</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Email:</i>	<i>IPA:</i> Community Care Ipa Llc
<i>Website:</i>	<i>Medical Group(s):</i>	<b>SWENSON, HELEN</b>
<i>Email:</i>	<i>IPA:</i> Community Care Ipa Llc	<i>Provider ID:</i> 126502
<i>Medical Group(s):</i>	<b>SU, HUI CHUN I</b>	<i>Board Certified Specialty:</i> No
<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 65306	UCSD MEDICAL GROUP
<b>SU, HUI CHUN I</b>	<i>Board Certified Specialty:</i> No	9350 CAMPUS POINT DR
<i>Provider ID:</i> 269338	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
<i>Board Certified Specialty:</i> No	9350 CAMPUS POINT DR	<i>Phone:</i> (858) 657-8745
COMMUNITY CARE IPA LLC	LA JOLLA, CA 92037-1300	<i>Fax:</i>
9350 CAMPUS POINT DR STE LLC	<i>Phone:</i> (619) 543-2347	<i>After Hours Phone:</i> (858) 657-8745
LA JOLLA, CA 92037-1300	<i>Fax:</i>	<i>Provider Gender:</i> Female
<i>Phone:</i> (858) 657-8745	<i>After Hours Phone:</i> (619) 543-2347	<i>License number:</i> A155774
<i>Fax:</i> (858) 657-8666	<i>Provider Gender:</i> Female	<i>NPI:</i> 1952721243
<i>After Hours Phone:</i> (858) 657-8745	<i>License number:</i> A110340	<i>Provider English Spoken:</i> Yes
<i>Provider Gender:</i> Female	<i>NPI:</i> 1053466011	<i>Provider Language(s) Spoken:</i>
<i>License number:</i> A110340	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>NPI:</i> 1053466011	<i>Provider Language(s) Spoken:</i> Mandarin	<i>Hospital Affiliation:</i> Ucsd
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John Sally Thornton
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> No
		<i>Min/Max Age:</i> None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TARSA, MARYAM**

*Provider ID:* 65308  
*Board Certified Specialty:* No  
 UCSD OB GYN MED GRP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858) 657-8745  
*Provider Gender:* Female  
*License number:* A69894  
*NPI:* 1295768638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr,

Eisenhower Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **THOMSON, SAMANTHA L**

*Provider ID:* 285173  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A149038  
*NPI:* 1689013468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **THOMSON, SAMANTHA L**

*Provider ID:* 285175  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE 200  
 LA JOLLA, CA 92037-1701  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A149038  
*NPI:* 1689013468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

No	No	Email:
♿ Accessibility:	♿ Accessibility:	Medical Group(s):
Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-SA 9AM-5PM	IPA:
Website:	Website:	<b>WEBER, AKILAH F</b>
Email:	Email:	Provider ID: 84962
Medical Group(s):	Medical Group(s):	Board Certified Specialty: No
IPA: Ucsd Medical Group	IPA:	UCSD MEDICAL GROUP
<b>TILFORD, SARAH A</b>	<b>TOLOUBEYDOKHTI, TANNAZ</b>	9300 CAMPUS POINT DR
Provider ID: 126505	Provider ID: 98884	LA JOLLA, CA 92037-1300
Board Certified Specialty: No	Board Certified Specialty: No	Phone: (858) 657-7000
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	Fax: (858) 657-8666
8910 VILLA LA JOLLA DR STE 200	9350 CAMPUS POINT DR	After Hours Phone: (858) 657-7000
LA JOLLA, CA 92037-1701	LA JOLLA, CA 92037-1300	Provider Gender: Female
Phone: (800) 926-8273	Phone: (858) 657-8745	License number: C56035
Fax:	Fax:	NPI: 1760652713
After Hours Phone: (800) 926-8273	After Hours Phone: (858) 657-8745	Provider English Spoken: Yes
Provider Gender: Female	Provider Gender: Female	Provider Language(s) Spoken:
License number: A154086	License number: A134477	Cultural Competency: No
NPI: 1194139766	NPI: 1477846095	Hospital Affiliation: Ucsd
Provider English Spoken: Yes	Provider English Spoken: Yes	Medical Ctr, Rady Childrens
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Hospital San Diego, Childrens
Cultural Competency: No	Cultural Competency: No	Hosp And Resrch Ctr At
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	Oakland
Medical Ctr, Bakersfield	Medi-Cal Open Panel: No	Medi-Cal Open Panel: No
Memorial Hosp, Palomar	Min/Max Age: None	Min/Max Age: None
Medical Center	American Sign Language (ASL): No	American Sign Language (ASL): No
Medi-Cal Open Panel: No	♿ Accessibility: W	♿ Accessibility: W
Min/Max Age: None	Hours: M-SA 9AM-5PM	Hours: M-SA 9AM-5PM
American Sign Language (ASL):	Website:	Website:
		Email:
		Medical Group(s):

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## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health Network

### **WOELKERS, DOUGLAS A**

Provider ID: 65326

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8745

Fax:

After Hours Phone: (858)

657-8745

Provider Gender: Male

License number: G77134

NPI: 1013965748

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Scripps

Memorial Hospital Encinitas,

Palomar Medical Center, Ucsd

La Jolla John Sally Thornton,

Ucsd Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **ZHOU, BETH B**

Provider ID: 240066

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A162098

NPI: 1558748186

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

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### **ONCOLOGY MEDICAL**

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### **BANERJEE, PUSHPENDU**

Provider ID: 54041

Board Certified Specialty: No

CALIFORNIA CANCER ASSOCS

FOR RESEARCH AND EXCELL

9850 GENESEE AVE STE 560

LA JOLLA, CA 92037-1229

Phone: (858) 552-1410

Fax: (858) 552-0929

After Hours Phone: (858)

552-1410

Provider Gender: Male

License number: A69490

NPI: 1164497855

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Rady

Childrens Hospital San Diego,

Scripps Green Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 16/120

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

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## D. Directorio de proveedores de atención especializada

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Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **BOLES, SARAH G**

Provider ID: 64411

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100

Fax: (858) 822-6196

After Hours Phone: (858)  
822-6100

Provider Gender: Female

License number: A82562

NPI: 1245391242

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **HOWELL, STEPHEN B**

Provider ID: 64435

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6173

Fax:

After Hours Phone: (858)  
822-6173

Provider Gender: Male

License number: G25869

NPI: 1114942802

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MCHALE, MICHAEL T**

Provider ID: 64450

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6173

Fax:

After Hours Phone: (858)  
822-6173

Provider Gender: Male

License number: G83172

NPI: 1508828179

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Tri City  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **REID, TONY R**

Provider ID: 64469

Board Certified Specialty: No  
UC SAN DIEGO CANCER CTR  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

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## D. Directorio de proveedores de atención especializada

Phone: (858) 822-6173	License number: G76747	Hospital Affiliation:
Fax:	NPI: 1346323904	Medi-Cal Open Panel: No
After Hours Phone: (858) 822-6173	Provider English Spoken: Yes	Min/Max Age: None
Provider Gender: Male	Provider Language(s) Spoken:	American Sign Language (ASL):
License number: G76747	Cultural Competency: No	No
NPI: 1346323904	Hospital Affiliation:	♿ Accessibility:
Provider English Spoken: Yes	Medi-Cal Open Panel: No	Hours: M-F 9AM-5PM, SA
Provider Language(s) Spoken:	Min/Max Age: None	9AM-5PM
Cultural Competency: No	American Sign Language (ASL):	Website:
Hospital Affiliation:	No	Email:
Medi-Cal Open Panel: No	♿ Accessibility:	Medical Group(s):
Min/Max Age: None	Hours: M-F 9AM-5PM, SA	IPA:
American Sign Language (ASL):	9AM-5PM	
No	Website:	<b>REID, TONY R</b>
♿ Accessibility:	Email:	Provider ID: 64469
Hours: M-F 9AM-5PM, SA	Medical Group(s):	Board Certified Specialty: No
9AM-5PM	IPA:	UCSD MEDICAL GROUP
Website:		3855 HEALTH SCIENCES DR
Email:	<b>REID, TONY R</b>	LA JOLLA, CA 92093-1503
Medical Group(s):	Provider ID: 64469	Phone: (858) 822-6173
IPA:	Board Certified Specialty: No	Fax:
	UC SAN DIEGO CANCER CTR	After Hours Phone: (858)
	3855 HEALTH SCIENCES DR	822-6173
	LA JOLLA, CA 92093-1503	Provider Gender: Male
	Phone: (858) 822-6100	License number: G76747
	Fax:	NPI: 1346323904
	After Hours Phone: (858)	Provider English Spoken: Yes
	822-6100	Provider Language(s) Spoken:
	Provider Gender: Male	Cultural Competency: No
	License number: G76747	Hospital Affiliation:
	NPI: 1346323904	Medi-Cal Open Panel: No
	Provider English Spoken: Yes	Min/Max Age: None
	Provider Language(s) Spoken:	American Sign Language (ASL):
	Cultural Competency: No	No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SINCLAIR, JAMES M , MD**

*Provider ID:* 257002  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 560  
 LA JOLLA, CA 92037-1229  
*Phone:* (858) 552-1410

*Fax:* (858) 552-0929  
*After Hours Phone:* (858)  
 552-1410

*Provider Gender:* Male  
*License number:* G48926  
*NPI:* 1356300230

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
 No

♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **SINCLAIR, JAMES M**

*Provider ID:* 54027  
*Board Certified Specialty:* No  
 CALIFORNIA CANCER ASSOCS  
 FOR RESEARCH AND EXCELL  
 9850 GENESEE AVE STE 560  
 LA JOLLA, CA 92037-1229  
*Phone:* (858) 552-1410

*Fax:*  
*After Hours Phone:* (858)  
 552-1410

*Provider Gender:* Male  
*License number:* G48926  
*NPI:* 1356300230

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):*  
 No

♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

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### **OPHTHALMOLOGY**

---

### **AFSHARI, NATALIE A**

*Provider ID:* 65332  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290

*Fax:*  
*After Hours Phone:* (858)  
 534-6290

*Provider Gender:* Female  
*License number:* C51849  
*NPI:* 1538126735

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): IPA:</p> <p><b>BAXTER, SALLY L</b> Provider ID: 272787 Board Certified Specialty: No UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (858) 534-6290 Fax: (888) 539-8781 After Hours Phone: (858) 534-6290 Provider Gender: Female License number: A140952 NPI: 1912325184 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 7AM-5PM, SA 7:45AM-2PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>BEAZER, ALEX P</b></p>	<p>Provider ID: 272802 Board Certified Specialty: No UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A169030 NPI: 1942662168 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>BINDER, NICHOLAS R , MD</b> Provider ID: 268757 Board Certified Specialty: No COMMUNITY CARE IPA LLC</p>	<p>9850 GENESEE AVE STE 310 LA JOLLA, CA 92037-1208 Phone: (800) 898-2020 Fax: (844) 897-3788 After Hours Phone: (800) 898-2020 Provider Gender: Male License number: A124698 NPI: 1306076716 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>BOKOSKY, JOHN E</b> Provider ID: 84265 Board Certified Specialty: No EYE CARE OF SAN DIEGO MED OFFICE</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

9834 GENESEE AVE STE 428 LA JOLLA, CA 92037-1264 Phone: (800) 765-2737 Fax: After Hours Phone: (800) 765-2737 Provider Gender: Male License number: G51651 NPI: 1245215748 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Phone: (858) 534-6290 Fax: (858) 534-1342 After Hours Phone: (858) 534-6290 Provider Gender: Male License number: C40767 NPI: 1356376347 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	License number: 20A11590 NPI: 1003085481 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ronald Reagan Ucla Med Ctr, Santa Monica Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group
<b>BROWN, STUART I</b> Provider ID: 65335 Board Certified Specialty: Yes UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350	<b>BRUMMEL, KIRSTA L</b> Provider ID: 240634 Board Certified Specialty: No UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female	<b>CAMP, ANDREW S</b> Provider ID: 111066 Board Certified Specialty: No UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (858) 534-6290 Fax: After Hours Phone: (858) 534-6290 Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

License number: A142062	Provider English Spoken: Yes	Phone: (858) 534-6290
NPI: 1326300377	Provider Language(s) Spoken:	Fax:
Provider English Spoken: Yes	Arabic, Armenian, Cantonese,	After Hours Phone: (858)
Provider Language(s) Spoken:	Korean, Mandarin, Spanish,	534-6290
Cultural Competency: No	Tagalog, Vietnamese	Provider Gender: Male
Hospital Affiliation: Ucsd	Cultural Competency: No	License number: A130361
Medical Ctr, Ucsd La Jolla John	Hospital Affiliation: San Gabriel	NPI: 1891011953
Sally Thornton, Rady Childrens	Valley Med Ctr, Providence	Provider English Spoken: Yes
Hospital San Diego	Little Co Of Mary Med Ctr	Provider Language(s) Spoken:
Medi-Cal Open Panel: No	Torrance, Methodist Hosp Of	Cultural Competency: No
Min/Max Age: None	Southern California, Hollywood	Hospital Affiliation: Medical Ctr
American Sign Language (ASL):	Presbyterian Med Ctr, Riverside	At Ucsf
No	Community Hosp, Desert	Medi-Cal Open Panel: No
♿ Accessibility: W	Regional Med Ctr	Min/Max Age: None
Hours: M-SA 9AM-5PM	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Website:	Min/Max Age: 0/999	No
Email:	American Sign Language (ASL):	♿ Accessibility: W
Medical Group(s):	No	Hours: M-SA 9AM-5PM
IPA: Rady Childrens Health	♿ Accessibility:	Website:
Network	Hours: M-F 9AM-5PM, SA	Email:
	9AM-5PM	Medical Group(s):
	Website:	IPA:
	Email:	
	Medical Group(s):	<b>CHOPLIN, NEIL T</b>
	IPA: Community Care Ipa Llc	Provider ID: 84263
		Board Certified Specialty: No
		EYE CARE OF SAN DIEGO MED
		OFFICE
		9834 GENESEE AVE STE 428
		LA JOLLA, CA 92037-1264
		Phone: (800) 765-2737
		Fax:
		After Hours Phone: (800)
		765-2737
<b>CHANG, TOM S , MD</b>	<b>CHAO, DANIEL L</b>	
Provider ID: 270366	Provider ID: 112325	
Board Certified Specialty: No	Board Certified Specialty: No	
COMMUNITY CARE IPA LLC	UCSD MEDICAL GROUP	
9850 GENESEE AVE STE 310	9415 CAMPUS POINT DR	
LA JOLLA, CA 92037-1208	LA JOLLA, CA 92093-1350	
Phone: (800) 898-2020		
Fax: (844) 897-3788		
After Hours Phone: (800)		
898-2020		
Provider Gender: Male		
License number: A69909		
NPI: 1609848969		

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## D. Directorio de proveedores de atención especializada

<p> <i>Provider Gender:</i> Male  <i>License number:</i> G57042  <i>NPI:</i> 1144205642  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p>	<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-4:30PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc </p>	<p> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc </p>
<p> <b>CODEN, DANIEL J , MD</b>  <i>Provider ID:</i> 269295  <i>Board Certified Specialty:</i> Yes            COMMUNITY CARE IPA LLC            9850 GENESEE AVE STE 310            LA JOLLA, CA 92037-1208  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800) 898-2020  <i>Provider Gender:</i> Male  <i>License number:</i> G57587  <i>NPI:</i> 1942317508 </p>	<p> <b>ECHEGOYEN, JULIO C , MD</b>  <i>Provider ID:</i> 257136  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            9415 CAMPUS POINT DR            LA JOLLA, CA 92093-1350  <i>Phone:</i> (858) 534-6290  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 534-6290  <i>Provider Gender:</i> Male  <i>License number:</i> A121431  <i>NPI:</i> 1770801540  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish, Tagalog  <i>Cultural Competency:</i> No </p>	<p> <b>FERREYRA, HENRY A</b>  <i>Provider ID:</i> 65341  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9415 CAMPUS POINT DR            LA JOLLA, CA 92093-1350  <i>Phone:</i> (858) 534-6290  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 534-6290  <i>Provider Gender:</i> Male  <i>License number:</i> A77921  <i>NPI:</i> 1669497822  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> </p>

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## D. Directorio de proveedores de atención especializada

Spanish	Min/Max Age: None	♿ Accessibility:
Cultural Competency: No	American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Hospital Affiliation: Doctors Medical Center, Ucsd Medical Ctr	♿ Accessibility: W	Website:
Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM	Email:
Min/Max Age: None	Website:	Medical Group(s):
American Sign Language (ASL): No	Email:	IPA: Ihp Of Southern California, Ucsd Medical Group
♿ Accessibility: W	Medical Group(s):	
Hours: M-SA 9AM-5PM	IPA:	<b>GARFF, KEVIN</b>
Website:	<b>GARFF, KEVIN</b>	Provider ID: 239605
Email:	Provider ID: 239604	Board Certified Specialty: No
Medical Group(s):	Board Certified Specialty: Yes	UCSD MEDICAL GROUP
IPA:	UCSD MEDICAL GROUP	9300 CAMPUS POINT DR
	9415 CAMPUS POINT DR	LA JOLLA, CA 92037-1300
	LA JOLLA, CA 92093-1350	Phone: (800) 926-8273
<b>FREEMAN, WILLIAM</b>	Phone: (800) 926-8273	Fax:
Provider ID: 65342	Fax:	After Hours Phone: (800)
Board Certified Specialty: Yes	After Hours Phone: (800)	926-8273
UCSD MEDICAL GROUP	926-8273	Provider Gender: Male
9415 CAMPUS POINT DR	Provider Gender: Male	License number: A160988
LA JOLLA, CA 92093-1350	License number: A160988	NPI: 1609258920
Phone: (858) 534-6290	NPI: 1609258920	Provider English Spoken: Yes
Fax:	Provider English Spoken: Yes	Provider Language(s) Spoken:
After Hours Phone: (858)	Provider Language(s) Spoken:	Spanish
534-6290	Spanish	Cultural Competency: No
Provider Gender: Male	Cultural Competency: No	Hospital Affiliation: Ucsd
License number: G51579	Hospital Affiliation: Ucsd	Medical Ctr, Ucsd La Jolla John
NPI: 1518983352	Medical Ctr, Ucsd La Jolla John	Sally Thornton
Provider English Spoken: Yes	Sally Thornton	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes	Min/Max Age: 0/999
Cultural Competency: No	Min/Max Age: 0/999	American Sign Language (ASL):
Hospital Affiliation:	American Sign Language (ASL):	No
Medi-Cal Open Panel: No	No	♿ Accessibility:

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## D. Directorio de proveedores de atención especializada

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Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California,  
Ucsd Medical Group

### **GOLDBAUM, MICHAEL H**

Provider ID: 65343  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (858) 534-6290  
Fax:  
After Hours Phone: (858)  
534-6290  
Provider Gender: Male  
License number: C32010  
NPI: 1720157142  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA:  
**GOLLOGLY, HEIDRUN E , MD**  
Provider ID: 269128  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037-1208  
Phone: (800) 898-2020  
Fax: (844) 897-3788  
After Hours Phone: (800)  
898-2020  
Provider Gender: Female  
License number: A134761  
NPI: 1477879823  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, German, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital Chula Vista,  
Adventist Health And Rideout,  
Grossmont Hospital, Desert  
Regional Med Ctr, Paradise  
Valley Hospital, Scripps Mercy  
Hospital, Sharp Memorial  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd  
**GRANET, DAVID B**  
Provider ID: 65344  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (858) 534-6290  
Fax:  
After Hours Phone: (858)  
534-6290  
Provider Gender: Male  
License number: G77597  
NPI: 1982629036  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

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## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA:</p> <p><b>HAW, WELDON W</b> Provider ID: 65345 Board Certified Specialty: No UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (858) 534-6290 Fax: (858) 822-1849 After Hours Phone: (858) 534-6290 Provider Gender: Male License number: A60743 NPI: 1710945357 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p>IPA:</p> <p><b>HEICHEL, CHRISTOPHER W</b> Provider ID: 65346 Board Certified Specialty: Yes UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (858) 534-6290 Fax: (858) 822-4846 After Hours Phone: (858) 534-6290 Provider Gender: Male License number: A75001 NPI: 1083667307 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>HO, JOSEPH</b> Provider ID: 101278</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (858) 534-6290 Fax: After Hours Phone: (858) 534-6290 Provider Gender: Male License number: A137389 NPI: 1962766451 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Temecula Valley Hospital Inc, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Desert Regional Med Ctr, Grossmont Hospital, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>HUANG, ALEX A</b></p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 65347  <i>Board Certified Specialty:</i> Yes            UCSD MEDICAL GROUP            9415 CAMPUS POINT DR            LA JOLLA, CA 92093-1350  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A111999  <i>NPI:</i> 1821246141  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Mandarin  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Huntington Memorial Hospital, Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Provider ID:</i> 65349  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9415 CAMPUS POINT DR            LA JOLLA, CA 92093-1350  <i>Phone:</i> (858) 534-6290  <i>Fax:</i> (858) 534-7859  <i>After Hours Phone:</i> (858) 534-6290  <i>Provider Gender:</i> Male  <i>License number:</i> G65447  <i>NPI:</i> 1932202371  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>KORN, BOBBY S</b>  <i>Provider ID:</i> 65350  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9415 CAMPUS POINT DR</p>	<p>LA JOLLA, CA 92093-1350  <i>Phone:</i> (858) 534-6290  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 534-6290  <i>Provider Gender:</i> Male  <i>License number:</i> A81749  <i>NPI:</i> 1174551006  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>LEE, JEFFREY E</b>  <i>Provider ID:</i> 65352  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9415 CAMPUS POINT DR            LA JOLLA, CA 92093-1350</p>
<p><b>KIKKAWA, DON O</b></p>		

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## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 534-6290          Fax: (858) 822-1849          After Hours Phone: (858) 534-6290          Provider Gender: Male          License number: A97291          NPI: 1801943279          Provider English Spoken: Yes          Provider Language(s) Spoken: Yue Chinese          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Provider Gender: Male          License number: A144438          NPI: 1497135156          Provider English Spoken: Yes          Provider Language(s) Spoken: Chinese, Mandarin          Cultural Competency: No          Hospital Affiliation: Mercy General Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>
<p><b>LIU, XIONGFEI</b>          Provider ID: 239816          Board Certified Specialty: No          UCSD MEDICAL GROUP          9415 CAMPUS POINT DR          LA JOLLA, CA 92093-1350          Phone: (800) 926-8273          Fax:          After Hours Phone: (800) 926-8273</p>	<p><b>MCGRAW, JOSEPH P , MD</b>          Provider ID: 269707          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          9850 GENESEE AVE STE 310          LA JOLLA, CA 92037-1208          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800) 898-2020          Provider Gender: Male          License number: A155228          NPI: 1588624852</p>	<p><b>MORRISON-REYES, JOSHUA A , MD</b>          Provider ID: 269183          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          9850 GENESEE AVE STE 310          LA JOLLA, CA 92037-1208          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800) 898-2020          Provider Gender: Male          License number: A125435          NPI: 1235366782          Provider English Spoken: Yes          Provider Language(s) Spoken:</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Spanish	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John
<i>Hospital Affiliation:</i> Grossmont	<i>Hospital Affiliation:</i> Rady	Sally Thornton
Hospital, Scripps Memorial	Childrens Hospital San Diego	<i>Medi-Cal Open Panel:</i> No
Hospital, Sharp Memorial	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> None
Hospital	<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>	No
<i>Min/Max Age:</i> 0/999	No	♿ <i>Accessibility:</i> W
<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>	<i>Hours:</i> M-SA 9AM-5PM
No	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Website:</i>
♿ <i>Accessibility:</i>	9AM-5PM	<i>Email:</i>
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Website:</i>	<i>Medical Group(s):</i>
9AM-5PM	<i>Email:</i>	<i>IPA:</i>
<i>Website:</i>	<i>Medical Group(s):</i>	<b>NUDLEMAN, ERIC D</b>
<i>Email:</i>	<i>IPA:</i> Rady Childrens Health	<i>Provider ID:</i> 110388
<i>Medical Group(s):</i>	Network, Ucsd Medical Group	<i>Board Certified Specialty:</i> No
<i>IPA:</i> Community Care Ipa Llc,	<b>NGUYEN, THAO P</b>	UCSD MEDICAL GROUP
Imperial Health Holdings	<i>Provider ID:</i> 65355	9415 CAMPUS POINT DR
Medical Group-Sd	<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92093-1350
<b>MOVAGHAR, MANSOOR</b>	UCSD MEDICAL GROUP	<i>Phone:</i> (858) 534-6290
<i>Provider ID:</i> 215055	9415 CAMPUS POINT DR	<i>Fax:</i> (858) 822-1849
<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92093-1350	<i>After Hours Phone:</i> (858)
UCSD MEDICAL GROUP	<i>Phone:</i> (858) 534-6290	534-6290
9415 CAMPUS POINT DR	<i>Fax:</i> (858) 278-5393	<i>Provider Gender:</i> Male
LA JOLLA, CA 92093-1350	<i>After Hours Phone:</i> (858)	<i>License number:</i> A131592
<i>Phone:</i> (800) 926-8273	534-6290	<i>NPI:</i> 1154582575
<i>Fax:</i>	<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (800)	<i>License number:</i> G81689	<i>Provider Language(s) Spoken:</i>
926-8273	<i>NPI:</i> 1154352185	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd La
<i>License number:</i> A100897	<i>Provider Language(s) Spoken:</i>	Jolla John Sally Thornton, Ucsd
<i>NPI:</i> 1497792220	Vietnamese	Medical Ctr, Rady Childrens
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	Hospital San Diego

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No  🗎 Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health Network</p>	<p>American Sign Language (ASL): No  🗎 Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>PERRY, ARTHUR C , MD</b>  Provider ID: 265703  Board Certified Specialty: Yes  COMMUNITY CARE IPA LLC  9850 GENESEE AVE STE 310  LA JOLLA, CA 92037-1208  Phone: (800) 898-2020  Fax: (844) 897-3788  After Hours Phone: (800) 898-2020  Provider Gender: Male  License number: C37934  NPI: 1194832725  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish, Tagalog  Cultural Competency: No  Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Memorial Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No</p>	<p>🗎 Accessibility:  Hours: M 8AM-4:30PM, TU-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p> <p><b>PRATT, STEVEN G , MD</b>  Provider ID: 269324  Board Certified Specialty: Yes  COMMUNITY CARE IPA LLC  9850 GENESEE AVE STE 310  LA JOLLA, CA 92037-1208  Phone: (858) 457-3010  Fax: (844) 897-3788  After Hours Phone: (866) 333-7922  Provider Gender: Male  License number: G32379  NPI: 1407963044  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese  Cultural Competency: No  Hospital Affiliation: Sharp Memorial Hospital, Scripps Memorial Hospital, Palomar Medical Center  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  🗎 Accessibility:</p>
<p><b>OZZELLO, DANIEL J</b>  Provider ID: 241983  Board Certified Specialty: No  UCSD MEDICAL GROUP  9415 CAMPUS POINT DR  LA JOLLA, CA 92093-1350  Phone: (800) 926-8273  Fax:  After Hours Phone: (800) 926-8273  Provider Gender: Male  License number: A161485  NPI: 1073992731  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999</p>	<p><b>PERRY, ARTHUR C , MD</b>  Provider ID: 265703  Board Certified Specialty: Yes  COMMUNITY CARE IPA LLC  9850 GENESEE AVE STE 310  LA JOLLA, CA 92037-1208  Phone: (800) 898-2020  Fax: (844) 897-3788  After Hours Phone: (800) 898-2020  Provider Gender: Male  License number: C37934  NPI: 1194832725  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish, Tagalog  Cultural Competency: No  Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Memorial Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No</p>	<p><b>PRATT, STEVEN G , MD</b>  Provider ID: 269324  Board Certified Specialty: Yes  COMMUNITY CARE IPA LLC  9850 GENESEE AVE STE 310  LA JOLLA, CA 92037-1208  Phone: (858) 457-3010  Fax: (844) 897-3788  After Hours Phone: (866) 333-7922  Provider Gender: Male  License number: G32379  NPI: 1407963044  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese  Cultural Competency: No  Hospital Affiliation: Sharp Memorial Hospital, Scripps Memorial Hospital, Palomar Medical Center  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  🗎 Accessibility:</p>

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## D. Directorio de proveedores de atención especializada

Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	Medical Group(s): IPA:  <b>SAMUEL, MICHAEL A , MD</b> Provider ID: 268596 Board Certified Specialty: No COMMUNITY CARE IPA LLC 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037-1208 Phone: (800) 898-2020 Fax: (844) 897-3788 After Hours Phone: (800) 898-2020 Provider Gender: Male License number: A83237 NPI: 1730175670 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Huntington Memorial Hospital, Desert Regional Med Ctr, Eisenhower Medical Ctr, Pioneers Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):	IPA: Community Care Ipa Llc  <b>SAVINO, PETER J</b> Provider ID: 65361 Board Certified Specialty: Yes UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (858) 534-6290 Fax: After Hours Phone: (858) 534-6290 Provider Gender: Male License number: A29965 NPI: 1467451898 Provider English Spoken: Yes Provider Language(s) Spoken: Italian Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:
<b>ROBBINS, SHIRA L</b> Provider ID: 65359 Board Certified Specialty: No UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (858) 534-6290 Fax: After Hours Phone: (858) 534-6290 Provider Gender: Female License number: A78486 NPI: 1508814914 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email:		<b>SCHONBACH, ETIENNE M</b> Provider ID: 284432 Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A172673 NPI: 1073040580 Provider English Spoken: Yes Provider Language(s) Spoken: German Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (858) 534-6290 Fax: (858) 822-1849 After Hours Phone: (858) 534-6290 Provider Gender: Male License number: C25107 NPI: 1306971239 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	License number: A173049 NPI: 1437689536 Provider English Spoken: Yes Provider Language(s) Spoken: Chinese, Mandarin Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>SLIGHT, JOHN R</b> Provider ID: 65363 Board Certified Specialty: Yes UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350	<b>SONG, DELU</b> Provider ID: 284425 Board Certified Specialty: No UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male	<b>TOPILOW, NICOLE</b> Provider ID: 284348 Board Certified Specialty: No UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A171573 NPI: 1215468376 Provider English Spoken: Yes Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No	9AM-5PM
<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> None	<i>Website:</i>
Medical Ctr, Ucsd La Jolla John	<i>American Sign Language (ASL):</i>	<i>Email:</i>
Sally Thornton	No	<i>Medical Group(s):</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>♿ Accessibility:</i> W	<i>IPA:</i>
<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-SA 9AM-5PM	
<i>American Sign Language (ASL):</i>	<i>Website:</i>	<b>WU, CHRIS Y</b>
No	<i>Email:</i>	<i>Provider ID:</i> 239582
<i>♿ Accessibility:</i>	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
<i>Hours:</i> M-F 8AM-5PM, SA	<i>IPA:</i>	UCSD MEDICAL GROUP
9AM-5PM		9415 CAMPUS POINT DR
<i>Website:</i>	<b>WELSBIE, DEREK S</b>	LA JOLLA, CA 92093-1350
<i>Email:</i>	<i>Provider ID:</i> 112328	<i>Phone:</i> (800) 926-8273
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	<i>Fax:</i>
<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (800)
	9415 CAMPUS POINT DR	926-8273
	LA JOLLA, CA 92093-1350	<i>Provider Gender:</i> Male
<b>WEINREB, ROBERT N</b>	<i>Phone:</i> (858) 534-6290	<i>License number:</i> A161633
<i>Provider ID:</i> 65366	<i>Fax:</i>	<i>NPI:</i> 1265829345
<i>Board Certified Specialty:</i> Yes	<i>After Hours Phone:</i> (858)	<i>Provider English Spoken:</i> Yes
UCSD MEDICAL GROUP	534-6290	<i>Provider Language(s) Spoken:</i>
9415 CAMPUS POINT DR	<i>Provider Gender:</i> Male	Mandarin, Spanish
LA JOLLA, CA 92093-1350	<i>License number:</i> C143481	<i>Cultural Competency:</i> No
<i>Phone:</i> (858) 534-6290	<i>NPI:</i> 1588869945	<i>Hospital Affiliation:</i> Ucsd
<i>Fax:</i>	<i>Provider English Spoken:</i> Yes	Medical Ctr, Ucsd La Jolla John
<i>After Hours Phone:</i> (858)	<i>Provider Language(s) Spoken:</i>	Sally Thornton, Santa Barbara
534-6290	<i>Cultural Competency:</i> No	Cottage Hosp
<i>Provider Gender:</i> Male	<i>Hospital Affiliation:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>License number:</i> G33398	<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> 0/999
<i>NPI:</i> 1093764177	<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i>
<i>Provider English Spoken:</i> Yes	<i>American Sign Language (ASL):</i>	No
<i>Provider Language(s) Spoken:</i>	No	<i>♿ Accessibility:</i>
<i>Cultural Competency:</i> No	<i>♿ Accessibility:</i> W	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Hospital Affiliation:</i> Ucsd	<i>Hours:</i> M-F 9AM-5PM, SA	9AM-5PM
Medical Ctr		

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## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>	<p>Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>	<p>American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<p><b>OSTEOPATHIC MANIPULATIVE THERAPY</b></p>	<p><b>OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY</b></p>	<p><b>OTOLARYNGOLOGY</b></p>
<p><b>PORTERA, ARIEL M</b> Provider ID: 273320 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: 20A16832 NPI: 1841721784 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p><b>KARI, ELINA</b> Provider ID: 294828 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 857-8590 Fax: After Hours Phone: (858) 857-8590 Provider Gender: Female License number: A116411 NPI: 1780860536 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Childrens Hosp Of Los Angeles, Pih Health Hospital - Whittier, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18</p>	<p><b>BRUMUND, KEVIN T</b> Provider ID: 65134 Board Certified Specialty: No UCSD OTOLARYNGOLOGY 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-8591 Fax: After Hours Phone: (858) 657-8591 Provider Gender: Male License number: A91099 NPI: 1033193669 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None</p>

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## D. Directorio de proveedores de atención especializada

American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CHANG, ANGELA A**

Provider ID: 269308  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 9834 GENESEE AVE STE 111  
 LA JOLLA, CA 92037-1214  
 Phone: (858) 909-0770  
 Fax: (858) 909-0880  
 After Hours Phone: (858) 909-0770  
 Provider Gender: Female  
 License number: A100380  
 NPI: 1730382318  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **DECONDE, ADAM S**

Provider ID: 97546  
 Board Certified Specialty: No  
 UCSD OTOLARYNGOLOGY  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 657-8590  
 Fax: (858) 657-8682  
 After Hours Phone: (858) 657-8590  
 Provider Gender: Male  
 License number: A110107  
 NPI: 1588988919  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA:  
**DECONDE, ADAM S**  
 Provider ID: 97547  
 Board Certified Specialty: Yes  
 UCSD OTOLARYNGOLOGY  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8590  
 Fax: (858) 657-8682  
 After Hours Phone: (858) 657-8590  
 Provider Gender: Male  
 License number: A110107  
 NPI: 1588988919  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:  
**GREENE, JACQUELINE J**

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 272958  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR STE  LLA  LA JOLLA, CA 92037-1300  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: A161242  NPI: 1144583931  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>WATSON, DEBORAH</b>  Provider ID: 65322  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR</p>	<p>LA JOLLA, CA 92037-1300  Phone: (619) 543-2347  Fax:  After Hours Phone: (619)  543-2347  Provider Gender: Female  License number: G79374  NPI: 1346270816  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Scripps  Green Hospital  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-F 9AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>WEISMAN, ROBERT A</b>  Provider ID: 64491  Board Certified Specialty: No  UCSD OTOLARYNGOLOGY  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503</p>	<p>Phone: (858) 657-8590  Fax:  After Hours Phone: (858)  657-8590  Provider Gender: Male  License number: G28603  NPI: 1346293958  Provider English Spoken: Yes  Provider Language(s) Spoken:  French, Spanish  Cultural Competency: No  Hospital Affiliation: Ucsd La  Jolla John Sally Thornton, Ucsd  Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 9AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>WEISMAN, ROBERT A</b>  Provider ID: 65323  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (619) 543-2347  
 Fax:  
 After Hours Phone: (619) 543-2347  
 Provider Gender: Male  
 License number: G28603  
 NPI: 1346293958  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **WEISSBROD, PHILIP A**

Provider ID: 64492  
 Board Certified Specialty: No  
 UCSD OTOLARYNGOLOGY  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (858) 657-8590  
 Fax:  
 After Hours Phone: (858) 657-8590  
 Provider Gender: Male  
 License number: A118221  
 NPI: 1366590853  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **WEISSBROD, PHILIP A**

Provider ID: 65324  
 Board Certified Specialty: No  
 UCSD OTOLARYNGOLOGY  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8590  
 Fax:  
 After Hours Phone: (858) 657-8590

Provider Gender: Male  
 License number: A118221  
 NPI: 1366590853  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **YAN, CAROL H**

Provider ID: 242138  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE LLA  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8590  
 Fax:  
 After Hours Phone: (858) 657-8590  
 Provider Gender: Female  
 License number: A149042  
 NPI: 1619237260

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>License number:</i> A31095	<i>NPI:</i> 1619955804
<i>Provider Language(s) Spoken:</i> Chinese	<i>NPI:</i> 1609832633	<i>Provider English Spoken:</i> Yes
<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Hospital Affiliation:</i> Stanford Health Care, Lucile Salter Packard Childrens Hosp, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	<i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Medi-Cal Open Panel:</i> Yes	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista	<i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
<i>Min/Max Age:</i> 0/999	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>American Sign Language (ASL):</i> No	<i>Min/Max Age:</i> 0/999	<i>Min/Max Age:</i> 0/999
<i>⌘ Accessibility:</i>	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>⌘ Accessibility:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Website:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Website:</i>
<i>Email:</i>	<i>Website:</i>	<i>Email:</i>
<i>Medical Group(s):</i> IPA: Ucsd Medical Group	<i>Email:</i>	<i>Medical Group(s):</i> IPA: Ucsd Medical Group

---

### **PATHOLOGY ANATOMIC**

#### **DATNOW, BRIAN**

*Provider ID:* 275738  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male

#### **FADARE, OLUWOLE**

*Provider ID:* 275706  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* C131462

#### **FERGUSON, COLE J**

*Provider ID:* 274458  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (629) 543-2827  
*Fax:* (888) 539-8781  
*After Hours Phone:* (629)  
 543-2827  
*Provider Gender:* Male  
*License number:* A170171  
*NPI:* 1134550643  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>FERGUSON, COLE J</b>  <i>Provider ID:</i> 275700  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9444 MEDICAL CENTER DR  LA JOLLA, CA 92037-1337  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A170171  <i>NPI:</i> 1134550643  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd</p>	<p>Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>HANSEN, LAWRENCE A</b>  <i>Provider ID:</i> 275768  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9444 MEDICAL CENTER DR  LA JOLLA, CA 92037-1337  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> G62538  <i>NPI:</i> 1760407498  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999</p>	<p><i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>PARAST, MANA M</b>  <i>Provider ID:</i> 275889  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9444 MEDICAL CENTER DR  LA JOLLA, CA 92037-1337  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> A102496  <i>NPI:</i> 1629163100  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i></p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PATEL, CHARM I**

Provider ID: 259112

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: C146702

NPI: 1730389362

Provider English Spoken: Yes

Provider Language(s) Spoken:

Gujarati, Hindi

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **POWELL, HENRY C**

Provider ID: 275779

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A25597

NPI: 1295778348

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **VALASEK, MARK A**

Provider ID: 275837

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A127165

NPI: 1588808448

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **WONG, RICHARD L**

Provider ID: 275815

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9444 MEDICAL CENTER DR LA JOLLA, CA 92037-1337 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> A136239 <i>NPI:</i> 1275084295 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p>	<p>UCSD MEDICAL GROUP 9444 MEDICAL CENTER DR LA JOLLA, CA 92037-1337 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> G48254 <i>NPI:</i> 1174679849 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, El Centro Regional Medical Center <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p>	<p>LA JOLLA, CA 92037-1337 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> G71291 <i>NPI:</i> 1770526931 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Vietnamese <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p>
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### PEDIATRIC RADIOLOGY

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#### PATHOLOGY CLINICAL

##### **KELNER, MICHAEL J**

*Provider ID:* 275735  
*Board Certified Specialty:* No

##### **LE DZUNG, THE**

*Provider ID:* 275733  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9444 MEDICAL CENTER DR

##### **PUGMIRE, BRIAN S**

*Provider ID:* 285402  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A138998  
 NPI: 1609190578  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Valley Childrens Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 249-5800  
 Fax:  
 After Hours Phone: (858) 249-5800  
 Provider Gender: Female  
 License number: A155419  
 NPI: 1528454188  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

LA JOLLA, CA 92037-1300  
 Phone: (858) 249-5800  
 Fax:  
 After Hours Phone: (858) 249-5800  
 Provider Gender: Male  
 License number: G63111  
 NPI: 1376614131  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**GREENBERG, MARK**  
 Provider ID: 64888

### PEDIATRICS

**BAI-TONG, SHIYU S**

Provider ID: 283287  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

**GOLEMESKI, DAVID J**

Provider ID: 117315  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 9300 CAMPUS POINT DR

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-5720  
*Fax:*  
*After Hours Phone:* (619)  
 543-5720  
*Provider Gender:* Male  
*License number:* G63733  
*NPI:* 1710906375  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **JONES, MARILYN C**

*Provider ID:* 65203  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (619) 543-2347  
*Fax:*  
*After Hours Phone:* (619)  
 543-2347  
*Provider Gender:* Female  
*License number:* G30850  
*NPI:* 1295806040  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **JONES, MARILYN C**

*Provider ID:* 83641  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* G30850  
*NPI:* 1295806040  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **LONGHURST, CHRISTOPHER A**

*Provider ID:* 269432  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: A80051  
 NPI: 1639238462  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **RAMOS, CARLOS G**

Provider ID: 117366  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (858) 249-5800  
 Fax:  
 After Hours Phone: (858) 249-5800  
 Provider Gender: Male  
 License number: A91944  
 NPI: 1205047545  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, El Centro Regional  
 Medical Center, Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta, Rady Childrens  
 Hospital San Diego, Ucsd La  
 Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SAJTI, ENIKO C**

Provider ID: 117480  
 Board Certified Specialty: No  
 RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
 FNDTN  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 249-5800  
 Fax:  
 After Hours Phone: (858) 249-5800  
 Provider Gender: Female  
 License number: A115973  
 NPI: 1649433103  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Childrens  
 Hosp And Resrch Ctr At  
 Oakland, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **STRAIT, MARIE I**

Provider ID: 273472  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

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## D. Directorio de proveedores de atención especializada

<p>NETWORK 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 249-5800 Fax: After Hours Phone: (858) 249-5800 Provider Gender: Female License number: C167351 NPI: 1669633012 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>LA JOLLA, CA 92093-1350 Phone: (858) 657-6035 Fax: After Hours Phone: (858) 657-6035 Provider Gender: Male License number: A102762 NPI: 1811183700 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Pomerado Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p>Phone: (619) 543-6886 Fax: After Hours Phone: (619) 543-6886 Provider Gender: Male License number: A102762 NPI: 1811183700 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Pomerado Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>
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### **PHYSICAL MEDICINE / REHABILITATION**

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#### **CHEN, JEFFREY L**

Provider ID: 124633  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR

#### **CHEN, JEFFREY L**

Provider ID: 65143  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

#### **KASENDORF, ROGER A**

Provider ID: 209021  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9834 GENESEE AVE STE 221  
LA JOLLA, CA 92037-1215

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## D. Directorio de proveedores de atención especializada

Phone: (858) 558-1275  
 Fax: (858) 244-0152  
 After Hours Phone: (858) 558-1275  
 Provider Gender: Male  
 License number: 20A12928  
 NPI: 1356371884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### LE, JOAN T

Provider ID: 243379  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A99391  
 NPI: 1447460050  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### PHYSICIANS ASSISTANT

### AINSWORTH, DELISSA M

Provider ID: 243366  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE 100  
 LA JOLLA, CA 92037-1701  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PA53570  
 NPI: 1750734893  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### ALBRIGHT, KELSEY A

Provider ID: 284764

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Female <i>License number:</i> PA57996 <i>NPI:</i> 1235653148 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>ARMEEN, GARY P</b> <i>Provider ID:</i> 247036 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR</p>	<p>LA JOLLA, CA 92037-1300 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> PA21505 <i>NPI:</i> 1760774863 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>BOYD, LISA N</b> <i>Provider ID:</i> 217650 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>	<p><i>Phone:</i> (800) 926-8273 <i>Fax:</i> <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Female <i>License number:</i> PA20326 <i>NPI:</i> 1871859421 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>BRUECKNER, TAMMIE N</b> <i>Provider ID:</i> 255557 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> <i>After Hours Phone:</i> (800) 926-8273</p>
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## D. Directorio de proveedores de atención especializada

<p> <i>Provider Gender:</i> Female  <i>License number:</i> PA57558  <i>NPI:</i> 1407212376  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group         </p> <p><b>BUSCHING, MICHELLE M</b></p> <p> <i>Provider ID:</i> 124951  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-7000  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-7000  <i>Provider Gender:</i> Female  <i>License number:</i> PA54908  <i>NPI:</i> 1720598808         </p>	<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p> <p><b>CHERRY, REENA W</b></p> <p> <i>Provider ID:</i> 243349  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> PA57026  <i>NPI:</i> 1689729683  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La         </p>	<p>           Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group         </p> <p><b>CHERRY, REENA W</b></p> <p> <i>Provider ID:</i> 269494  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9400 CAMPUS POINT DR            LA JOLLA, CA 92093-1350  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> PA57026  <i>NPI:</i> 1689729683  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes         </p>
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## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999	9AM-5PM	Medical Group(s):
American Sign Language (ASL): No	Website:	IPA: Ucsd Medical Group
♿ Accessibility:	Email:	<b>DANESHVAR, ABRAHAM D</b>
Hours: M-F 8AM-5PM, SA 9AM-5PM	Medical Group(s):	Provider ID: 103064
Website:	IPA: Ucsd Medical Group	Board Certified Specialty: No
Email:	<b>CRIFE, TAYLOR M</b>	BALBOA NEPHROLOGY MED GRP INC
Medical Group(s):	Provider ID: 210983	9834 GENESEE AVE STE 312
IPA: Ucsd Medical Group	Board Certified Specialty: No	LA JOLLA, CA 92037-1221
<b>COOKISH, DAVID A</b>	UCSD MEDICAL GROUP	Phone: (858) 558-8150
Provider ID: 286591	9300 CAMPUS POINT DR	Fax: (858) 346-1024
Board Certified Specialty: No	LA JOLLA, CA 92037-1300	After Hours Phone: (858) 558-8150
UCSD MEDICAL GROUP	Phone: (800) 926-8273	Provider Gender: Male
9300 CAMPUS POINT DR	Fax: (888) 539-8781	License number: PA52905
LA JOLLA, CA 92037-1300	After Hours Phone: (800) 926-8273	NPI: 1245359140
Phone: (800) 926-8273	Provider Gender: Female	Provider English Spoken: Yes
Fax: (888) 539-8781	License number: PA56367	Provider Language(s) Spoken: Farsi, Turkish
After Hours Phone: (800) 926-8273	NPI: 1659827087	Cultural Competency: No
Provider Gender: Male	Provider English Spoken: Yes	Hospital Affiliation:
License number: PA56764	Provider Language(s) Spoken: Cultural Competency: No	Medi-Cal Open Panel: Yes
NPI: 1215338884	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	Min/Max Age: None
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: 0/999	♿ Accessibility:
Hospital Affiliation:	American Sign Language (ASL): No	Hours: M-F 9AM-5PM, SA 9AM-5PM
Medi-Cal Open Panel: Yes	♿ Accessibility:	Website:
Min/Max Age: 0/999	Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:
American Sign Language (ASL): No	Website:	Medical Group(s):
♿ Accessibility:	Email:	IPA: Community Care Ipa Llc, Ihp Of Southern California,
Hours: M-F 8AM-5PM, SA		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Imperial Health Holdings Medical Group-Sd	Medical Group-Sd	Medical Group-Sd
<b>DANESHVAR, ABRAHAM D</b> Provider ID: 103064 Board Certified Specialty: No BALBOA NEPHROLOGY MED GRP INC 9834 GENESEE AVE STE 312 LA JOLLA, CA 92037-1221 Phone: (858) 499-1900 Fax: After Hours Phone: (858) 499-1900 Provider Gender: Male License number: PA52905 NPI: 1245359140 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Turkish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.balboacare.com Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings	<b>DANESHVAR, ABRAHAM D</b> Provider ID: 295937 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 9834 GENESEE AVE STE 312 LA JOLLA, CA 92037-1221 Phone: (858) 558-8150 Fax: (858) 346-1024 After Hours Phone: (858) 558-8150 Provider Gender: Male License number: PA52905 NPI: 1245359140 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Turkish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings	<b>DEMASCO, MICHAEL A</b> Provider ID: 278969 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: PA56677 NPI: 1467926295 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group  <b>DEMOOR, PATRICIA A</b> Provider ID: 212879 Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 9400 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: PA17504 NPI: 1477721702 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (858) 657-8200 Fax: (858) 657-8235 After Hours Phone: (858) 657-8200 Provider Gender: Male License number: PA23100 NPI: 1811324726 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Provider Gender: Female License number: PA17439 NPI: 1609987619 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California
<b>DENEVAN, ANDREW J</b> Provider ID: 83353 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300	<b>DOUGHERTY, CLARA, NPA</b> Provider ID: 269170 Board Certified Specialty: No COMMUNITY CARE IPA LLC 9850 GENESEE AVE STE 440 LA JOLLA, CA 92037-1212 Phone: (858) 453-5944 Fax: (858) 429-7925 After Hours Phone: (858) 453-5944	<b>DOUGHERTY, CLARA</b> Provider ID: 295925 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 9850 GENESEE AVE STE 440 LA JOLLA, CA 92037-1212 Phone: (858) 453-5944 Fax: (858) 429-7925 After Hours Phone: (858) 453-5944

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider Gender:* Female  
*License number:* PA17439  
*NPI:* 1609987619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

### **DOUGHERTY, CLARA**

*Provider ID:* 56019  
*Board Certified Specialty:* No  
 GENESIS HEALTHCARE PARTNERS PC  
 9850 GENESEE AVE STE 440  
 LA JOLLA, CA 92037-1212  
*Phone:* (858) 453-5944  
*Fax:*  
*After Hours Phone:* (858) 453-5944

*Provider Gender:* Female  
*License number:* PA17439  
*NPI:* 1609987619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

### **GAIDADJIEV, TEODORA**

*Provider ID:* 245349  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR STE 100  
 LA JOLLA, CA 92037-1701  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273

*Provider Gender:* Female  
*License number:* PA53021  
*NPI:* 1235502162  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HALTER, KENNETH N**

*Provider ID:* 102098  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE 2C  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6035  
*Fax:*  
*After Hours Phone:* (858) 657-6035

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> 0/999
<i>License number:</i> PA22613	Medical Ctr	<i>American Sign Language (ASL):</i>
<i>NPI:</i> 1053745059	<i>Medi-Cal Open Panel:</i> No	No
<i>Provider English Spoken:</i> Yes	<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i>
<i>Provider Language(s) Spoken:</i>	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Cultural Competency:</i> No	No	9AM-5PM
<i>Hospital Affiliation:</i>	♿ <i>Accessibility:</i> W	<i>Website:</i>
<i>Medi-Cal Open Panel:</i> No	<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>
<i>Min/Max Age:</i> None	<i>Website:</i>	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group
No	<i>Medical Group(s):</i>	
♿ <i>Accessibility:</i>	<i>IPA:</i>	<b>HIGGINS, JOSHUA B</b>
<i>Hours:</i> M-SA 9AM-5PM		<i>Provider ID:</i> 287135
<i>Website:</i>	<b>HASEGAWA, CHRIS</b>	<i>Board Certified Specialty:</i> No
<i>Email:</i>	<i>Provider ID:</i> 247205	UCSD MEDICAL GROUP
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	8910 VILLA LA JOLLA DR STE
<i>IPA:</i>	UCSD MEDICAL GROUP	200
	8939 VILLA LA JOLLA DR STE	LA JOLLA, CA 92037-1701
	110	<i>Phone:</i> (800) 926-8273
<b>HARRIS, CHRISTINA V</b>	LA JOLLA, CA 92037-1732	<i>Fax:</i> (888) 539-8781
<i>Provider ID:</i> 104661	<i>Phone:</i> (800) 926-8273	<i>After Hours Phone:</i> (800)
<i>Board Certified Specialty:</i> No	<i>Fax:</i>	926-8273
UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (800)	<i>Provider Gender:</i> Male
9350 CAMPUS POINT DR	926-8273	<i>License number:</i> PA20471
LA JOLLA, CA 92037-1300	<i>Provider Gender:</i> Male	<i>NPI:</i> 1861624181
<i>Phone:</i> (858) 657-8200	<i>License number:</i> PA56884	<i>Provider English Spoken:</i> Yes
<i>Fax:</i> (858) 657-8235	<i>NPI:</i> 1225698962	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (858)	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
657-8200	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd
<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John
<i>License number:</i> PA51525	<i>Hospital Affiliation:</i> Ucsd La	Sally Thornton
<i>NPI:</i> 1720053846	Jolla John Sally Thornton, Ucsd	<i>Medi-Cal Open Panel:</i> Yes
<i>Provider English Spoken:</i> Yes	Medical Ctr	<i>Min/Max Age:</i> 0/999
<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No	9AM-5PM	IPA: Ucsd Medical Group
♿ Accessibility:	Website:	<b>HUNTER, JACOB A</b>
Hours: M-F 8AM-5PM, SA	Email:	Provider ID: 287450
9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA: Ucsd Medical Group	UCSD MEDICAL GROUP
Email:	<b>HUNTER, JACOB A</b>	9350 CAMPUS POINT DR STE
Medical Group(s):	Provider ID: 279334	LLA
IPA: Ucsd Medical Group	Board Certified Specialty: No	LA JOLLA, CA 92037-1300
<b>HIGGINS, JOSHUA B</b>	UCSD MEDICAL GROUP	Phone: (800) 926-8273
Provider ID: 287136	8910 VILLA LA JOLLA DR STE	Fax: (888) 539-8781
Board Certified Specialty: No	100	After Hours Phone: (800)
UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1701	926-8273
9434 MEDICAL CENTER DR	Phone: (800) 826-8273	Provider Gender: Male
LA JOLLA, CA 92037-1337	Fax: (888) 539-8781	License number: PA54452
Phone: (800) 926-8273	After Hours Phone: (800)	NPI: 1114459765
Fax: (888) 539-8781	826-8273	Provider English Spoken: Yes
After Hours Phone: (800)	Provider Gender: Male	Provider Language(s) Spoken:
926-8273	License number: PA54452	Cultural Competency: No
Provider Gender: Male	NPI: 1114459765	Hospital Affiliation:
License number: PA20471	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
NPI: 1861624181	Provider Language(s) Spoken:	Min/Max Age: 0/999
Provider English Spoken: Yes	Cultural Competency: No	American Sign Language (ASL):
Provider Language(s) Spoken:	Hospital Affiliation:	No
Cultural Competency: No	Medi-Cal Open Panel: Yes	♿ Accessibility:
Hospital Affiliation: Ucsd	Min/Max Age: 0/999	Hours: M-F 8AM-5PM, SA
Medical Ctr, Ucsd La Jolla John	American Sign Language (ASL):	9AM-5PM
Sally Thornton	No	Website:
Medi-Cal Open Panel: Yes	♿ Accessibility:	Email:
Min/Max Age: 0/999	Hours: M-F 8AM-5PM, SA	Medical Group(s):
American Sign Language (ASL):	9AM-5PM	IPA: Ucsd Medical Group
No	Website:	<b>LA COSTA, RACHEL</b>
♿ Accessibility:	Email:	Provider ID: 256848
Hours: M-F 8AM-5PM, SA	Medical Group(s):	Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093-1503 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: PA57139 NPI: 1831514322 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: PA23003 NPI: 1437598695 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	License number: PA57821 NPI: 1427681022 Provider English Spoken: Yes Provider Language(s) Spoken: Taiwanese Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>LIN, JESSICA C</b> Provider ID: 110357 Board Certified Specialty: No UCSD MEDICAL GROUP 9434 MEDICAL CENTER DR FL 1 LA JOLLA, CA 92037-1337	<b>LIN, JOYCE</b> Provider ID: 265146 Board Certified Specialty: No UCSD MEDICAL GROUP 9400 CAMPUS POINT DR LA JOLLA, CA 92093-1350 Phone: (800) 888-9268 Fax: (888) 539-8781 After Hours Phone: (800) 888-9268 Provider Gender: Female	<b>LIN, JOYCE</b> Provider ID: 265147 Board Certified Specialty: No UCSD MEDICAL GROUP 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093-1503 Phone: (858) 554-1212 Fax: (858) 554-1222 After Hours Phone: (858) 554-1212 Provider Gender: Female License number: PA57821 NPI: 1427681022

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## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken: Yes</i>	Spanish, Vietnamese	<i>Min/Max Age: 0/999</i>
<i>Provider Language(s) Spoken: Taiwanese</i>	<i>Cultural Competency: No</i>	<i>American Sign Language (ASL): No</i>
<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Medi-Cal Open Panel: Yes</i>	<i>♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</i>
<i>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</i>	<i>Min/Max Age: 0/999</i>	<i>Website: Email: Medical Group(s): IPA: Ucsd Medical Group</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</i>	
<i>Min/Max Age: 0/999</i>	<i>Website: Email: Medical Group(s): IPA: Ucsd Medical Group</i>	
<i>American Sign Language (ASL): No</i>		
<i>♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM</i>		
<i>Website: Email: Medical Group(s): IPA: Ucsd Medical Group</i>		
	<b>LUONG, TRAN H</b>	<b>MCADAMS, JOSEPH</b>
	<i>Provider ID: 279015</i>	<i>Provider ID: 280612</i>
	<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>
	<i>UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300</i>	<i>UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300</i>
	<i>Phone: (800) 926-8273</i>	<i>Phone: (800) 926-8273</i>
	<i>Fax: (888) 539-8781</i>	<i>Fax: (888) 539-8781</i>
	<i>After Hours Phone: (800) 926-8273</i>	<i>After Hours Phone: (800) 926-8273</i>
	<i>Provider Gender: Female</i>	<i>Provider Gender: Male</i>
	<i>License number: PA54061</i>	<i>License number: PA58420</i>
	<i>NPI: 1821532292</i>	<i>NPI: 1104371251</i>
	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
	<i>Provider Language(s) Spoken: Spanish, Vietnamese</i>	<i>Provider Language(s) Spoken: Cultural Competency: No</i>
	<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</i>
	<i>Hospital Affiliation: Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: Yes</i>
	<i>Min/Max Age: 0/999</i>	<i>Min/Max Age: 0/999</i>
	<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>IPA:</i>  <b>MERRILL, COREY M</b>  <i>Provider ID:</i> 258039  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9400 CAMPUS POINT DR            LA JOLLA, CA 92093-1350  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> PA56995  <i>NPI:</i> 1386032308  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> PA58603  <i>NPI:</i> 1497129860  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Japanese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>
<p><b>MCCAIN, JULIA A</b>  <i>Provider ID:</i> 103168  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9434 MEDICAL CENTER DR FL 1            LA JOLLA, CA 92037-1337  <i>Phone:</i> (858) 657-8530  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            657-8530  <i>Provider Gender:</i> Female  <i>License number:</i> PA52127  <i>NPI:</i> 1679805022  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>            Medi-Cal Open Panel: No            Min/Max Age: None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><b>OKADA, MICHELLE R</b>  <i>Provider ID:</i> 278016  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503</p>	<p><b>OKADA, MICHELLE R</b>  <i>Provider ID:</i> 278017  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            3855 HEALTH SCIENCES DR            LA JOLLA, CA 92093-1503</p>

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PA58603  
 NPI: 1497129860  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Japanese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **OROSCO, HEATHER R**

Provider ID: 99616  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Female  
 License number: PA23124  
 NPI: 1215139373  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PELIO, DARREN A**

Provider ID: 293440  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-7967  
 Fax: (858) 822-6395  
 After Hours Phone: (858) 822-7967  
 Provider Gender: Male

License number: PA16037  
 NPI: 1386791028  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PELIO, DARREN A**

Provider ID: 293442  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8276  
 Fax: (888) 539-8784  
 After Hours Phone: (800) 926-8276  
 Provider Gender: Male  
 License number: PA16037  
 NPI: 1386791028  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation:

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### PERREAULT, MARK R

Provider ID: 283583

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: PA57736

NPI: 1356749451

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### PERREAULT, MARK R

Provider ID: 283584

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: PA57736

NPI: 1356749451

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### SACKNOFF, STEFANIE S

Provider ID: 242084

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: PA51280

NPI: 1720418833

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Ucsd Medical Group

### SAIKHON, TALIA N

Provider ID: 293439

Board Certified Specialty: No

UCSD MEDICAL GROUP

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

8910 VILLA LA JOLLA DR STE 100  
LA JOLLA, CA 92037-1701  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA55520  
NPI: 1699263905  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SANCHEZ, MICHAEL R**

Provider ID: 206907  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8939 VILLA LA JOLLA DR STE 110  
LA JOLLA, CA 92037-1732

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: PA55472  
NPI: 1184135006  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SCHWARTZEL, KEVIN N**

Provider ID: 214276  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8910 VILLA LA JOLLA DR STE 100  
LA JOLLA, CA 92037-1701

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: PA53888  
NPI: 1104277847  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: SA,SU 8AM-8PM, M-F 8AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SHAUL, SHERA M**

Provider ID: 247975  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

License number: PA56786	Hospital Affiliation:	♿ Accessibility: W
NPI: 1336659507	Medi-Cal Open Panel: Yes	Hours: M-F 8AM-5PM, SA
Provider English Spoken: Yes	Min/Max Age: 0/999	9AM-5PM
Provider Language(s) Spoken:	American Sign Language (ASL):	Website:
Cultural Competency: No	No	Email:
Hospital Affiliation:	♿ Accessibility:	Medical Group(s):
Medi-Cal Open Panel: Yes	Hours: M-F 8AM-5PM, SA	IPA: Ucsd Medical Group
Min/Max Age: 0/999	9AM-5PM	
American Sign Language (ASL):	Website:	<b>SUTTON, BRIAN C</b>
No	Email:	Provider ID: 90352
♿ Accessibility:	Medical Group(s):	Board Certified Specialty: No
Hours: M-F 8AM-5PM, SA	IPA: Ucsd Medical Group	UCSD MEDICAL GROUP
9AM-5PM		3855 HEALTH SCIENCES DR
Website:	<b>STALLINGS, ANDREA M</b>	LA JOLLA, CA 92093-1503
Email:	Provider ID: 101020	Phone: (800) 926-8273
Medical Group(s):	Board Certified Specialty: No	Fax: (888) 539-8781
IPA: Ucsd Medical Group	UCSD MEDICAL GROUP	After Hours Phone: (800)
	9350 CAMPUS POINT DR	926-8273
	LA JOLLA, CA 92037-1300	Provider Gender: Male
	Phone: (619) 543-2347	License number: PA18573
	Fax:	NPI: 1629174727
	After Hours Phone: (619)	Provider English Spoken: Yes
	543-2347	Provider Language(s) Spoken:
	Provider Gender: Female	Cultural Competency: No
	License number: PA16540	Hospital Affiliation: Ucsd
	NPI: 1972595478	Medical Ctr, Ucsd La Jolla John
	Provider English Spoken: Yes	Sally Thornton
	Provider Language(s) Spoken:	Medi-Cal Open Panel: No
	Cultural Competency: No	Min/Max Age: None
	Hospital Affiliation:	American Sign Language (ASL):
	Medi-Cal Open Panel: No	No
	Min/Max Age: None	♿ Accessibility:
	American Sign Language (ASL):	Hours: M-SA 9AM-5PM
	No	Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p> <p><b>TESFAI, HELEN S</b></p> <p>Provider ID: 277072</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (800) 926-8273</p> <p>Fax: (800) 926-8273</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p> <p>License number: PA54848</p> <p>NPI: 1942724042</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd</p> <p>Medical Ctr, Ucsd La Jolla John</p> <p>Sally Thornton</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL):</p> <p>No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 8AM-5PM, SA</p> <p>9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p>	<p><b>TOLEDO, SILVA P</b></p> <p>Provider ID: 115851</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>3855 HEALTH SCIENCES DR</p> <p>LA JOLLA, CA 92093-1503</p> <p>Phone: (858) 822-3115</p> <p>Fax: (858) 822-6186</p> <p>After Hours Phone: (858) 822-3115</p> <p>Provider Gender: Female</p> <p>License number: PA15199</p> <p>NPI: 1063464022</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Tagalog</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation:</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL):</p> <p>No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA:</p> <p><b>TORNG, SHERRY S</b></p> <p>Provider ID: 109646</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>3855 HEALTH SCIENCES DR</p>	<p>LA JOLLA, CA 92093-1503</p> <p>Phone: (858) 822-6100</p> <p>Fax:</p> <p>After Hours Phone: (858) 822-6100</p> <p>Provider Gender: Female</p> <p>License number: PA52556</p> <p>NPI: 1427439652</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Mandarin, Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation:</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL):</p> <p>No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA:</p> <p><b>TRAUTMAN, AMY L</b></p> <p>Provider ID: 104653</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (858) 657-8200</p> <p>Fax: (858) 657-8235</p> <p>After Hours Phone: (858) 657-8200</p>
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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>
<i>License number:</i> PA51673	<i>Medi-Cal Open Panel:</i> No	No
<i>NPI:</i> 1235412503	<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i>
<i>Provider English Spoken:</i> Yes	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Provider Language(s) Spoken:</i>	No	9AM-5PM
<i>Cultural Competency:</i> No	♿ <i>Accessibility:</i> W	<i>Website:</i>
<i>Hospital Affiliation:</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>
<i>Medi-Cal Open Panel:</i> No	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Min/Max Age:</i> None	<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group
<i>American Sign Language (ASL):</i>	<i>Medical Group(s):</i>	
No	<i>IPA:</i>	<b>ZANZUCCHI, AUDREY E</b>
♿ <i>Accessibility:</i> W		<i>Provider ID:</i> 253254
<i>Hours:</i> M-SA 9AM-5PM	<b>WEIR, JACQUELINE R</b>	<i>Board Certified Specialty:</i> No
<i>Website:</i>	<i>Provider ID:</i> 278202	UCSD MEDICAL GROUP
<i>Email:</i>	<i>Board Certified Specialty:</i> No	9300 CAMPUS POINT DR
<i>Medical Group(s):</i>	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
<i>IPA:</i>	9350 CAMPUS POINT DR	<i>Phone:</i> (619) 543-5540
	LA JOLLA, CA 92037-1300	<i>Fax:</i>
	<i>Phone:</i> (800) 926-8273	<i>After Hours Phone:</i> (619)
	<i>Fax:</i> (800) 539-8781	543-5540
	<i>After Hours Phone:</i> (800)	<i>Provider Gender:</i> Female
	926-8273	<i>License number:</i> PA54479
	<i>Provider Gender:</i> Female	<i>NPI:</i> 1265960256
	<i>License number:</i> PA21646	<i>Provider English Spoken:</i> Yes
	<i>NPI:</i> 1932494499	<i>Provider Language(s) Spoken:</i>
	<i>Provider English Spoken:</i> Yes	Spanish
	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
	Spanish	<i>Hospital Affiliation:</i>
	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes
	<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> 0/999
	Medical Ctr, Ucsd La Jolla John	<i>American Sign Language (ASL):</i>
	Sally Thornton	No
	<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i>
	<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-F 8AM-5PM, SA

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## D. Directorio de proveedores de atención especializada

9AM-5PM	IPA: Ucsd Medical Group	Board Certified Specialty: No
Website:		UCSD MEDICAL GROUP
Email:	<b>PULMONARY DISEASES</b>	9300 CAMPUS POINT DR
Medical Group(s):		LA JOLLA, CA 92037-1300
IPA: Ucsd Medical Group	<b>AFSHAR, KAMYAR</b>	Phone: (619) 471-9186
<b>ZANZUCCHI, AUDREY E</b>	Provider ID: 102310	Fax: (619) 543-8255
Provider ID: 253255	Board Certified Specialty: No	After Hours Phone: (619) 471-9186
Board Certified Specialty: No	UCSD MEDICAL GROUP	Provider Gender: Male
UCSD MEDICAL GROUP	9300 CAMPUS POINT DR	License number: C137976
9400 CAMPUS POINT DR	LA JOLLA, CA 92037-1300	NPI: 1396704698
LA JOLLA, CA 92093-1350	Phone: (619) 471-9186	Provider English Spoken: Yes
Phone: (858) 657-7876	Fax: (619) 543-8255	Provider Language(s) Spoken:
Fax:	After Hours Phone: (619) 471-9186	Cultural Competency: No
After Hours Phone: (858) 657-7876	Provider Gender: Male	Hospital Affiliation: Ucsd Medical Ctr
Provider Gender: Female	License number: 20A8875	Medi-Cal Open Panel: No
License number: PA54479	NPI: 1407050669	Min/Max Age: None
NPI: 1265960256	Provider English Spoken: Yes	American Sign Language (ASL):
Provider English Spoken: Yes	Provider Language(s) Spoken:	No
Provider Language(s) Spoken:	Farsi	♿ Accessibility: W
Spanish	Cultural Competency: No	Hours: M-SA 9AM-5PM
Cultural Competency: No	Hospital Affiliation:	Website:
Hospital Affiliation:	Medi-Cal Open Panel: No	Email:
Medi-Cal Open Panel: Yes	Min/Max Age: None	Medical Group(s):
Min/Max Age: 0/999	American Sign Language (ASL):	IPA:
American Sign Language (ASL):	No	
No	♿ Accessibility: W	<b>CONRAD, DOUGLAS J</b>
♿ Accessibility:	Hours: M-SA 9AM-5PM	Provider ID: 65150
Hours: M-F 8AM-5PM, SA 9AM-5PM	Website:	Board Certified Specialty: No
Website:	Email:	UCSD MEDICAL GROUP
Email:	Medical Group(s):	9350 CAMPUS POINT DR STE 2B
Medical Group(s):	IPA:	LA JOLLA, CA 92037-1300
	<b>AKUTHOTA, PRAVEEN</b>	
	Provider ID: 102056	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 249-2500          Fax:          After Hours Phone: (858) 249-2500          Provider Gender: Male          License number: G63104          NPI: 1780605378          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E, R, T          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Provider Gender: Male          License number: A116727          NPI: 1710182423          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Temecula Valley Hospital Inc          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, Spanish          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>
<p><b>CROUCH, DANIEL R</b>          Provider ID: 110338          Board Certified Specialty: No          UCSD MEDICAL GROUP          9350 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-7105          Fax: (858) 657-7107          After Hours Phone: (858) 657-7105</p>	<p><b>ELMARAACHLI, WAEL</b>          Provider ID: 83403          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-7000          Fax: (858) 657-7107          After Hours Phone: (858) 657-7000          Provider Gender: Male          License number: A106280          NPI: 1366468969</p>	<p><b>ELMARAACHLI, WAEL</b>          Provider ID: 83404          Board Certified Specialty: No          UCSD MEDICAL GROUP          9434 MEDICAL CENTER DR FL 1          LA JOLLA, CA 92037-1337          Phone: (800) 926-8273          Fax: (858) 657-7107          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A106280          NPI: 1366468969          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, Spanish</p>

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## D. Directorio de proveedores de atención especializada

<p>Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p>Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p>♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>
<p><b>FERNANDES, TIMOTHY M</b> Provider ID: 83427 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-7000 Fax: (858) 657-7107 After Hours Phone: (858) 657-7000 Provider Gender: Male License number: A112514 NPI: 1669680757 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p>	<p><b>FERNANDES, TIMOTHY M</b> Provider ID: 83428 Board Certified Specialty: No UCSD MEDICAL GROUP 9434 MEDICAL CENTER DR FL 1 LA JOLLA, CA 92037-1337 Phone: (800) 926-8273 Fax: (858) 657-7107 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A112514 NPI: 1669680757 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No</p>	<p><b>IBRAHIM, ISLAM M</b> Provider ID: 64920 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-7125 Fax: After Hours Phone: (858) 657-7125 Provider Gender: Male License number: C54272 NPI: 1962586917 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Temecula Valley Hospital Inc, Long Beach Memorial Med Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website:</p>

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group	9350 CAMPUS POINT DR STE 1D
<i>Medical Group(s):</i>		LA JOLLA, CA 92037-1300
<i>IPA:</i>	<b>KERR, KIM M</b>	<i>Phone:</i> (858) 657-7100
<b>JOSHUA, JISHA K</b>	<i>Provider ID:</i> 63756	<i>Fax:</i> (858) 657-7107
<i>Provider ID:</i> 238060	<i>Board Certified Specialty:</i> No	<i>After Hours Phone:</i> (858) 657-7100
<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP	<i>Provider Gender:</i> Male
UCSD MEDICAL GROUP	9300 CAMPUS POINT DR	<i>License number:</i> A65876
9300 CAMPUS POINT DR	LA JOLLA, CA 92037-1300	<i>NPI:</i> 1598780066
LA JOLLA, CA 92037-1300	<i>Phone:</i> (858) 657-7140	<i>Provider English Spoken:</i> Yes
<i>Phone:</i> (800) 926-8273	<i>Fax:</i> (858) 657-7107	<i>Provider Language(s) Spoken:</i> Korean
<i>Fax:</i>	<i>After Hours Phone:</i> (858) 657-7140	<i>Cultural Competency:</i> No
<i>After Hours Phone:</i> (800) 926-8273	<i>Provider Gender:</i> Female	<i>Hospital Affiliation:</i> Ucsd Medical Ctr
<i>Provider Gender:</i> Female	<i>License number:</i> G68491	<i>Medi-Cal Open Panel:</i> No
<i>License number:</i> A144956	<i>NPI:</i> 1982647392	<i>Min/Max Age:</i> None
<i>NPI:</i> 1023436417	<i>Provider English Spoken:</i> Yes	<i>American Sign Language (ASL):</i> No
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i> Hindi, Malayalam	<i>♿ Accessibility:</i> W
<i>Provider Language(s) Spoken:</i> Hindi, Malayalam	<i>Cultural Competency:</i> No	<i>Hours:</i> M-SA 9AM-5PM
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	<i>Website:</i>
<i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	<i>Medi-Cal Open Panel:</i> No	<i>Email:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> None	<i>Medical Group(s):</i>
<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i> No	<i>IPA:</i>
<i>American Sign Language (ASL):</i> No	<i>♿ Accessibility:</i> W	<b>LIANG, NI CHENG</b>
<i>♿ Accessibility:</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>Provider ID:</i> 83702
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Website:</i>	<i>Board Certified Specialty:</i> No
<i>Website:</i>	<i>Email:</i>	UCSD MEDICAL GROUP
<i>Email:</i>	<i>Medical Group(s):</i>	9350 CAMPUS POINT DR
<i>Medical Group(s):</i>	<i>IPA:</i>	LA JOLLA, CA 92037-1300
	<b>KIM, HYONG S</b>	
	<i>Provider ID:</i> 65213	
	<i>Board Certified Specialty:</i> No	
	UCSD MEDICAL GROUP	

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## D. Directorio de proveedores de atención especializada

<p>Phone: (619) 543-6886            Fax:            After Hours Phone: (619) 543-6886            Provider Gender: Female            License number: A98510            NPI: 1760666945            Provider English Spoken: Yes            Provider Language(s) Spoken: Mandarin, Spanish            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Scripps Memorial Hospital Encinitas            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (858) 657-7125            Fax: (858) 657-7107            After Hours Phone: (858) 657-7125            Provider Gender: Female            License number: A107000            NPI: 1619014479            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Provider Gender: Female            License number: A107000            NPI: 1619014479            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>
<p><b>LI, JINGHONG</b>            Provider ID: 83696            Board Certified Specialty: No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300</p>	<p><b>LI, JINGHONG</b>            Provider ID: 83697            Board Certified Specialty: No            UCSD MEDICAL GROUP            9434 MEDICAL CENTER DR FL 1            LA JOLLA, CA 92037-1337            Phone: (858) 657-7125            Fax: (858) 657-7107            After Hours Phone: (858) 657-7125</p>	<p><b>MAGANA, MARISA M</b>            Provider ID: 65243            Board Certified Specialty: No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (858) 657-7000            Fax:            After Hours Phone: (858) 657-7000            Provider Gender: Female            License number: A94464            NPI: 1194856286            Provider English Spoken: Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i> W</p> <p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p>	<p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p>	<p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p>
<p><b>MALHOTRA, ATUL</b></p> <p><i>Provider ID:</i> 83979</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9300 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p><i>Phone:</i> (858) 657-6485</p> <p><i>Fax:</i> (858) 657-7107</p> <p><i>After Hours Phone:</i> (858) 657-6485</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> C55949</p> <p><i>NPI:</i> 1982695169</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p>	<p><b>OWENS, ROBERT L</b></p> <p><i>Provider ID:</i> 110222</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p><i>Phone:</i> (858) 657-7105</p> <p><i>Fax:</i> (858) 657-7107</p> <p><i>After Hours Phone:</i> (858) 657-7105</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> C131174</p> <p><i>NPI:</i> 1972589265</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p>	<p><b>PAPAMATHEAKIS, DEMOSTHENES G</b></p> <p><i>Provider ID:</i> 65272</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p><i>Phone:</i> (619) 543-6886</p> <p><i>Fax:</i> (619) 543-7352</p> <p><i>After Hours Phone:</i> (619) 543-6886</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A101188</p> <p><i>NPI:</i> 1326168600</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> French, Greek</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

American Sign Language (ASL):  
No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PAPAMATHEAKIS, DEMOSTHENES G**

Provider ID: 65375  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (619) 543-7352  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A101188  
 NPI: 1326168600  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Greek  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL):  
No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PERALTA-AVILA, ANGEL R**

Provider ID: 291402  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8372  
 Provider Gender: Male  
 License number: C175635  
 NPI: 1326354937  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Ucsd Medical Group  
**POCH, DAVID S**  
 Provider ID: 65014  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-6303  
 Fax: (858) 657-7107  
 After Hours Phone: (619)  
 543-6303  
 Provider Gender: Male  
 License number: A107956  
 NPI: 1598955668  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:  
**POCH, DAVID S**  
 Provider ID: 65277  
 Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8440  
 Fax: (858) 657-8723  
 After Hours Phone: (858) 657-8440  
 Provider Gender: Male  
 License number: A107956  
 NPI: 1598955668  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619) 471-9186  
 Provider Gender: Female  
 License number: A138242  
 NPI: 1336294107  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

LA JOLLA, CA 92093-1503  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A126549  
 NPI: 1790049591  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ucsd Medical Group

### SUNWOO, BERNIE Y

Provider ID: 118883  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

### RADIATION ONCOLOGY

**BRUGGEMAN, ANDREW R**  
 Provider ID: 243627  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR

### MACEWAN, IAIN J

Provider ID: 205873  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 822-4048            Fax:            After Hours Phone: (858) 822-4048            Provider Gender: Male            License number: A129079            NPI: 1326300401            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego,            Ucsd Medical Ctr, Ucsd La Jolla            John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Rady Childrens Health Network,            Ucsd Medical Group</p>	<p>LA JOLLA, CA 92093-1503            Phone: (858) 822-4048            Fax:            After Hours Phone: (858) 822-4048            Provider Gender: Male            License number: A129079            NPI: 1326300401            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego,            Ucsd Medical Ctr, Ucsd La Jolla            John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Rady Childrens Health Network,            Ucsd Medical Group</p>	<p>LA JOLLA, CA 92093-1503            Phone: (858) 822-4048            Fax:            After Hours Phone: (858) 822-4048            Provider Gender: Male            License number: A129079            NPI: 1326300401            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego,            Ucsd Medical Ctr, Ucsd La Jolla            John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Rady Childrens Health Network,            Ucsd Medical Group</p>
<p><b>MACEWAN, IAIN J</b>            Provider ID: 205874            Board Certified Specialty: No            UCSD MEDICAL GROUP            3800-3899 HEALTH SCIENCES            DR</p>	<p><b>MACEWAN, IAIN J , MD</b>            Provider ID: 255729            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            3855 HEALTH SCIENCES DR</p>	<p><b>MAYADEV, JYOTI S , MD</b>            Provider ID: 269884            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            3855 HEALTH SCIENCES DR</p>

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## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92093-1503  
 Phone: (916) 734-8269  
 Fax: (858) 822-6080  
 After Hours Phone: (916) 734-8269  
 Provider Gender: Female  
 License number: A109372  
 NPI: 1902906902  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Uc Davis Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MELL, LOREN K , MD**

Provider ID: 269944  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (619) 230-0400  
 Fax: (619) 471-9473  
 After Hours Phone: (619) 230-0400  
 Provider Gender: Male  
 License number: A104704  
 NPI: 1316119704  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MURPHY, KEVIN T , MD**

Provider ID: 269865  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (858) 822-6046  
 Fax:  
 After Hours Phone: (858) 822-6046  
 Provider Gender: Male  
 License number: A82350  
 NPI: 1730104167  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **ROSE, BRENT S , MD**

Provider ID: 269874  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

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## D. Directorio de proveedores de atención especializada

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (619) 341-3899  
Fax:  
After Hours Phone: (619)  
341-3899  
Provider Gender: Male  
License number: A142735  
NPI: 1518250869  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **SANGHVI, PARAG R , MD**

Provider ID: 270038  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503  
Phone: (619) 230-0400  
Fax:  
After Hours Phone: (619)  
230-0400  
Provider Gender: Male  
License number: A105184  
NPI: 1801005152  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Gujarati, Hindi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Childrens  
Hosp And Resrch Ctr At  
Oakland, Scripps Mercy  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd, Rady  
Childrens Health Network

### **SANGHVI, PARAG R**

Provider ID: 64475  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax: (760) 738-7576  
After Hours Phone: (858)  
822-6100  
Provider Gender: Male  
License number: A105184  
NPI: 1801005152  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Gujarati, Hindi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Childrens  
Hosp And Resrch Ctr At  
Oakland, Scripps Mercy  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd, Rady

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Childrens Health Network

### SHARABI, ANDREW B , MD

Provider ID: 269862

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (619) 543-1899

Fax:

After Hours Phone: (619)

543-1899

Provider Gender: Male

License number: A136977

NPI: 1043531213

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### SIMPSON, DANIEL R , MD

Provider ID: 269852

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6040

Fax: (619) 471-9473

After Hours Phone: (858)

822-6040

Provider Gender: Male

License number: A118377

NPI: 1689974883

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### RADIOLOGY DIAGNOSTIC

#### X-RAY

### ALLEN, DERRICK R

Provider ID: 125990

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL

GROUP INC

4150 REGENTS PARK ROW STE

195

LA JOLLA, CA 92037-9139

Phone: (858) 658-6500

Fax: (858) 622-6460

After Hours Phone: (858)

658-6500

Provider Gender: Male

License number: A69840

NPI: 1215982970

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

www.imaginghealthcare.com

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### ALLEN, DERRICK R , MD

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 268361            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            4150 REGENTS PARK ROW STE 195            LA JOLLA, CA 92037-9139            Phone: (858) 622-6464            Fax: (866) 558-4329            After Hours Phone: (858) 622-6464            Provider Gender: Male            License number: A69840            NPI: 1215982970            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>IHS RADIOLOGY MEDICAL GROUP INC            4150 REGENTS PARK ROW STE 195            LA JOLLA, CA 92037-9139            Phone: (858) 658-6500            Fax:            After Hours Phone: (858) 658-6500            Provider Gender: Male            License number: A90018            NPI: 1841467099            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website: www.imaginghealthcare.com            Email:            Medical Group(s):            IPA:</p>	<p>Board Certified Specialty: No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300            Phone: (858) 657-7000            Fax:            After Hours Phone: (858) 657-7000            Provider Gender: Male            License number: A99187            NPI: 1093963605            Provider English Spoken: Yes            Provider Language(s) Spoken: Farsi            Cultural Competency: No            Hospital Affiliation: Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>
<p><b>ANDERSON, GREGORY S</b>            Provider ID: 125984            Board Certified Specialty: No</p>	<p><b>ARYAFAR, HAMED</b>            Provider ID: 64801</p>	<p><b>BAHADOR, FARSHAD M</b>            Provider ID: 104325            Board Certified Specialty: No</p>

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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858)  
 657-7000  
 Provider Gender: Male  
 License number: A129414  
 NPI: 1730316928  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton, Scripps Green  
 Hospital, Scripps Memorial  
 Hospital, Scripps Mercy  
 Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**BAKER, LORI L**

Provider ID: 125993  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 4150 REGENTS PARK ROW STE  
 195  
 LA JOLLA, CA 92037-9139  
 Phone: (858) 658-6500  
 Fax: (858) 622-6460  
 After Hours Phone: (858)  
 658-6500  
 Provider Gender: Female  
 License number: G62517  
 NPI: 1063465219  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Medical Ctr At  
 Ucsf, Scripps Mercy Hospital  
 Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

**BERGMAN, ERIK W**

Provider ID: 125003  
 Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA  
 JOLLA  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-6641  
 Fax:  
 After Hours Phone: (858)  
 657-6641  
 Provider Gender: Male  
 License number: C153284  
 NPI: 1043291073  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**BORSO, MAYA G**

Provider ID: 126006  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL

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## D. Directorio de proveedores de atención especializada

<p>GROUP INC 4150 REGENTS PARK ROW STE 195 LA JOLLA, CA 92037-9139 Phone: (858) 658-6500 Fax: (858) 622-6460 After Hours Phone: (858) 658-6500 Provider Gender: Female License number: A97134 NPI: 1548473507 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:</p> <p><b>BROUHA, SHARON S</b> Provider ID: 64827 Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A91973 NPI: 1356554323 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>BUCKLEY, DAVID W</b> Provider ID: 243265 Board Certified Specialty: No COMMUNITY CARE IPA LLC 4150 REGENTS PARK ROW STE 195</p>	<p>LA JOLLA, CA 92037-9139 Phone: (858) 622-6464 Fax: (866) 558-4329 After Hours Phone: (858) 622-6464 Provider Gender: Male License number: G57383 NPI: 1982657060 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>BUI, KEVIN T</b> Provider ID: 280519 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A134576  
NPI: 1578906186  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CASOLA, GIOVANNA**

Provider ID: 64835  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: G51575  
NPI: 1790721256  
Provider English Spoken: Yes  
Provider Language(s) Spoken: French, Italian  
Cultural Competency: No  
Hospital Affiliation: Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CHANG, ERIC Y**

Provider ID: 64839  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858) 657-7000  
Provider Gender: Male  
License number: A97139  
NPI: 1376756353  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CHEN, JAMES Y**

Provider ID: 64416  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

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## D. Directorio de proveedores de atención especializada

Phone: (858) 822-6173

Fax:

After Hours Phone: (858)  
822-6173

Provider Gender: Male

License number: A108635

NPI: 1427250588

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHEN, JAMES Y**

Provider ID: 64842

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax:

After Hours Phone: (858)  
657-7000

Provider Gender: Male

License number: A108635

NPI: 1427250588

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHEN, KAREN C**

Provider ID: 64843

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A110719

NPI: 1437377710

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHOU, ERIC T**

Provider ID: 126016

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL

GROUP INC

4150 REGENTS PARK ROW STE  
195

LA JOLLA, CA 92037-9139

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## D. Directorio de proveedores de atención especializada

Phone: (858) 658-6500  
 Fax: (858) 622-6460  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A96095  
 NPI: 1689627838  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CHUNG, CHRISTINE B**

Provider ID: 64848  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A65414  
 NPI: 1528033560  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **COOPER, JAMES A**

Provider ID: 126041  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL

GROUP INC  
 4150 REGENTS PARK ROW STE  
 195  
 LA JOLLA, CA 92037-9139  
 Phone: (858) 658-6500  
 Fax: (858) 622-6460  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A62473  
 NPI: 1497708622  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: East Los  
 Angeles Doctors Hsp, Memorial  
 Hosp Of Gardena Inc, Riverside  
 Community Hosp, Palmdale  
 Regional Medical Center,  
 Barstow Community Hospital,  
 Kindred Hospital South Bay,  
 Loma Linda University Med Ctr  
 Murrieta, Coast Plaza Hospital,  
 Community Hospital Of  
 Huntington Park, Foothill  
 Regional Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>IPA:</i>	<i>Provider ID:</i> 64861
<i>Medical Group(s):</i>		<i>Board Certified Specialty:</i> No
<i>IPA:</i> Community Care Ipa Llc	<b>DE GUZMAN, JADE Q</b>	UCSD MEDICAL GROUP
<b>DE GUZMAN, JADE Q</b>	<i>Provider ID:</i> 64856	9300 CAMPUS POINT DR
<i>Provider ID:</i> 64423	<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92037-1300
<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP	<i>Phone:</i> (858) 657-7000
UCSD MEDICAL GROUP	9300 CAMPUS POINT DR	<i>Fax:</i>
3855 HEALTH SCIENCES DR	LA JOLLA, CA 92037-1300	<i>After Hours Phone:</i> (858)
LA JOLLA, CA 92093-1503	<i>Phone:</i> (858) 657-7000	657-7000
<i>Phone:</i> (858) 822-6173	<i>Fax:</i>	<i>Provider Gender:</i> Male
<i>Fax:</i>	<i>After Hours Phone:</i> (858)	<i>License number:</i> G29061
<i>After Hours Phone:</i> (858)	657-7000	<i>NPI:</i> 1942319959
822-6173	<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes
<i>Provider Gender:</i> Female	<i>License number:</i> A102678	<i>Provider Language(s) Spoken:</i>
<i>License number:</i> A102678	<i>NPI:</i> 1801089065	Spanish
<i>NPI:</i> 1801089065	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Tri City
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	Medical Ctr, Ucsd Medical Ctr,
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd	Ucsd La Jolla John Sally
<i>Hospital Affiliation:</i> Ucsd	Medical Ctr, Ucsd La Jolla John	Thornton
Medical Ctr, Ucsd La Jolla John	Sally Thornton, Ronald Reagan	<i>Medi-Cal Open Panel:</i> No
Sally Thornton, Ronald Reagan	Ucla Med Ctr	<i>Min/Max Age:</i> None
Ucla Med Ctr	<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> None	No
<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i> W
<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i> W	<i>Hours:</i> M-F 9AM-5PM, SA
No	<i>Hours:</i> M-F 9AM-5PM, SA	9AM-5PM
♿ <i>Accessibility:</i>	9AM-5PM	<i>Website:</i>
<i>Hours:</i> M-F 9AM-5PM, SA	<i>Website:</i>	<i>Email:</i>
9AM-5PM	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Website:</i>	<i>Medical Group(s):</i>	<i>IPA:</i>
<i>Email:</i>	<i>IPA:</i>	<b>DWEK, JERRY R</b>
<i>Medical Group(s):</i>	<b>DORROS, STEPHEN M</b>	<i>Provider ID:</i> 64866

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* G86073  
*NPI:* 1558335695  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Ucsd Medical Ctr,  
 Pomerado Hospital, Ucsd La  
 Jolla John Sally Thornton, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Rady Childrens Hospital  
 San Diego, Palomar Medical  
 Center, Sharp Memorial  
 Hospital, Sharp Chula Vista  
 Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☺ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*  
**EGHTEDARI, MOHAMMAD**  
*Provider ID:* 110349  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A114372  
*NPI:* 1740548734  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☺ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*  
**EVORA, DARRYL K**

*Provider ID:* 64871  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* G76577  
*NPI:* 1790751188  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Ucsd  
 Medical Ctr, Sharp Chula Vista  
 Med Ctr, Sharp Coronado Hosp  
 And Healthcare Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☺ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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## D. Directorio de proveedores de atención especializada

### **FARID, NIKDOKHT**

*Provider ID:* 64875  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female  
*License number:* A94195  
*NPI:* 1205151172  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FIROOZANIA, NILOFAR**

*Provider ID:* 126170  
*Board Certified Specialty:* No

IHS RADIOLOGY MEDICAL  
 GROUP INC  
 4150 REGENTS PARK ROW STE  
 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 658-6500  
*Fax:*  
*After Hours Phone:* (858)  
 658-6500  
*Provider Gender:* Female  
*License number:* A109806  
*NPI:* 1962521419  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Redlands  
 Community Hosp, Barstow  
 Community Hospital, Kindred  
 Hospital Riverside, Victor Valley  
 Global Med Ctr, Alvarado  
 Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
 www.imaginghealthcare.com  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FLISZAR, EVELYNE**

*Provider ID:* 64877  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female  
*License number:* A60712  
*NPI:* 1164449955  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>Email:</p> <p>Medical Group(s):</p> <p>IPA:</p> <p><b>FORCIER, NANCY J</b></p> <p>Provider ID: 286955</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9300 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p> <p>License number: G72420</p> <p>NPI: 1497721724</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital, Providence Mission Hospital</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p>	<p><b>FOWLER, KATHRYN J</b></p> <p>Provider ID: 201290</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9300 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (800) 926-8273</p> <p>Fax:</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p> <p>License number: C154877</p> <p>NPI: 1255457941</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>Accessibility:</p> <p>Hours: SA,SU 12AM-11:59PM, M-F 8AM-5PM</p> <p>Website:</p> <p>Email:</p>	<p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p> <p><b>FRANKE, MARK A</b></p> <p>Provider ID: 126054</p> <p>Board Certified Specialty: No</p> <p>IHS RADIOLOGY MEDICAL GROUP INC</p> <p>4150 REGENTS PARK ROW STE 195</p> <p>LA JOLLA, CA 92037-9139</p> <p>Phone: (858) 658-6500</p> <p>Fax:</p> <p>After Hours Phone: (858) 658-6500</p> <p>Provider Gender: Male</p> <p>License number: A118792</p> <p>NPI: 1114246329</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>www.imaginghealthcare.com</p> <p>Email:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>FRIEND, CHRISTOPHER J</b>          Provider ID: 120848          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-7000          Fax:          After Hours Phone: (858)          657-7000          Provider Gender: Male          License number: C141231          NPI: 1861491516          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La          Jolla John Sally Thornton, Ucsd          Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>FRIEND, CHRISTOPHER J</b>          Provider ID: 120855</p>	<p>Board Certified Specialty: No          UCSD RADIOLOGY AT LA          JOLLA          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (858) 657-6641          Fax:          After Hours Phone: (858)          657-6641          Provider Gender: Male          License number: C141231          NPI: 1861491516          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La          Jolla John Sally Thornton, Ucsd          Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>GENTILI, AMILCARE</b>          Provider ID: 64882          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR</p>	<p>LA JOLLA, CA 92037-1300          Phone: (800) 926-8273          Fax:          After Hours Phone: (800)          926-8273          Provider Gender: Male          License number: A44208          NPI: 1922086594          Provider English Spoken: Yes          Provider Language(s) Spoken:          Italian          Cultural Competency: No          Hospital Affiliation: Scripps          Memorial Hospital, Scripps          Mercy Hospital, Scripps Mercy          Hospital Chula Vista, Scripps          Memorial Hospital Encinitas,          Scripps Green Hospital, Ucsd La          Jolla John Sally Thornton, Ucsd          Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>GRISSOM, MURRAY J</b>          Provider ID: 271568</p>
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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> A147782 <i>NPI:</i> 1720465396 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>GUO, YUEYANG</b> <i>Provider ID:</i> 291341 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR</p>	<p>LA JOLLA, CA 92037-1300 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> A132313 <i>NPI:</i> 1033542006 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Stanford Health Care, Lucile Salter Packard Childrens Hosp <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>HAHN, MICHAEL E</b> <i>Provider ID:</i> 98503 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>	<p><i>Phone:</i> (800) 926-8273 <i>Fax:</i> <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> A119409 <i>NPI:</i> 1356573992 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i></p> <p><b>HANDWERKER, JASON</b> <i>Provider ID:</i> 98759 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>
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## D. Directorio de proveedores de atención especializada

Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: A114704  
 NPI: 1316166630  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HARMAN, SCOTT A**

Provider ID: 126067  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139

Phone: (858) 658-6500  
 Fax: (858) 622-6460  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: G57284  
 NPI: 1124071311  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **HAUSCHILDT, JOHN P**

Provider ID: 64902  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000

Provider Gender: Male  
 License number: G76429  
 NPI: 1922072099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HILLER, LUCAS P**

Provider ID: 64907  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A91321  
 NPI: 1417160474  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HSIAO, ALBERT**

Provider ID: 117381  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-6641  
 Fax: (858) 657-6686  
 After Hours Phone: (858) 657-6641  
 Provider Gender: Male  
 License number: A105882  
 NPI: 1457546244  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HUANG, BRADY K**

Provider ID: 64916  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A108832  
 NPI: 1407860299  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HUGHES, TUDOR H**

Provider ID: 64918  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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## D. Directorio de proveedores de atención especializada

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Phone: (858) 657-7000

Fax:

After Hours Phone: (858)  
657-7000

Provider Gender: Male

License number: A83748

NPI: 1932187127

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **IMBESI, STEVEN G**

Provider ID: 64923

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax:

After Hours Phone: (858)  
657-7000

Provider Gender: Male

License number: G79078

NPI: 1891710554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Saddleback

Memorial Med Ctr, Ucsd  
Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **ISHIOKA, KEVIN M**

Provider ID: 83631

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax:

After Hours Phone: (858)  
657-7000

Provider Gender: Male

License number: A93286

NPI: 1437362498

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton, Scripps Green

Hospital, Scripps Memorial

Hospital Encinitas, Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-6PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **JOHNSON, JOHN O**

Provider ID: 126079

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL

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## D. Directorio de proveedores de atención especializada

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GROUP INC  
4150 REGENTS PARK ROW STE  
195

LA JOLLA, CA 92037-9139  
Phone: (858) 658-6500  
Fax: (858) 622-6460  
After Hours Phone: (858)  
658-6500

Provider Gender: Male  
License number: G59632  
NPI: 1073565792  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

www.imaginghealthcare.com

Email:

Medical Group(s):

IPA:

### **KARIMI, AFSHIN**

Provider ID: 64934

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax:

After Hours Phone: (858)  
657-7000

Provider Gender: Male

License number: A96518

NPI: 1952511214

Provider English Spoken: Yes

Provider Language(s) Spoken:

Persian

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton, Temecula Valley

Hospital Inc, Scripps Green

Hospital, Pioneers Memorial

Hospital, Southwest Healthcare

System Wildomar, Southwest

Healthcare System Murrieta,

University Of California Irvine

Med Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **KAROW, DAVID S**

Provider ID: 64439

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6173

Fax:

After Hours Phone: (858)

822-6173

Provider Gender: Male

License number: A96935

NPI: 1932490703

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Santa

Monica Ucla Med Ctr, Ucsd

Medical Ctr, Ronald Reagan

Ucla Med Ctr, Ucsd La Jolla

John Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **KAROW, DAVID S**

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 64935  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (858) 657-7000  Fax:  After Hours Phone: (858) 657-7000  Provider Gender: Male  License number: A96935  NPI: 1932490703  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Santa Monica Ucla Med Ctr, Ucsd Medical Ctr, Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  Accessibility: W  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>KHANNA, PARITOSH</b>  Provider ID: 64442</p>	<p>Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (858) 822-6173  Fax:  After Hours Phone: (858) 822-6173  Provider Gender: Male  License number: C54827  NPI: 1568572832  Provider English Spoken: Yes  Provider Language(s) Spoken:  Hindi  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  Accessibility:  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>KHANNA, PARITOSH</b>  Provider ID: 64938  Board Certified Specialty: No  UCSD MEDICAL GROUP</p>	<p>9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (858) 657-7000  Fax:  After Hours Phone: (858) 657-7000  Provider Gender: Male  License number: C54827  NPI: 1568572832  Provider English Spoken: Yes  Provider Language(s) Spoken:  Hindi  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  Accessibility: W  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>KIKOLSKI, STEVEN G</b>  Provider ID: 64939  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

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Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858) 657-7000  
Provider Gender: Male  
License number: A106307  
NPI: 1063647485  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **KINNEY, THOMAS B**

Provider ID: 64941  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858) 657-7000  
Provider Gender: Male  
License number: G64176  
NPI: 1992732671  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **KINNE, ERICA L**

Provider ID: 83294  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858) 657-7000  
Provider Gender: Female  
License number: A110179  
NPI: 1487803946  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Loma Linda University Med Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Loma Linda University Childrens Hospital, Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 9AM-6PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **KRUK, PETER G**

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## D. Directorio de proveedores de atención especializada

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Provider ID: 64948

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A96070

NPI: 1366480634

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Sharp

Coronado Hosp And Healthcare

Ctr, Rady Childrens Hospital

San Diego, Grossmont Hospital,

Sharp Memorial Hospital, Ucsd

Medical Ctr, Sharp Chula Vista

Med Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **LADD, WILLIAM A**

Provider ID: 64949

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax:

After Hours Phone: (858)

657-7000

Provider Gender: Male

License number: G63024

NPI: 1063463230

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton,

Scripps Memorial Hospital,

Scripps Memorial Hospital

Encinitas, Ucsd Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **LECOMTE, MATTHEW D**

Provider ID: 283488

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A171824

NPI: 1508210683

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton, Sharp Memorial

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LEE, ROLAND R**

Provider ID: 64954

Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-7000 Fax: After Hours Phone: (858) 657-7000 Provider Gender: Male License number: G57800 NPI: 1639190028 Provider English Spoken: Yes Provider Language(s) Spoken: Chinese, Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-6641 Fax: After Hours Phone: (858) 657-6641 Provider Gender: Female License number: G58509 NPI: 1295796753 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	4150 REGENTS PARK ROW STE 195 LA JOLLA, CA 92037-9139 Phone: (858) 658-6500 Fax: (858) 622-6460 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G74959 NPI: 1598718926 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:
<b>LIM, VIVIAN</b> Provider ID: 125929 Board Certified Specialty: No UCSD RADIOLOGY AT LA JOLLA	<b>LIZERBRAM, ERIC K</b> Provider ID: 126092 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC	<b>LUBISICH, JOHN P</b> Provider ID: 126098 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC

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## D. Directorio de proveedores de atención especializada

4150 REGENTS PARK ROW STE 195 LA JOLLA, CA 92037-9139 Phone: (858) 658-6500 Fax: (858) 622-6460 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G77575 NPI: 1194863902 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:	LA JOLLA, CA 92037-1300 Phone: (858) 657-7000 Fax: After Hours Phone: (858) 657-7000 Provider Gender: Male License number: A31751 NPI: 1356431373 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Phone: (858) 657-7000 Fax: After Hours Phone: (858) 657-7000 Provider Gender: Female License number: A96803 NPI: 1699988667 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:
<b>MAFEE, MAHMOOD F</b> Provider ID: 64965 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR	<b>MAREK BYKOWSKI, JULIE L</b> Provider ID: 64969 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300	<b>MEISINGER, QUINN C</b> Provider ID: 117245 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300

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## D. Directorio de proveedores de atención especializada

Phone: (858) 657-6641

Fax:

After Hours Phone: (858)  
657-6641

Provider Gender: Male

License number: A123683

NPI: 1215222757

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### MEISINGER, QUINN C

Provider ID: 118375

Board Certified Specialty: No

UCSD RADIOLOGY AT LA

JOLLA

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-6641

Fax:

After Hours Phone: (858)  
657-6641

Provider Gender: Male

License number: A123683

NPI: 1215222757

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### MURPHY, PAUL M

Provider ID: 118360

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-6641

Fax:

After Hours Phone: (858)

657-6641

Provider Gender: Male

License number: A123586

NPI: 1295050946

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ronald

Reagan Ucla Med Ctr, Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr, Santa Monica Ucla

Med Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### NAHEEDY, JOHN H

Provider ID: 64461

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6173

Fax:

After Hours Phone: (858)

822-6173

Provider Gender: Male

License number: A99832

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NPI: 1760695761  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>NEWTON, ISABEL G</b>  <i>Provider ID:</i> 84301  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-7000  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-7000  <i>Provider Gender:</i> Female  <i>License number:</i> A108128  NPI: 1306068697  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>NEWTON, ISABEL G</b>  <i>Provider ID:</i> 84302  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  <i>Phone:</i> (858) 822-6173  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 822-6173  <i>Provider Gender:</i> Female  <i>License number:</i> A108128  NPI: 1306068697  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No</p>
<p><b>NAHEEDY, JOHN H</b>  <i>Provider ID:</i> 64991  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-7000  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-7000  <i>Provider Gender:</i> Male  <i>License number:</i> A99832  NPI: 1760695761</p>	<p><b>NEWTON, ISABEL G</b>  <i>Provider ID:</i> 84301  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-7000  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-7000  <i>Provider Gender:</i> Female  <i>License number:</i> A108128  NPI: 1306068697  <i>Provider English Spoken:</i> Yes</p>	<p><b>NEWTON, ISABEL G</b>  <i>Provider ID:</i> 84302  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  <i>Phone:</i> (858) 822-6173  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 822-6173  <i>Provider Gender:</i> Female  <i>License number:</i> A108128  NPI: 1306068697  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No</p>

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> <i>Hours:</i> M-F 9AM-6PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p>Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>   <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p>No  <i>Accessibility:</i> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>NORBASH, ALEXANDER M</b>  <i>Provider ID:</i> 125637  <i>Board Certified Specialty:</i> No  UCSD RADIOLOGY AT LA JOLLA  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-6641  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-6641  <i>Provider Gender:</i> Male  <i>License number:</i> G62865  <i>NPI:</i> 1790752269  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John</p>	<p><b>OBOYLE, MARY K</b>  <i>Provider ID:</i> 64998  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> G73501  <i>NPI:</i> 1568487999  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>   <i>Hours:</i> M-F 9AM-5PM, SA</p>	<p><b>OBRZUT, SEBASTIAN</b>  <i>Provider ID:</i> 64999  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-7000  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-7000  <i>Provider Gender:</i> Male  <i>License number:</i> A85028  <i>NPI:</i> 1083714398  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> <i>Hours:</i> M-F 9AM-5PM, SA</p>

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## D. Directorio de proveedores de atención especializada

9AM-5PM	<i>Email:</i>	♿ <i>Accessibility:</i> W
<i>Website:</i>	<i>Medical Group(s):</i>	<i>Hours:</i> M-F 7AM-8PM, SA
<i>Email:</i>	<i>IPA:</i>	9AM-5PM
<i>Medical Group(s):</i>		<i>Website:</i>
<i>IPA:</i>	<b>OLOUGHLIN, BRIAN J</b>	www.imaginghealthcare.com
<b>OJEDA-FOURNIER, HAYDEE</b>	<i>Provider ID:</i> 126125	<i>Email:</i>
<i>Provider ID:</i> 65000	<i>Board Certified Specialty:</i> No	<i>Medical Group(s):</i>
<i>Board Certified Specialty:</i> No	IHS RADIOLOGY MEDICAL	<i>IPA:</i>
UCSD MEDICAL GROUP	GROUP INC	<b>PAKBAZ, RAMIN S</b>
9300 CAMPUS POINT DR	4150 REGENTS PARK ROW STE	<i>Provider ID:</i> 64463
LA JOLLA, CA 92037-1300	195	<i>Board Certified Specialty:</i> No
<i>Phone:</i> (858) 657-7000	LA JOLLA, CA 92037-9139	UCSD MEDICAL GROUP
<i>Fax:</i>	<i>Phone:</i> (858) 658-6500	3855 HEALTH SCIENCES DR
<i>After Hours Phone:</i> (858)	<i>Fax:</i>	LA JOLLA, CA 92093-1503
657-7000	<i>After Hours Phone:</i> (858)	<i>Phone:</i> (858) 822-6173
<i>Provider Gender:</i> Female	658-6500	<i>Fax:</i>
<i>License number:</i> A99462	<i>Provider Gender:</i> Male	<i>After Hours Phone:</i> (858)
<i>NPI:</i> 1871537191	<i>License number:</i> A120064	822-6173
<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1972709087	<i>Provider Gender:</i> Male
<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes	<i>License number:</i> A73947
Spanish	<i>Provider Language(s) Spoken:</i>	<i>NPI:</i> 1811072457
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes
<i>Hospital Affiliation:</i> Ucsd	<i>Hospital Affiliation:</i> Scripps	<i>Provider Language(s) Spoken:</i>
Medical Ctr, Ucsd La Jolla John	Memorial Hospital, Scripps	Farsi
Sally Thornton	Mercy Hospital, Scripps Mercy	<i>Cultural Competency:</i> No
<i>Medi-Cal Open Panel:</i> No	Hospital Chula Vista, Scripps	<i>Hospital Affiliation:</i> Ucsd La
<i>Min/Max Age:</i> None	Memorial Hospital Encinitas,	Jolla John Sally Thornton,
<i>American Sign Language (ASL):</i>	Scripps Green Hospital, Santa	Sutter Roseville Medical Center,
No	Monica UCLA Med Ctr, Alvarado	Mercy General Hospital, Mercy
♿ <i>Accessibility:</i> W	Hospital Llc	San Juan Medical Center,
<i>Hours:</i> M-F 9AM-5PM, SA	<i>Medi-Cal Open Panel:</i> No	Scripps Green Hospital, Scripps
9AM-5PM	<i>Min/Max Age:</i> None	Memorial Hospital, Scripps
<i>Website:</i>	<i>American Sign Language (ASL):</i>	Mercy Hospital, Scripps
	No	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Memorial Hospital Encinitas,  
Ucsd Medical Ctr, Paradise  
Valley Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-F 9AM-5PM, SA  
9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PAKBAZ, RAMIN S**

*Provider ID:* 65005

*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)  
657-7000

*Provider Gender:* Male

*License number:* A73947

*NPI:* 1811072457

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Farsi

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La  
Jolla John Sally Thornton,

Sutter Roseville Medical Center,  
Mercy General Hospital, Mercy  
San Juan Medical Center,

Scripps Green Hospital, Scripps

Memorial Hospital, Scripps

Mercy Hospital, Scripps

Memorial Hospital Encinitas,

Ucsd Medical Ctr, Paradise

Valley Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 9AM-5PM, SA  
9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PATHRIA, MINI N**

*Provider ID:* 65011

*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*License number:* A43771

*NPI:* 1699739318

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Hindi

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton, Scripps Green  
Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-F 9AM-5PM, SA  
9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PATIL, AMOL A**

*Provider ID:* 98854

*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)  
657-7000

*Provider Gender:* Male

*License number:* A133973

*NPI:* 1225355720

*Provider English Spoken:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> French, Hindi  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sierra Vista Regional Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Goleta Valley Cottage Hosp  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Provider Language(s) Spoken:</i> Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>RIAD, SHAREEF M</b>  <i>Provider ID:</i> 65027  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (619) 543-3405  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-3405  <i>Provider Gender:</i> Male  <i>License number:</i> A106536  <i>NPI:</i> 1417111477  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Doctors Medical Center, West Hills Hospital Medical Center, Salinas Valley Memorial Hosp,</p>
<p><b>PRETORIUS, DOLORES H</b>  <i>Provider ID:</i> 65018  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-7000  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-7000  <i>Provider Gender:</i> Female  <i>License number:</i> C39102  <i>NPI:</i> 1902839418  <i>Provider English Spoken:</i> Yes</p>	<p><b>RESNICK, DONALD L</b>  <i>Provider ID:</i> 65026  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-6641  <i>Fax:</i> (858) 657-6686  <i>After Hours Phone:</i> (858) 657-6641  <i>Provider Gender:</i> Male  <i>License number:</i> G18577  <i>NPI:</i> 1164450938  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La</p>	

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## D. Directorio de proveedores de atención especializada

<p>Riverside Community Hosp, Parkview Community Hospital Medical Center, St Bernardine Med Ctr, Community Hosp Of San Bernardino, Kindred Hospital Ontario, Ucsd La Jolla John Sally Thornton, Dameron Hospital Assoc Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>RICHMAN, KATHERINE M</b> Provider ID: 65028 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-7000 Fax: After Hours Phone: (858) 657-7000 Provider Gender: Female License number: G80333 NPI: 1992898993 Provider English Spoken: Yes</p>	<p><i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i></p> <p><b>ROBERTS, ANNE C</b> Provider ID: 65032 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-7000 Fax: After Hours Phone: (858) 657-7000 Provider Gender: Female License number: G58654 NPI: 1669497996 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No</p>	<p><i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i></p> <p><b>ROMINE, LORENE E</b> Provider ID: 65033 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-7000 Fax: After Hours Phone: (858) 657-7000 Provider Gender: Female License number: A87658 NPI: 1720209786 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Cedars Sinai</p>
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## D. Directorio de proveedores de atención especializada

Medical Center	Min/Max Age: None	Hours: M-F 9AM-5PM, SA
Medi-Cal Open Panel: No	American Sign Language (ASL):	9AM-5PM
Min/Max Age: None	No	Website:
American Sign Language (ASL):	♿ Accessibility: W	Email:
No	Hours: M-SA 9AM-5PM	Medical Group(s):
♿ Accessibility: W	Website:	IPA:
Hours: M-F 9AM-5PM, SA	Email:	<b>SCHECHTER, MARK S</b>
9AM-5PM	Medical Group(s):	Provider ID: 126137
Website:	IPA:	Board Certified Specialty: No
Email:	<b>SANTILLAN, CYNTHIA S</b>	IHS RADIOLOGY MEDICAL
Medical Group(s):	Provider ID: 65043	GROUP INC
IPA:	Board Certified Specialty: No	4150 REGENTS PARK ROW STE
<b>SAMPATH, SRINATH C</b>	UCSD MEDICAL GROUP	195
Provider ID: 110180	9300 CAMPUS POINT DR	LA JOLLA, CA 92037-9139
Board Certified Specialty: No	LA JOLLA, CA 92037-1300	Phone: (858) 658-6500
UCSD MEDICAL GROUP	Phone: (800) 926-8273	Fax: (858) 622-6460
9300 CAMPUS POINT DR	Fax:	After Hours Phone: (858)
LA JOLLA, CA 92037-1300	After Hours Phone: (800)	658-6500
Phone: (858) 657-6641	926-8273	Provider Gender: Male
Fax:	Provider Gender: Female	License number: G42390
After Hours Phone: (858)	License number: A90879	NPI: 1942253018
657-6641	NPI: 1932132404	Provider English Spoken: Yes
Provider Gender: Male	Provider English Spoken: Yes	Provider Language(s) Spoken:
License number: A108197	Provider Language(s) Spoken:	Cultural Competency: No
NPI: 1891982328	Cultural Competency: No	Hospital Affiliation: Scripps
Provider English Spoken: Yes	Hospital Affiliation: Ucsd La	Mercy Hospital, El Centro
Provider Language(s) Spoken:	Jolla John Sally Thornton, Ucsd	Regional Medical Center, Selma
Spanish, Tamil	Medical Ctr	Community Hospital, Adventist
Cultural Competency: No	Medi-Cal Open Panel: No	Med Ctr Reedley, Scripps Mercy
Hospital Affiliation: Ucsd	Min/Max Age: None	Hospital Chula Vista, Adventist
Medical Ctr, Ucsd La Jolla John	American Sign Language (ASL):	Medical Center
Sally Thornton	No	Medi-Cal Open Panel: No
Medi-Cal Open Panel: No	♿ Accessibility: W	Min/Max Age: None

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          www.imaginghealthcare.com          Email:          Medical Group(s):          IPA:</p>	<p>No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          www.imaginghealthcare.com          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>
<p><b>SCHWARTZBERG, ROSS E</b></p>		
<p>Provider ID: 126144          Board Certified Specialty: No          IHS RADIOLOGY MEDICAL          GROUP INC          4150 REGENTS PARK ROW STE          195          LA JOLLA, CA 92037-9139          Phone: (858) 658-6500          Fax: (858) 622-6460          After Hours Phone: (858)          658-6500          Provider Gender: Male          License number: G72997          NPI: 1215976766          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Alvarado          Hospital Llc, Grossmont          Hospital          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):</p>	<p><b>SIRLIN, CLAUDE B</b></p> <p>Provider ID: 65061          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (800) 926-8273          Fax:          After Hours Phone: (800)          926-8273          Provider Gender: Male          License number: G80184          NPI: 1730261793          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Saddleback          Memorial Med Ctr, Ucsd La          Jolla John Sally Thornton, Ucsd          Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W</p>	<p><b>SLATER, JERRY</b></p> <p>Provider ID: 283311          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800)          926-8273          Provider Gender: Male          License number: A172254          NPI: 1851746382          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:</p>

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>IPA:</i>	<i>Email:</i>
<i>Medical Group(s):</i>		<i>Medical Group(s):</i>
<i>IPA:</i> Ucsd Medical Group	<b>SPOTO, GARY P</b>	<i>IPA:</i>
<b>SNYDER, WILLIAM C</b>	<i>Provider ID:</i> 126157	<b>STANFILL, JOHN G</b>
<i>Provider ID:</i> 126151	<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 84902
<i>Board Certified Specialty:</i> No	IHS RADIOLOGY MEDICAL	<i>Board Certified Specialty:</i> No
IHS RADIOLOGY MEDICAL	GROUP INC	UCSD MEDICAL GROUP
GROUP INC	4150 REGENTS PARK ROW STE	9300 CAMPUS POINT DR
4150 REGENTS PARK ROW STE	195	LA JOLLA, CA 92037-1300
195	LA JOLLA, CA 92037-9139	<i>Phone:</i> (858) 657-7000
LA JOLLA, CA 92037-9139	<i>Phone:</i> (858) 658-6500	<i>Fax:</i>
<i>Phone:</i> (858) 658-6500	<i>Fax:</i> (858) 622-6460	<i>After Hours Phone:</i> (858)
<i>Fax:</i> (866) 558-4329	<i>After Hours Phone:</i> (858)	657-7000
<i>After Hours Phone:</i> (858)	658-6500	<i>Provider Gender:</i> Male
658-6500	<i>Provider Gender:</i> Male	<i>License number:</i> A124808
<i>Provider Gender:</i> Male	<i>License number:</i> G58131	<i>NPI:</i> 1831364330
<i>License number:</i> A65059	<i>NPI:</i> 1659332062	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1477505162	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps	Memorial Hospital, Scripps
<i>Hospital Affiliation:</i> Alvarado	Memorial Hospital, Scripps	Mercy Hospital, Scripps Mercy
Hospital Llc	Memorial Hospital Encinitas,	Hospital Chula Vista, Scripps
<i>Medi-Cal Open Panel:</i> No	Scripps Green Hospital, Scripps	Memorial Hospital Encinitas,
<i>Min/Max Age:</i> None	Mercy Hospital, Scripps Mercy	Scripps Green Hospital, Ucsd La
<i>American Sign Language (ASL):</i>	Hospital Chula Vista	Jolla John Sally Thornton
No	<i>Medi-Cal Open Panel:</i> No	<i>Medi-Cal Open Panel:</i> No
♿ <i>Accessibility:</i> W	<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> None
<i>Hours:</i> M-SA 9AM-5PM	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>Website:</i>	No	No
www.imaginghealthcare.com	♿ <i>Accessibility:</i> W	♿ <i>Accessibility:</i> W
<i>Email:</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>Hours:</i> M-F 9AM-6PM, SA
<i>Medical Group(s):</i>	<i>Website:</i>	9AM-5PM
	www.imaginghealthcare.com	

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## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA:</p> <p><b>TADROS, ANTHONY S</b> Provider ID: 116033 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A128627 NPI: 1306112057 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p>IPA: Ucsd Medical Group</p> <p><b>TADROS, ANTHONY S</b> Provider ID: 268545 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A128627 NPI: 1306112057 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>TAMAYO-MURILLO, DORATHY</b></p>	<p><b>E</b> Provider ID: 126828 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-6641 Fax: After Hours Phone: (858) 657-6641 Provider Gender: Female License number: A152645 NPI: 1700225711 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>TAMAYO-MURILLO, DORATHY</b> <b>E</b> Provider ID: 126832 Board Certified Specialty: No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

UCSD RADIOLOGY AT LA JOLLA 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-6641 Fax: After Hours Phone: (858) 657-6641 Provider Gender: Female License number: A152645 NPI: 1700225711 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	4150 REGENTS PARK ROW STE 195 LA JOLLA, CA 92037-9139 Phone: (858) 658-6500 Fax: (858) 622-6460 After Hours Phone: (858) 658-6500 Provider Gender: Female License number: A69607 NPI: 1629029335 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA: Community Care Ipa Llc	GROUP INC 4150 REGENTS PARK ROW STE 195 LA JOLLA, CA 92037-9139 Phone: (858) 658-6500 Fax: (858) 622-6460 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A45908 NPI: 1730132150 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:
<b>TENA, ROWENA G</b> Provider ID: 126163 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC	<b>TOBIN, MICHAEL L</b> Provider ID: 126216 Board Certified Specialty: No IHS RADIOLOGY MEDICAL	<b>TSUKADA, GLENN H</b> Provider ID: 126201 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

4150 REGENTS PARK ROW STE  
195  
LA JOLLA, CA 92037-9139  
Phone: (858) 658-6500  
Fax: (858) 622-6460  
After Hours Phone: (858)  
658-6500  
Provider Gender: Male  
License number: A60235  
NPI: 1710938394  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Grossmont  
Hospital, Scripps Mercy  
Hospital, Ucsd Medical Ctr,  
Scripps Mercy Hospital Chula  
Vista, Scripps Memorial  
Hospital Encinitas, Scripps  
Green Hospital, Alvarado  
Hospital Llc, Pomerado  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
www.imaginghealthcare.com  
Email:  
Medical Group(s):  
IPA:

**TYAGI, AVISHKAR**  
Provider ID: 84936  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000  
Provider Gender: Male  
License number: A123065  
NPI: 1740440148  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ronald  
Reagan Ucla Med Ctr, Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton, San Dimas  
Community Hospital, Lakewood  
Regional Med Ctr, Pacific  
Alliance Medical Center, San  
Antonio Comm Hosp, Tri City  
Medical Ctr, Pomerado  
Hospital, Alvarado Hospital Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA:  
**VINOCUR, DANIEL N**  
Provider ID: 64484  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6173  
Fax:  
After Hours Phone: (858)  
822-6173  
Provider Gender: Male  
License number: A115727  
NPI: 1770711830  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hebrew, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr, Valley Childrens  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Medical Group(s):</i>	9AM-5PM
<i>Medical Group(s):</i>	<i>IPA:</i>	<i>Website:</i>
<i>IPA:</i>		<i>Email:</i>
<b>VINOCUR, DANIEL N</b>	<b>WAGNER, THAO N</b>	<i>Medical Group(s):</i>
<i>Provider ID: 65086</i>	<i>Provider ID: 84946</i>	<i>IPA:</i>
<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>	<b>WANG, LEE L</b>
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	<i>Provider ID: 118161</i>
9300 CAMPUS POINT DR	9300 CAMPUS POINT DR	<i>Board Certified Specialty: No</i>
LA JOLLA, CA 92037-1300	LA JOLLA, CA 92037-1300	UCSD RADIOLOGY AT LA
<i>Phone: (858) 657-7000</i>	<i>Phone: (858) 657-7000</i>	JOLLA
<i>Fax:</i>	<i>Fax:</i>	9300 CAMPUS POINT DR
<i>After Hours Phone: (858)</i>	<i>After Hours Phone: (858)</i>	LA JOLLA, CA 92037-1300
<i>657-7000</i>	<i>657-7000</i>	<i>Phone: (858) 657-6641</i>
<i>Provider Gender: Male</i>	<i>Provider Gender: Female</i>	<i>Fax:</i>
<i>License number: A115727</i>	<i>License number: A123521</i>	<i>After Hours Phone: (858)</i>
<i>NPI: 1770711830</i>	<i>NPI: 1821067935</i>	<i>657-6641</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider Gender: Male</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>License number: A146921</i>
Hebrew, Spanish	Vietnamese	<i>NPI: 1003119975</i>
<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>	<i>Provider English Spoken: Yes</i>
<i>Hospital Affiliation: Ucsd La</i>	<i>Hospital Affiliation: Scripps</i>	<i>Provider Language(s) Spoken:</i>
Jolla John Sally Thornton, Ucsd	Memorial Hospital, Scripps	<i>Cultural Competency: No</i>
Medical Ctr, Valley Childrens	Hospital Chula Vista, Scripps	<i>Hospital Affiliation: Scripps</i>
Hospital	Memorial Hospital Encinitas,	Mercy Hospital, Scripps Green
<i>Medi-Cal Open Panel: No</i>	Scripps Green Hospital, Ucsd	Hospital, Ucsd Medical Ctr,
<i>Min/Max Age: None</i>	Medical Ctr, Ucsd La Jolla John	Ucsd La Jolla John Sally
<i>American Sign Language (ASL):</i>	Sally Thornton	Thornton
No	<i>Medi-Cal Open Panel: No</i>	<i>Medi-Cal Open Panel: No</i>
<i>Accessibility: W</i>	<i>Min/Max Age: None</i>	<i>Min/Max Age: None</i>
<i>Hours: M-F 9AM-5PM, SA</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
9AM-5PM	No	No
<i>Website:</i>	<i>Accessibility: W</i>	<i>Accessibility:</i>
<i>Email:</i>	<i>Hours: M-F 9AM-6PM, SA</i>	<i>Hours: M-SA 9AM-5PM</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA:</p> <p><b>WEIHE, ELIZABETH</b> Provider ID: 102369 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-6641 Fax: After Hours Phone: (858) 657-6641 Provider Gender: Female License number: A135679 NPI: 1386884302 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p><b>YEN, ANDREW C</b> Provider ID: 65094 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A89413 NPI: 1942499116 Provider English Spoken: Yes Provider Language(s) Spoken: Mandarin Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>ZAKHARY, MINA M</b> Provider ID: 84249</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-7000 Fax: After Hours Phone: (858) 657-7000 Provider Gender: Male License number: A124821 NPI: 1114185626 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic, Hebrew Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><b>ZINK BRODY, GORDON C</b>  <i>Provider ID:</i> 126194  <i>Board Certified Specialty:</i> No            IHS RADIOLOGY MEDICAL GROUP INC            4150 REGENTS PARK ROW STE 195            LA JOLLA, CA 92037-9139  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (858) 622-6460  <i>After Hours Phone:</i> (858) 658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> G68636  <i>NPI:</i> 1689610362  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p>	<p><i>Website:</i>            www.imaginghealthcare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>
<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/>		
	<p><b>BECKETT, RYAN D</b>  <i>Provider ID:</i> 283217  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A172431  <i>NPI:</i> 1932561347  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>	<p><b>CHENG, KAREN Y</b>  <i>Provider ID:</i> 283227  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9300 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> A144517  <i>NPI:</i> 1427430511  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>

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## D. Directorio de proveedores de atención especializada

IPA: Ucsd Medical Group

### **COVELL, DUSTIN M**

Provider ID: 239901

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A160221

NPI: 1942615893

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **EAJAZI, ALIREZA**

Provider ID: 283522

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A171288

NPI: 1669835005

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **MORENO, MARIO A**

Provider ID: 283316

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A151572

NPI: 1871957308

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SCHULTZ, HEATHER M**

Provider ID: 240343

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A139567  
 NPI: 1871910810  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **YORK, VINCENT M**

Provider ID: 283518  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A170712  
 NPI: 1790146611  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **RADIOLOGY**

### **DOEMENY, JOHN M**

Provider ID: 269748  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139

Phone: (858) 622-6464  
 Fax: (866) 558-4329  
 After Hours Phone: (858) 622-6464  
 Provider Gender: Male  
 License number: G50925  
 NPI: 1841243912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **FRANKE, MARK A**

Provider ID: 269633  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 622-6464  
 Fax: (866) 558-4329  
 After Hours Phone: (858) 622-6464  
 Provider Gender: Male  
 License number: A118792  
 NPI: 1114246329  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MOFFIT, BRIAN J**

Provider ID: 269527  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139

Phone: (858) 622-6464  
 Fax: (866) 558-4329  
 After Hours Phone: (858) 622-6464  
 Provider Gender: Male  
 License number: G51551  
 NPI: 1508817305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SCHWARTZBERG, ROSS E**

Provider ID: 245630  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139

Phone: (858) 622-6464  
 Fax: (866) 558-4329  
 After Hours Phone: (858) 622-6464  
 Provider Gender: Male  
 License number: G72997  
 NPI: 1215976766  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **TENA, ROWENA G , MD**

Provider ID: 269826  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139

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## D. Directorio de proveedores de atención especializada

Phone: (858) 622-6464  
 Fax: (866) 558-4329  
 After Hours Phone: (858) 622-6464  
 Provider Gender: Female  
 License number: A69607  
 NPI: 1629029335  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

9850 GENESEE AVE STE 320  
 LA JOLLA, CA 92037-1208  
 Phone: (858) 864-9800  
 Fax:  
 After Hours Phone: (858) 864-9800  
 Provider Gender: Female  
 License number: 86084895  
 NPI: 1003385691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Female  
 License number: 86084895  
 NPI: 1003385691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **REGISTERED DIETITIAN / NUTRITIONIST**

#### **ROBERTS, TRACI L**

Provider ID: 268237  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

#### **ROBERTS, TRACI L**

Provider ID: 268238  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

#### **ROBERTS, TRACI L**

Provider ID: 268239  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: 86084895  
 NPI: 1003385691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SIEVERING, DENISE**

Provider ID: 268249  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: 86061948  
 NPI: 1356478929  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **REGISTERED PHYSICAL THERAPIST**

### **BECHERER, KELLEY D**

Provider ID: 118456  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (855) 543-0333  
 Fax:  
 After Hours Phone: (855) 543-0333  
 Provider Gender: Female  
 License number: PT43240  
 NPI: 1306219472  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ucsd Medical Group

### **BECHERER, KELLEY D**

Provider ID: 258297  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE  
 LLD  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> 0/999
<i>License number:</i> PT43240	<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i>
<i>NPI:</i> 1306219472	<i>Hospital Affiliation:</i>	No
<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes	<i>♿ Accessibility:</i>
<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i>	9AM-5PM
<i>Hospital Affiliation:</i>	No	<i>Website:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>♿ Accessibility:</i>	<i>Email:</i>
<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	9AM-5PM	<i>IPA:</i> Ucsd Medical Group
No	<i>Website:</i>	
<i>♿ Accessibility:</i>	<i>Email:</i>	<b>BUNOSKY, ABIGAIL S</b>
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Medical Group(s):</i>	<i>Provider ID:</i> 246021
9AM-5PM	<i>IPA:</i> Ucsd Medical Group	<i>Board Certified Specialty:</i> No
<i>Website:</i>		UCSD MEDICAL GROUP
<i>Email:</i>	<b>BERGERON, PATRICK R</b>	9350 CAMPUS POINT DR STE
<i>Medical Group(s):</i>	<i>Provider ID:</i> 258296	LLD
<i>IPA:</i> Community Care Ipa Llc,	<i>Board Certified Specialty:</i> No	LA JOLLA, CA 92037-1300
Ucsd Medical Group	UCSD MEDICAL GROUP	<i>Phone:</i> (800) 926-8273
	9350 CAMPUS POINT DR STE	<i>Fax:</i> (888) 539-8781
	LLD	<i>After Hours Phone:</i> (800)
	LA JOLLA, CA 92037-1300	926-8273
	<i>Phone:</i> (800) 926-8273	<i>Provider Gender:</i> Female
	<i>Fax:</i> (888) 539-8781	<i>License number:</i> PT40519
	<i>After Hours Phone:</i> (800)	<i>NPI:</i> 1780018416
	926-8273	<i>Provider English Spoken:</i> Yes
	<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>
	<i>License number:</i> PT41083	<i>Cultural Competency:</i> No
	<i>NPI:</i> 1285061390	<i>Hospital Affiliation:</i> Ucsd
	<i>Provider English Spoken:</i> Yes	Medical Ctr
	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> Yes
	<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/999
	<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>
	<i>Medi-Cal Open Panel:</i> Yes	No

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## D. Directorio de proveedores de atención especializada

🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BURGESS, CATHERINE E**

*Provider ID:* 258346  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE  
 LLD  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* PT35850  
*NPI:* 1205287687  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
*American Sign Language (ASL):*  
 No

🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CHIEN, PEI S**

*Provider ID:* 214699  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* PT295605  
*NPI:* 1891260238  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
*American Sign Language (ASL):*  
 No

🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CHIEN, PEI S**

*Provider ID:* 258324  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE  
 LLD  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* PT295605  
*NPI:* 1891260238  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
*American Sign Language (ASL):*  
 No

🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HERMAS, LAUREN D**

*Provider ID:* 258316  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>9350 CAMPUS POINT DR STE LLD LA JOLLA, CA 92037-1300 Phone: (858) 657-6879 Fax: (858) 657-6873 After Hours Phone: (858) 657-6879 Provider Gender: Female License number: PT22469 NPI: 1376856153 Provider English Spoken: Yes Provider Language(s) Spoken: Vietnamese Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: No Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): Ucsd Medical Group</p> <p><b>HOOPER, JASON K</b> Provider ID: 258357 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR STE LLD LA JOLLA, CA 92037-1300</p>	<p>Phone: (858) 657-6590 Fax: (858) 657-1809 After Hours Phone: (858) 657-6590 Provider Gender: Male License number: PT43019 NPI: 1699158022 Provider English Spoken: Yes Provider Language(s) Spoken: Vietnamese Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: No Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): Ucsd Medical Group</p> <p><b>LE, YVONNE T</b> Provider ID: 202665 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female</p>	<p>License number: PT295301 NPI: 1942780424 Provider English Spoken: Yes Provider Language(s) Spoken: Vietnamese Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: No Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): Ucsd Medical Group</p> <p><b>LE, YVONNE T</b> Provider ID: 258444 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR STE LLD LA JOLLA, CA 92037-1300 Phone: (858) 657-6879 Fax: (858) 657-6873 After Hours Phone: (858) 657-6879 Provider Gender: Female License number: PT295301</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

NPI: 1942780424	Provider English Spoken: Yes	Hospital Affiliation: Ucsd La
Provider English Spoken: Yes	Provider Language(s) Spoken:	Jolla John Sally Thornton, Ucsd
Provider Language(s) Spoken: Vietnamese	Cultural Competency: No	Medical Ctr
Cultural Competency: No	Hospital Affiliation: Ucsd	Medi-Cal Open Panel: No
Hospital Affiliation: Ucsd La	Medical Ctr, Ucsd La Jolla John	Min/Max Age: None
Jolla John Sally Thornton, Ucsd	Sally Thornton	American Sign Language (ASL):
Medical Ctr	Medi-Cal Open Panel: Yes	No
Medi-Cal Open Panel: Yes	Min/Max Age: 0/999	♿ Accessibility:
Min/Max Age: 0/999	American Sign Language (ASL):	Hours: M-SA 9AM-5PM
American Sign Language (ASL): No	No	Website:
♿ Accessibility:	Hours: M-F 8AM-5PM, SA	Email:
Hours: M-F 8AM-5PM, SA	9AM-5PM	Medical Group(s):
9AM-5PM	Website:	IPA:
Website:	Email:	<b>MOELLER, LISA K</b>
Email:	Medical Group(s):	Provider ID: 258404
Medical Group(s):	IPA: Ucsd Medical Group	Board Certified Specialty: No
IPA: Ucsd Medical Group	<b>MITCHELL, JEFFREY A</b>	UCSD MEDICAL GROUP
<b>MAROLLA, ALICE R</b>	Provider ID: 84286	9350 CAMPUS POINT DR STE
Provider ID: 241145	Board Certified Specialty: No	LLD
Board Certified Specialty: No	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
UCSD MEDICAL GROUP	9350 CAMPUS POINT DR	Phone: (858) 657-6879
9350 CAMPUS POINT DR STE	LA JOLLA, CA 92037-1300	Fax: (858) 657-6873
LLD	Phone: (858) 657-6879	After Hours Phone: (858)
LA JOLLA, CA 92037-1300	Fax: (858) 657-6873	657-6879
Phone: (800) 926-8273	After Hours Phone: (858)	Provider Gender: Female
Fax: (888) 539-8781	657-6879	License number: PT18807
After Hours Phone: (800)	Provider Gender: Male	NPI: 1033664677
926-8273	License number: PT37484	Provider English Spoken: Yes
Provider Gender: Female	NPI: 1497827638	Provider Language(s) Spoken:
License number: PT296117	Provider English Spoken: Yes	Cultural Competency: No
NPI: 1477018729	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd
	Cultural Competency: No	Medical Ctr
		Medi-Cal Open Panel: Yes

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## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999	No	Hours: M-SA 9AM-5PM
American Sign Language (ASL): No	♿ Accessibility:	Website:
♿ Accessibility:	Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:
Hours: M-F 8AM-5PM, SA 9AM-5PM	Website:	Medical Group(s):
Website:	Email:	IPA: Ucsd Medical Group
Email:	Medical Group(s):	<b>NUTHALL, KAITLIN M</b>
Medical Group(s):	IPA: Ucsd Medical Group	Provider ID: 202327
IPA: Ucsd Medical Group	<b>NUTHALL, KAITLIN M</b>	Board Certified Specialty: No
<b>NALBANDIAN, SARAH</b>	Provider ID: 129198	UCSD MEDICAL GROUP
Provider ID: 210312	Board Certified Specialty: No	9350 CAMPUS POINT DR
Board Certified Specialty: No	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
UCSD MEDICAL GROUP	9350 CAMPUS POINT DR	Phone: (800) 926-8273
9350 CAMPUS POINT DR STE LLD	LA JOLLA, CA 92037-1300	Fax:
LA JOLLA, CA 92037-1300	Phone: (800) 926-8273	After Hours Phone: (800)
Phone: (855) 543-0333	Fax:	926-8273
Fax: (858) 857-1809	After Hours Phone: (800)	Provider Gender: Female
After Hours Phone: (855)	926-8273	License number: PT291757
543-0333	Provider Gender: Female	NPI: 1992210090
Provider Gender: Female	License number: PT291757	Provider English Spoken: Yes
License number: PT295291	NPI: 1992210090	Provider Language(s) Spoken:
NPI: 1871069922	Provider English Spoken: Yes	Cultural Competency: No
Provider English Spoken: Yes	Provider Language(s) Spoken:	Hospital Affiliation: Sharp
Provider Language(s) Spoken:	Cultural Competency: No	Memorial Hospital, Ucsd La
Cultural Competency: No	Hospital Affiliation: Ucsd La	Jolla John Sally Thornton, Ucsd
Hospital Affiliation: Ucsd La	Jolla John Sally Thornton, Ucsd	Medical Ctr
Jolla John Sally Thornton, Ucsd	Medical Ctr, Sharp Memorial	Medi-Cal Open Panel: Yes
Medical Ctr	Hospital	Min/Max Age: 0/999
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: No	American Sign Language (ASL):
Min/Max Age: 0/999	Min/Max Age: None	No
American Sign Language (ASL): No	American Sign Language (ASL):	♿ Accessibility:
♿ Accessibility:	No	Hours: M-F 8AM-5PM, SA
		9AM-5PM
		Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Medical Group(s):</i>	<i>Provider ID:</i> 207559
<i>Medical Group(s):</i>	<i>IPA:</i> Ucsd Medical Group	<i>Board Certified Specialty:</i> No
<i>IPA:</i> Ucsd Medical Group		UCSD MEDICAL GROUP
<b>NUTHALL, KAITLIN M</b>	<b>OBISPO MCQUERRY, MICHELLE A</b>	9350 CAMPUS POINT DR
<i>Provider ID:</i> 258431	<i>Provider ID:</i> 258380	LA JOLLA, CA 92037-1300
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (800) 926-8273
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	<i>Fax:</i>
9350 CAMPUS POINT DR STE	9350 CAMPUS POINT DR STE	<i>After Hours Phone:</i> (800)
LLD	LLD	926-8273
LA JOLLA, CA 92037-1300	LA JOLLA, CA 92037-1300	<i>Provider Gender:</i> Male
<i>Phone:</i> (800) 926-8273	<i>Phone:</i> (858) 657-6879	<i>License number:</i> PT291997
<i>Fax:</i> (888) 539-8781	<i>Fax:</i> (858) 657-6873	<i>NPI:</i> 1831539337
<i>After Hours Phone:</i> (800)	<i>After Hours Phone:</i> (858)	<i>Provider English Spoken:</i> Yes
926-8273	657-6879	<i>Provider Language(s) Spoken:</i>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No
<i>License number:</i> PT291757	<i>License number:</i> PT38043	<i>Hospital Affiliation:</i> Ucsd La
<i>NPI:</i> 1992210090	<i>NPI:</i> 1962769075	Jolla John Sally Thornton, Ucsd
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	Medical Ctr
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/999
<i>Hospital Affiliation:</i> Sharp	<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>
Memorial Hospital, Ucsd La	<i>Medi-Cal Open Panel:</i> Yes	No
Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i>
Medical Ctr	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Medi-Cal Open Panel:</i> Yes	No	9AM-5PM
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i>	<i>Website:</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>
No	9AM-5PM	<i>Medical Group(s):</i>
♿ <i>Accessibility:</i>	<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	<b>RUDD, CHRISTOPHER D</b>
9AM-5PM	<i>Medical Group(s):</i>	<i>Provider ID:</i> 258372
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	<i>Board Certified Specialty:</i> No
<i>Email:</i>		UCSD MEDICAL GROUP
	<b>RUDD, CHRISTOPHER D</b>	

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## D. Directorio de proveedores de atención especializada

<p>9350 CAMPUS POINT DR STE LLD LA JOLLA, CA 92037-1300 Phone: (855) 543-0333 Fax: (858) 657-6873 After Hours Phone: (855) 543-0333 Provider Gender: Male License number: PT291997 NPI: 1831539337 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>SANO, NISHIKI</b> Provider ID: 276719 Board Certified Specialty: No UCSD MEDICAL GROUP 9400 CAMPUS POINT DR LA JOLLA, CA 92093-1350</p>	<p>Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: PT296276 NPI: 1497399091 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>SKINNER, NICOLE J</b> Provider ID: 206546 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>	<p>Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: PT18043 NPI: 1386964997 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>TRIMM, CASSIDY M</b> Provider ID: 122382 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (855) 543-0333	Provider Gender: Male	NPI: 1740708478
Fax:	License number: PT293496	Provider English Spoken: Yes
After Hours Phone: (855) 543-0333	NPI: 1740708478	Provider Language(s) Spoken:
Provider Gender: Male	Provider English Spoken: Yes	Cultural Competency: No
License number: PT293496	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd
NPI: 1740708478	Cultural Competency: No	Medical Ctr, Ucsd La Jolla John
Provider English Spoken: Yes	Hospital Affiliation: Ucsd	Sally Thornton
Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John	Medi-Cal Open Panel: Yes
Cultural Competency: No	Sally Thornton	Min/Max Age: 0/999
Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Medical Ctr, Ucsd La Jolla John	Min/Max Age: 0/999	No
Sally Thornton	American Sign Language (ASL):	⌘ Accessibility:
Medi-Cal Open Panel: No	No	Hours: M-F 8AM-5PM, SA
Min/Max Age: None	⌘ Accessibility:	9AM-5PM
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Website:
No	9AM-5PM	Email:
⌘ Accessibility:	Website:	Medical Group(s):
Hours: M-SA 9AM-5PM	Email:	IPA: Ucsd Medical Group
Website:	Medical Group(s):	
Email:	IPA: Ucsd Medical Group	<b>VASQUEZ, BENJAMIN P</b>
Medical Group(s):		Provider ID: 128896
IPA: Ucsd Medical Group		Board Certified Specialty: No
<b>TRIMM, CASSIDY M</b>	<b>TRIMM, CASSIDY M</b>	UCSD MEDICAL GROUP
Provider ID: 258442	Provider ID: 258443	9350 CAMPUS POINT DR
Board Certified Specialty: No	Board Certified Specialty: No	LA JOLLA, CA 92037-1300
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	Phone: (800) 926-8273
9300 CAMPUS POINT DR	9350 CAMPUS POINT DR STE	Fax:
LA JOLLA, CA 92037-1300	LLD	After Hours Phone: (800)
Phone: (855) 543-0333	LA JOLLA, CA 92037-1300	926-8273
Fax: (858) 657-6873	Phone: (855) 543-0333	Provider Gender: Male
After Hours Phone: (855) 543-0333	Fax: (858) 657-6873	License number: PT294934
543-0333	After Hours Phone: (855) 543-0333	NPI: 1568938413
	Provider Gender: Male	Provider English Spoken: Yes
	License number: PT293496	Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No
<i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>Min/Max Age:</i> 0/999	<i>Accessibility:</i> No
<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Min/Max Age:</i> None	<i>Accessibility:</i> No	<i>Website:</i>
<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Email:</i>
<i>Accessibility:</i> No	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Website:</i>	<i>Medical Group(s):</i>	
<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group	
<i>Medical Group(s):</i>		
<i>IPA:</i> Ucsd Medical Group		
<b>VASQUEZ, BENJAMIN P</b>	<b>VASQUEZ, BENJAMIN P</b>	<b>WILLIAMS, STACY M</b>
<i>Provider ID:</i> 200968	<i>Provider ID:</i> 258480	<i>Provider ID:</i> 258496
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
9350 CAMPUS POINT DR	9350 CAMPUS POINT DR STE LLD	9350 CAMPUS POINT DR STE LLD
LA JOLLA, CA 92037-1300	LA JOLLA, CA 92037-1300	LA JOLLA, CA 92037-1300
<i>Phone:</i> (800) 926-8273	<i>Phone:</i> (858) 657-6879	<i>Phone:</i> (858) 657-6879
<i>Fax:</i>	<i>Fax:</i> (858) 657-6873	<i>Fax:</i> (858) 657-6873
<i>After Hours Phone:</i> (800) 926-8273	<i>After Hours Phone:</i> (858) 657-6879	<i>After Hours Phone:</i> (858) 657-6879
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Female
<i>License number:</i> PT294934	<i>License number:</i> PT294934	<i>License number:</i> PT37862
<i>NPI:</i> 1568938413	<i>NPI:</i> 1568938413	<i>NPI:</i> 1689962169
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> 0/999	<i>Min/Max Age:</i> 0/999	<i>Min/Max Age:</i> 0/999
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>IPA:</i> Ucsd Medical Group</p> <p><b>YU, AUDRINE A</b>  <i>Provider ID:</i> 258481  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR STE            LLD            LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 657-6879  <i>Fax:</i> (858) 657-6873  <i>After Hours Phone:</i> (858)            657-6879  <i>Provider Gender:</i> Female  <i>License number:</i> PT295026  <i>NPI:</i> 1639271208  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Provider ID:</i> 65137  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR STE            2B            LA JOLLA, CA 92037-1300  <i>Phone:</i> (858) 249-2500  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            249-2500  <i>Provider Gender:</i> Male  <i>License number:</i> A106525  <i>NPI:</i> 1144423039  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>YU, AUDRINE A</b>  <i>Provider ID:</i> 128619  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> PT295026  <i>NPI:</i> 1639271208  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>            Medi-Cal Open Panel: No            Min/Max Age: None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><b>CORR, MARY P</b>  <i>Provider ID:</i> 64854  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP</p>	

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### RHEUMATOLOGY

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#### CEPONIS, ARNOLDAS

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## D. Directorio de proveedores de atención especializada

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000  
Provider Gender: Female  
License number: G61357  
NPI: 1255389417  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FIRESTEIN, GARY S**

Provider ID: 65169  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR STE  
2B  
LA JOLLA, CA 92037-1300

Phone: (858) 249-2500  
Fax:  
After Hours Phone: (858)  
249-2500  
Provider Gender: Male  
License number: G46824  
NPI: 1699790808  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **GINSBERG, MARK H**

Provider ID: 64885  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000  
Provider Gender: Male  
License number: G29521

NPI: 1659396778  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **HEPBURN, BONNIE**

Provider ID: 100920  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8440  
Fax:

After Hours Phone: (858)  
657-8440  
Provider Gender: Female  
License number: G83568  
NPI: 1104972850  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John

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## D. Directorio de proveedores de atención especializada

Sally Thornton	No	Email:
Medi-Cal Open Panel: No	♿ Accessibility: P, EB, IB, E, R, T	Medical Group(s):
Min/Max Age: None	Hours: M-F 9AM-5PM, SA	IPA:
American Sign Language (ASL):	9AM-5PM	<b>MIDDLETON, GREGORY D</b>
No	Website:	Provider ID: 124158
♿ Accessibility: W	Email:	Board Certified Specialty: No
Hours: M-F 8AM-5PM, SA	Medical Group(s):	UCSD MEDICAL GROUP
9AM-5PM	IPA:	9400 CAMPUS POINT DR
Website:	<b>LEE, SUSAN J</b>	LA JOLLA, CA 92093-1350
Email:	Provider ID: 65230	Phone: (858) 657-8200
Medical Group(s):	Board Certified Specialty: No	Fax:
IPA:	UCSD MEDICAL GROUP	After Hours Phone: (858)
<b>KAVANAUGH, ARTHUR F</b>	9350 CAMPUS POINT DR	657-8200
Provider ID: 65210	LA JOLLA, CA 92037-1300	Provider Gender: Male
Board Certified Specialty: No	Phone: (858) 657-6110	License number: C54037
UCSD MEDICAL GROUP	Fax: (858) 657-6191	NPI: 1104891290
9350 CAMPUS POINT DR STE	After Hours Phone: (858)	Provider English Spoken: Yes
2B	657-6110	Provider Language(s) Spoken:
LA JOLLA, CA 92037-1300	Provider Gender: Female	Cultural Competency: No
Phone: (858) 249-2500	License number: A67596	Hospital Affiliation: Ucsd
Fax:	NPI: 1386677045	Medical Ctr
After Hours Phone: (858)	Provider English Spoken: Yes	Medi-Cal Open Panel: No
249-2500	Provider Language(s) Spoken:	Min/Max Age: None
Provider Gender: Male	Cultural Competency: No	American Sign Language (ASL):
License number: C50307	Hospital Affiliation: Ucsd	No
NPI: 1679584486	Medical Ctr	♿ Accessibility: W
Provider English Spoken: Yes	Medi-Cal Open Panel: No	Hours: M-F 9AM-5PM, SA
Provider Language(s) Spoken:	Min/Max Age: None	9AM-5PM
Cultural Competency: No	American Sign Language (ASL):	Website:
Hospital Affiliation:	No	Email:
Medi-Cal Open Panel: No	♿ Accessibility: W	Medical Group(s):
Min/Max Age: None	Hours: M-SA 9AM-5PM	IPA:
American Sign Language (ASL):	Website:	<b>MIDDLETON, GREGORY D</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 65252  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (619) 543-2347  Fax:  After Hours Phone: (619) 543-2347  Provider Gender: Male  License number: C54037  NPI: 1104891290  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <p><b>SINGH, ABHA</b>  Provider ID: 102136  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR</p>	<p>LA JOLLA, CA 92037-1300  Phone: (858) 657-6110  Fax:  After Hours Phone: (858) 657-6110  Provider Gender: Female  License number: A136137  NPI: 1710144423  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <hr/> <p style="text-align: center;"><b>SPEECH PATHOLOGIST</b></p> <hr/> <p><b>DOCKTER, ANDI M</b>  Provider ID: 248062  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR STE LLA  LA JOLLA, CA 92037-1300</p>	<p>Phone: (858) 657-7000  Fax:  After Hours Phone: (858) 657-7000  Provider Gender: Female  License number: SP26061  NPI: 1073150801  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>DOCKTER, ANDI M</b>  Provider ID: 248064  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (858) 657-8590  Fax:  After Hours Phone: (858) 657-8590  Provider Gender: Female</p>
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## D. Directorio de proveedores de atención especializada

License number: SP26061	Cultural Competency: No	Min/Max Age: None
NPI: 1073150801	Hospital Affiliation: Ucsd	American Sign Language (ASL):
Provider English Spoken: Yes	Medical Ctr, Ucsd La Jolla John	No
Provider Language(s) Spoken:	Sally Thornton	♿ Accessibility:
Cultural Competency: No	Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
Hospital Affiliation:	Min/Max Age: 0/999	Website:
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	Email:
Min/Max Age: 0/999	No	Medical Group(s):
American Sign Language (ASL):	♿ Accessibility:	IPA:
No	Hours: M-F 8AM-5PM, SA	
♿ Accessibility:	9AM-5PM	<b>SCHAEFER, LINDSEY A</b>
Hours: M-F 8AM-5PM, SA	Website:	Provider ID: 286312
9AM-5PM	Email:	Board Certified Specialty: No
Website:	Medical Group(s):	UCSD MEDICAL GROUP
Email:	IPA: Ucsd Medical Group	9350 CAMPUS POINT DR
Medical Group(s):		LA JOLLA, CA 92037-1300
IPA: Ucsd Medical Group		Phone: (800) 926-8273
	<b>LINNEMEYER, KRISTEN E</b>	Fax: (888) 539-8781
	Provider ID: 83703	After Hours Phone: (800)
	Board Certified Specialty: No	926-8273
	UCSD MEDICAL GROUP	Provider Gender: Female
	9350 CAMPUS POINT DR	License number: SP17349
	LA JOLLA, CA 92037-1300	NPI: 1598200719
	Phone: (858) 657-6879	Provider English Spoken: Yes
	Fax: (858) 657-6873	Provider Language(s) Spoken:
	After Hours Phone: (858)	Cultural Competency: No
	657-6879	Hospital Affiliation: Ucsd La
	Provider Gender: Female	Jolla John Sally Thornton, Ucsd
	License number: SP21053	Medical Ctr
	NPI: 1013070085	Medi-Cal Open Panel: Yes
	Provider English Spoken: Yes	Min/Max Age: 0/999
	Provider Language(s) Spoken:	American Sign Language (ASL):
	Cultural Competency: No	No
	Hospital Affiliation:	♿ Accessibility:
	Medi-Cal Open Panel: No	
<b>KERR, LAUREN S</b>		
Provider ID: 285970		
Board Certified Specialty: No		
UCSD MEDICAL GROUP		
9350 CAMPUS POINT DR STE		
LLD		
LA JOLLA, CA 92037-1300		
Phone: (800) 926-8273		
Fax: (888) 539-8781		
After Hours Phone: (800)		
926-8273		
Provider Gender: Female		
License number: SP31784		
NPI: 1164929287		
Provider English Spoken: Yes		
Provider Language(s) Spoken:		

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## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SCHIEDERMAYER, BENJAMIN F**

Provider ID: 288938

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: SP33061

NPI: 1164979837

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SCHIEDERMAYER, BENJAMIN F**

Provider ID: 288939

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: SP33061

NPI: 1164979837

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **UNGER, LINDSEY A**

Provider ID: 265338

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: SP20362

NPI: 1972936813

Provider English Spoken: Yes

Provider Language(s) Spoken:

Sign Language

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

## **SURGERY CARDIOVASCULAR**

### **BOYS, JOSHUA A**

Provider ID: 243533

Board Certified Specialty: No

UCSD MEDICAL GROUP

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7777  
Fax:  
After Hours Phone: (858)  
657-7777  
Provider Gender: Male  
License number: A125954  
NPI: 1114368990  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **COLETTA, JOELLE M**

Provider ID: 210528  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (619) 543-7777  
Fax:  
After Hours Phone: (619)  
543-7777  
Provider Gender: Female  
License number: A55001  
NPI: 1447222377  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Green Hospital, Sharp Memorial  
Hospital, Ucsd Medical Ctr,  
Rady Childrens Hospital San  
Diego, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **GOLTS, EUGENE M**

Provider ID: 210077  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL 1

LA JOLLA, CA 92037-1337  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A82530  
NPI: 1316000649  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Ukrainian  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Tri  
City Medical Ctr, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **GRAMINS, DANIEL L**

Provider ID: 210047  
Board Certified Specialty: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 9434 MEDICAL CENTER DR FL 1 LA JOLLA, CA 92037-1337 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: G79711 NPI: 1164495750 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (619) 543-7777 Fax: After Hours Phone: (619) 543-7777 Provider Gender: Male License number: A67201 NPI: 1518999069 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group	LA JOLLA, CA 92093-1503 Phone: (858) 657-7777 Fax: (858) 657-5058 After Hours Phone: (858) 657-7777 Provider Gender: Male License number: C144886 NPI: 1841310638 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>MADANI, MICHAEL M</b> Provider ID: 210286 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300	<b>ONAITIS, MARK</b> Provider ID: 210296 Board Certified Specialty: No UCSD MEDICAL GROUP 3855 HEALTH SCIENCES DR	<b>ONAITIS, MARK</b> Provider ID: 210297 Board Certified Specialty: No UCSD MEDICAL GROUP 9434 MEDICAL CENTER DR STE 1 LA JOLLA, CA 92037-1337

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (858) 657-7777

Fax: (858) 657-5058

After Hours Phone: (858)  
657-7777

Provider Gender: Male

License number: C144886

NPI: 1841310638

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr, Tri City Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **POLLEMA, TRAVIS L**

Provider ID: 210576

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR FL 1

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: 20A12742

NPI: 1871752956

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PRETORIUS, GERT D**

Provider ID: 210571

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 543-6886

Fax:

After Hours Phone: (619)  
543-6886

Provider Gender: Male

License number: A113774

NPI: 1629385836

Provider English Spoken: Yes

Provider Language(s) Spoken:

Afrikaans

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Tri City Medical Ctr, Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network, Ucsd Medical Group

### **THISTLETHWAITE, PATRICIA A**

Provider ID: 210505

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92037-1300  
 Phone: (619) 543-7777  
 Fax:  
 After Hours Phone: (619) 543-7777  
 Provider Gender: Female  
 License number: G84093  
 NPI: 1831121789  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 657-7237  
 Fax: (858) 228-1731  
 After Hours Phone: (858) 657-7237  
 Provider Gender: Male  
 License number: A132251  
 NPI: 1194983932  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A128073  
 NPI: 1043558653  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**LIU, SHANGLEI**  
 Provider ID: 273364  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

**LOPEZ, NICOLE E**  
 Provider ID: 286388  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

### **SURGERY COLON SURGERY**

#### **EISENSTEIN, SAMUEL G**

Provider ID: 110352  
 Board Certified Specialty: No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 822-6100          Fax:          After Hours Phone: (858) 822-6100          Provider Gender: Female          License number: A107945          NPI: 1518163005          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Provider Gender: Female          License number: A131297          NPI: 1235369067          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>
<hr/> <b>SURGERY CRITICAL CARE</b> <hr/>		
<p><b>PARRY, LISA A</b>          Provider ID: 278551          Board Certified Specialty: Yes          UCSD MEDICAL GROUP          3855 HEALTH SCIENCES DR          LA JOLLA, CA 92093-1503          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273</p>	<p><b>RAMAMOORTHY, SONIA L</b>          Provider ID: 286371          Board Certified Specialty: No          UCSD MEDICAL GROUP          9350 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A65709          NPI: 1801812656</p>	<p><b>ADAMS, LAURA M</b>          Provider ID: 284408          Board Certified Specialty: No          UCSD MEDICAL GROUP          9300 CAMPUS POINT DR          LA JOLLA, CA 92037-1300          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A169184          NPI: 1144616541          Provider English Spoken: Yes          Provider Language(s) Spoken:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>HIGGINSON, SARA M</b>  <i>Provider ID:</i> 243003  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> A123464  <i>NPI:</i> 1578852471  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John</p>	<p>Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>POTENZA, BRUCE M</b>  <i>Provider ID:</i> 277299  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (619) 543-7200  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-7200  <i>Provider Gender:</i> Male  <i>License number:</i> G77333  <i>NPI:</i> 1548281496  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999</p>	<p><i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>TADLOCK, MATTHEW D</b>  <i>Provider ID:</i> 272849  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> C54740  <i>NPI:</i> 1881666956  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Desert Regional Med Ctr, John F Kennedy Memorial Hosp  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i></p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **VENTRO, GEORGE J**

Provider ID: 284419

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A169299

NPI: 1548604648

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **WEAVER, JESSICA L**

Provider ID: 243240

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A163176

NPI: 1396044657

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

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### **SURGERY GENERAL**

### **VASCULAR**

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### **BANDYK, DENNIS F**

Provider ID: 275339

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: G89003

NPI: 1649282039

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

### **BANDYK, DENNIS F**

*Provider ID:* 275340  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* G89003  
*NPI:* 1649282039  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BANDYK, DENNIS F**

*Provider ID:* 275341  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (888) 926-8273  
*Fax:*  
*After Hours Phone:* (888)  
 926-8273  
*Provider Gender:* Male  
*License number:* G89003  
*NPI:* 1649282039  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BARLEBEN, ANDREW R**

*Provider ID:* 275371  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A99417  
*NPI:* 1497936900  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BARLEBEN, ANDREW R**

*Provider ID:* 275373  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A99417  
 NPI: 1497936900  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GAFFEY, ANN C**

Provider ID: 287012  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A175295  
 NPI: 1316232010  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HOWE, STEVEN C**

Provider ID: 206760  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (858) 657-7777  
 Fax: (858) 657-5058  
 After Hours Phone: (858) 657-7777  
 Provider Gender: Male

License number: G79076  
 NPI: 1497702740  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **LANE, JOHN S**

Provider ID: 83682  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G81602  
 NPI: 1043390172

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	Arabic	<i>Hospital Affiliation:</i> Ucsd La
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	Jolla John Sally Thornton, Ucsd
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd La	Medical Ctr
<i>Hospital Affiliation:</i> Ucsd	Jolla John Sally Thornton, Ucsd	<i>Medi-Cal Open Panel:</i> Yes
Medical Ctr, University Of	Medical Ctr	<i>Min/Max Age:</i> 0/999
California Irvine Med Ctr	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> 0/999	No
<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>
<i>American Sign Language (ASL):</i>	No	<i>Hours:</i> M-F 8AM-5PM, SA
No	♿ <i>Accessibility:</i>	9AM-5PM
♿ <i>Accessibility:</i> W	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Website:</i>
<i>Hours:</i> M-SA 9AM-5PM	9AM-5PM	<i>Email:</i>
<i>Website:</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Email:</i>	<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	
<i>IPA:</i>	<i>IPA:</i> Ucsd Medical Group	

### **SURGERY GENERAL**

#### **AL-NOURI, OMAR**

*Provider ID:* 211904  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* 20A16931  
*NPI:* 1770742264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

#### **AL-NOURI, OMAR**

*Provider ID:* 211905  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* 20A16931  
*NPI:* 1770742264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No

#### **ARMANI, AVA**

*Provider ID:* 118845  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8200  
*Fax:*  
*After Hours Phone:* (858)  
 657-8200  
*Provider Gender:* Female  
*License number:* A118231  
*NPI:* 1861759383  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Medical Ctr  
 At Ucsf, Ucsf Medical Center At  
 Mission Bay, Ucsf Medical

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **ARMANI, AVA**

Provider ID: 282142  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Female  
 License number: A118231  
 NPI: 1861759383  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical

Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BANDYK, DENNIS F**

Provider ID: 65120  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G89003  
 NPI: 1649282039  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BANDYK, DENNIS F**

Provider ID: 65370  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G89003  
 NPI: 1649282039  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  <i>Phone:</i> (858) 822-6100  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 822-6100  <i>Provider Gender:</i> Female  <i>License number:</i> G85042  <i>NPI:</i> 1710918008  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No</p>
<p><b>BARLEBEN, ANDREW R</b>  <i>Provider ID:</i> 83206  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9434 MEDICAL CENTER DR FL 1  LA JOLLA, CA 92037-1337  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A99417  <i>NPI:</i> 1497936900  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No</p>	<p><b>BAUMGARTNER, JOEL M</b>  <i>Provider ID:</i> 64407  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  <i>Phone:</i> (858) 822-6100  <i>Fax:</i> (858) 534-4813  <i>After Hours Phone:</i> (858) 822-6100  <i>Provider Gender:</i> Male  <i>License number:</i> A121105  <i>NPI:</i> 1679629257  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No</p>	<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p>♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i></p>	<p><b>BLAIR, SARAH L</b>  <i>Provider ID:</i> 64410</p>	<p><b>BOUVET, MICHAEL</b>  <i>Provider ID:</i> 64412  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 822-6191	NPI: 1982787131	Portuguese, Spanish
Fax:	Provider English Spoken: Yes	Cultural Competency: No
After Hours Phone: (858) 822-6191	Provider Language(s) Spoken:	Hospital Affiliation:
Provider Gender: Male	Cultural Competency: No	Medi-Cal Open Panel: No
License number: G69035	Hospital Affiliation: Ucsd	Min/Max Age: None
NPI: 1033177803	Medical Ctr, Ucsd La Jolla John Sally Thornton	American Sign Language (ASL): No
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	♿ Accessibility: W
Provider Language(s) Spoken:	Min/Max Age: 0/999	Hours: M-SA 9AM-5PM
Cultural Competency: No	American Sign Language (ASL): No	Website:
Hospital Affiliation:	♿ Accessibility:	Email:
Medi-Cal Open Panel: No	Hours: M-F 8AM-5PM, SA 9AM-5PM	Medical Group(s):
Min/Max Age: None	Website:	IPA:
American Sign Language (ASL): No	Email:	<b>GOLTS, EUGENE M</b>
♿ Accessibility:	Medical Group(s):	Provider ID: 65177
Hours: M-SA 9AM-5PM	IPA: Ucsd Medical Group	Board Certified Specialty: No
Website:	<b>COIMBRA, RAUL S</b>	UCSD MEDICAL GROUP
Email:	Provider ID: 64851	9350 CAMPUS POINT DR
Medical Group(s):	Board Certified Specialty: No	LA JOLLA, CA 92037-1300
IPA:	UCSD MEDICAL GROUP	Phone: (858) 657-8440
<b>CLARY, BRYAN M</b>	9300 CAMPUS POINT DR	Fax:
Provider ID: 202568	LA JOLLA, CA 92037-1300	After Hours Phone: (858) 657-8440
Board Certified Specialty: No	Phone: (858) 657-7000	Provider Gender: Male
UCSD MEDICAL GROUP	Fax:	License number: A82530
3855 HEALTH SCIENCES DR	After Hours Phone: (858) 657-7000	NPI: 1316000649
LA JOLLA, CA 92093-1503	Provider Gender: Male	Provider English Spoken: Yes
Phone: (800) 926-8273	License number: A74573	Provider Language(s) Spoken: Ukrainian
Fax:	NPI: 1356372791	Cultural Competency: No
After Hours Phone: (800) 926-8273	Provider English Spoken: Yes	Hospital Affiliation: Rady
Provider Gender: Male	Provider Language(s) Spoken:	Childrens Hospital San Diego,
License number: G134895		Sharp Memorial Hospital, Tri

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **HORGAN, SANTIAGO**

Provider ID: 286380  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-0755  
 Fax:  
 After Hours Phone: (619) 471-0755  
 Provider Gender: Male  
 License number: F11  
 NPI: 1932297231  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HORGAN, SANTIAGO**

Provider ID: 64912  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-0701  
 Fax: (619) 543-3763  
 After Hours Phone: (619) 471-0701  
 Provider Gender: Male  
 License number: F11  
 NPI: 1932297231  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HORGAN, SANTIAGO**

Provider ID: 65193  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-0701  
 Fax: (619) 543-7480  
 After Hours Phone: (619) 471-0701  
 Provider Gender: Male  
 License number: F11  
 NPI: 1932297231  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No	Website:	<b>LOWY, ANDREW M</b>
♿ Accessibility: W	Email:	Provider ID: 64448
Hours: M-SA 9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA: Ucsd Medical Group	UCSD MEDICAL GROUP
Email:	<b>JACOBSEN, GARTH R</b>	3855 HEALTH SCIENCES DR
Medical Group(s):	Provider ID: 65200	LA JOLLA, CA 92093-1503
IPA: Ucsd Medical Group	Board Certified Specialty: No	Phone: (858) 822-6100
<b>JACOBSEN, GARTH R</b>	UCSD MEDICAL GROUP	Fax: (858) 822-6192
Provider ID: 201728	9350 CAMPUS POINT DR	After Hours Phone: (858)
Board Certified Specialty: No	LA JOLLA, CA 92037-1300	822-6100
UCSD MEDICAL GROUP	Phone: (619) 543-6886	Provider Gender: Male
9350 CAMPUS POINT DR	Fax:	License number: G87988
LA JOLLA, CA 92037-1300	After Hours Phone: (619)	NPI: 1346218179
Phone: (619) 471-0755	543-6886	Provider English Spoken: Yes
Fax:	Provider Gender: Male	Provider Language(s) Spoken:
After Hours Phone: (619)	License number: A99668	Cultural Competency: No
471-0755	NPI: 1265649966	Hospital Affiliation: Ucsd
Provider Gender: Male	Provider English Spoken: Yes	Medical Ctr
License number: A99668	Provider Language(s) Spoken:	Medi-Cal Open Panel: No
NPI: 1265649966	Cultural Competency: No	Min/Max Age: None
Provider English Spoken: Yes	Hospital Affiliation: Ucsd	American Sign Language (ASL):
Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John	No
Cultural Competency: No	Sally Thornton	♿ Accessibility:
Hospital Affiliation: Ucsd	Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM
Medical Ctr, Ucsd La Jolla John	Min/Max Age: None	Website:
Sally Thornton	American Sign Language (ASL):	Email:
Medi-Cal Open Panel: Yes	No	Medical Group(s):
Min/Max Age: 0/999	♿ Accessibility: W	IPA:
American Sign Language (ASL):	Hours: M-SA 9AM-5PM	<b>MADANI, MICHAEL M</b>
No	Website:	Provider ID: 64963
♿ Accessibility:	Email:	Board Certified Specialty: No
Hours: M-F 8AM-5PM, SA	Medical Group(s):	UCSD MEDICAL GROUP
9AM-5PM	IPA: Ucsd Medical Group	9300 CAMPUS POINT DR

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: A67201  
 NPI: 1518999069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **MEKEEL, KRISTIN L**

Provider ID: 65246  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300  
 Phone: (619) 543-6886  
 Fax:  
 After Hours Phone: (619) 543-6886  
 Provider Gender: Female  
 License number: C54096  
 NPI: 1104861947  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **MICHELOTTI, MARCOS J**

Provider ID: 65251  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A107144  
 NPI: 1275711590  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Loma Linda University Childrens Hospital, Loma Linda University Med Ctr, Ucsd Medical Ctr, Loma Linda University Med Ctr Murrieta, Riverside County Regional Med Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **OWENS, ERIK L**

Provider ID: 65003  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000  
Provider Gender: Male  
License number: G84727  
NPI: 1578506523  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **PARRY, LISA A**

Provider ID: 110404  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female

License number: A131297  
NPI: 1235369067  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **RAMAMOORTHY, SONIA L**

Provider ID: 65022  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000  
Provider Gender: Female  
License number: A65709  
NPI: 1801812656  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **RASCHKE, ERIC T**

Provider ID: 270298  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: 20A17495  
NPI: 1316386659  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999	♿ Accessibility:	IPA:
American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 9AM-5PM	<b>SICKLICK, JASON K</b>
♿ Accessibility:	Website:	Provider ID: 64480
Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:	Board Certified Specialty: No
Website:	Medical Group(s):	UCSD MEDICAL GROUP
Email:	IPA: Ucsd Medical Group	3855 HEALTH SCIENCES DR
Medical Group(s):	<b>SEDRAK, MICHAEL F</b>	LA JOLLA, CA 92093-1503
IPA: Ucsd Medical Group	Provider ID: 84776	Phone: (858) 822-6100
<b>SANTORELLI, JARRETT E</b>	Board Certified Specialty: No	Fax:
Provider ID: 272304	UCSD MEDICAL GROUP	After Hours Phone: (858)
Board Certified Specialty: No	9350 CAMPUS POINT DR	822-6100
UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300	Provider Gender: Male
9300 CAMPUS POINT DR	Phone: (619) 471-0701	License number: A112500
LA JOLLA, CA 92037-1300	Fax:	NPI: 1487700779
Phone: (800) 926-8273	After Hours Phone: (619)	Provider English Spoken: Yes
Fax: (888) 539-8781	471-0701	Provider Language(s) Spoken:
After Hours Phone: (800)	Provider Gender: Male	Cultural Competency: No
926-8273	License number: A82582	Hospital Affiliation: Ucsd
Provider Gender: Male	NPI: 1750464111	Medical Ctr
License number: A161482	Provider English Spoken: Yes	Medi-Cal Open Panel: No
NPI: 1033529201	Provider Language(s) Spoken:	Min/Max Age: None
Provider English Spoken: Yes	Cultural Competency: No	American Sign Language (ASL):
Provider Language(s) Spoken:	Hospital Affiliation:	No
Cultural Competency: No	Medi-Cal Open Panel: No	♿ Accessibility:
Hospital Affiliation: Ucsd La	Min/Max Age: None	Hours: M-SA 9AM-5PM
Jolla John Sally Thornton, Ucsd	American Sign Language (ASL):	Website:
Medical Ctr	No	Email:
Medi-Cal Open Panel: Yes	♿ Accessibility: W	Medical Group(s):
Min/Max Age: 0/999	Hours: M-SA 9AM-5PM	IPA:
American Sign Language (ASL): No	Website:	<b>VEERAPONG, JULA</b>
No	Email:	Provider ID: 119378
	Medical Group(s):	Board Certified Specialty: No
		UCSD MEDICAL GROUP

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6173  
Fax:  
After Hours Phone: (858)  
822-6173  
Provider Gender: Female  
License number: C149942  
NPI: 1801039490  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Sharp Memorial  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WALLACE, ANNE M**

Provider ID: 65087  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (619) 294-3746  
Fax:  
After Hours Phone: (619)  
294-3746  
Provider Gender: Female  
License number: G73000  
NPI: 1699732941  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WALLACE, ANNE M**

Provider ID: 65318  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-6886  
Fax:  
After Hours Phone: (619)  
543-6886

Provider Gender: Female  
License number: G73000  
NPI: 1699732941  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WHITE, REBEKAH R**

Provider ID: 110739  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-2124  
Fax:  
After Hours Phone: (858)  
822-2124  
Provider Gender: Female  
License number: C143450  
NPI: 1750400784

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken: Yes</i>	<i>Hospital Affiliation: Ucsd</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Medical Ctr, Ucsd La Jolla John</i>	<i>Min/Max Age: 0/999</i>
<i>Cultural Competency: No</i>	<i>Sally Thornton</i>	<i>American Sign Language (ASL):</i>
<i>Hospital Affiliation: Ucsd</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>No</i>
<i>Medical Ctr</i>	<i>Min/Max Age: 0/999</i>	<i>♿ Accessibility:</i>
<i>Medi-Cal Open Panel: No</i>	<i>American Sign Language (ASL):</i>	<i>Hours: M-F 8AM-5PM, SA</i>
<i>Min/Max Age: None</i>	<i>No</i>	<i>9AM-5PM</i>
<i>American Sign Language (ASL):</i>	<i>♿ Accessibility:</i>	<i>Website:</i>
<i>No</i>	<i>Hours: M-F 8AM-5PM, SA</i>	<i>Email:</i>
<i>♿ Accessibility:</i>	<i>9AM-5PM</i>	<i>Medical Group(s):</i>
<i>Hours: M-SA 9AM-5PM</i>	<i>Website:</i>	<i>IPA: Ucsd Medical Group</i>
<i>Website:</i>	<i>Email:</i>	
<i>Email:</i>	<i>Medical Group(s):</i>	
<i>Medical Group(s):</i>	<i>IPA: Ucsd Medical Group</i>	
<i>IPA:</i>		

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### SURGERY HAND

---

#### ABRAMS, REID

*Provider ID: 124050*  
*Board Certified Specialty: No*  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone: (858) 657-7000*  
*Fax:*  
*After Hours Phone: (858)*  
*657-7000*  
*Provider Gender: Male*  
*License number: G59829*  
*NPI: 1548202245*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Ucsd*  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel: No*

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#### SURGERY HAND ORTHOPEDIC

#### STEPHENSON, SAMUEL K

*Provider ID: 284935*  
*Board Certified Specialty: No*  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
*After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Male*  
*License number: A154951*  
*NPI: 1578058665*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*

#### STEPHENSON, SAMUEL K

*Provider ID: 284936*  
*Board Certified Specialty: No*  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
*After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Male*  
*License number: A154951*  
*NPI: 1578058665*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Ucsd*  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<i>Min/Max Age:</i> None	John Sally Thornton, Scripps	John Sally Thornton, Scripps
<i>American Sign Language (ASL):</i> No	Memorial Hospital	Memorial Hospital
<i>Accessibility:</i> W	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> No
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Min/Max Age:</i> 0/999	<i>Min/Max Age:</i> None
<i>Website:</i>	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>Email:</i>	<i>Accessibility:</i>	<i>Accessibility:</i> W
<i>Medical Group(s):</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-SA 9AM-5PM
<i>IPA:</i>	<i>Website:</i>	<i>Website:</i>
	<i>Email:</i>	<i>Email:</i>
	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
	<i>IPA:</i> Ucsd Medical Group	<i>IPA:</i> Ucsd Medical Group

### **SURGERY NEUROLOGICAL**

#### **BARBA, DAVID**

*Provider ID:* 275678  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR STE 2A  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-5540  
*Fax:* (619) 287-7663  
*After Hours Phone:* (619) 543-5540  
*Provider Gender:* Male  
*License number:* G42092  
*NPI:* 1093730251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla

#### **BARBA, DAVID**

*Provider ID:* 65122  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-5540  
*Fax:* (619) 287-7663  
*After Hours Phone:* (619) 543-5540  
*Provider Gender:* Male  
*License number:* G42092  
*NPI:* 1093730251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla

#### **BEAUMONT, THOMAS L**

*Provider ID:* 214126  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A159281  
*NPI:* 1497067573  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No</p> <p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s): Ucsd Medical Group</p>	<p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s): Ucsd Medical Group</p>	<p>Website:</p> <p>Email:</p> <p>Medical Group(s): Ucsd Medical Group</p>
<p><b>BEN-HAIM, SHARONA</b></p> <p>Provider ID: 244070</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (800) 926-8273</p> <p>Fax:</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p> <p>License number: A124866</p> <p>NPI: 1942469663</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Hebrew, Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p>	<p><b>BLASKIEWICZ, DONALD J</b></p> <p>Provider ID: 270282</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9300 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male</p> <p>License number: A109748</p> <p>NPI: 1215176839</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p>	<p><b>CIACCI, JOSEPH D</b></p> <p>Provider ID: 65149</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (619) 543-6886</p> <p>Fax:</p> <p>After Hours Phone: (619) 543-6886</p> <p>Provider Gender: Male</p> <p>License number: A50933</p> <p>NPI: 1992725675</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Medical Group(s):</i>	<i>IPA: Rady Childrens Health Network, Ucsd Medical Group</i>
<i>Medical Group(s):</i>	<i>IPA: Rady Childrens Health Network, Ucsd Medical Group</i>	
<i>IPA:</i>		
<b>KHALESSI, ALEXANDER A</b>	<b>KHALESSI, ALEXANDER A</b>	<b>MARSHALL, LAWRENCE F</b>
<i>Provider ID: 244036</i>	<i>Provider ID: 65212</i>	<i>Provider ID: 244149</i>
<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>
<i>UCSD MEDICAL GROUP</i>	<i>UCSD MEDICAL GROUP</i>	<i>UCSD MEDICAL GROUP</i>
<i>9350 CAMPUS POINT DR</i>	<i>9350 CAMPUS POINT DR</i>	<i>9350 CAMPUS POINT DR</i>
<i>LA JOLLA, CA 92037-1300</i>	<i>LA JOLLA, CA 92037-1300</i>	<i>LA JOLLA, CA 92037-1300</i>
<i>Phone: (800) 926-8273</i>	<i>Phone: (858) 657-8630</i>	<i>Phone: (800) 926-8273</i>
<i>Fax:</i>	<i>Fax: (619) 543-6832</i>	<i>Fax:</i>
<i>After Hours Phone: (800) 926-8273</i>	<i>After Hours Phone: (858) 657-8630</i>	<i>After Hours Phone: (800) 926-8273</i>
<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>
<i>License number: A95850</i>	<i>License number: A95850</i>	<i>License number: C36547</i>
<i>NPI: 1073786661</i>	<i>NPI: 1073786661</i>	<i>NPI: 1750306171</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken: Farsi, Spanish</i>	<i>Provider Language(s) Spoken: Farsi, Spanish</i>	<i>Provider Language(s) Spoken: German, Spanish</i>
<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>
<i>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego</i>	<i>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego</i>	<i>Hospital Affiliation: Medi-Cal Open Panel: Yes</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: No</i>	<i>Min/Max Age: 0/999</i>
<i>Min/Max Age: 0/999</i>	<i>Min/Max Age: None</i>	<i>American Sign Language (ASL): No</i>
<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>	<i>Accessibility: ♿</i>
<i>Accessibility: ♿</i>	<i>Accessibility: W</i>	<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>
<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>	<i>Hours: M-SA 9AM-5PM</i>	<i>Website:</i>
<i>Website:</i>	<i>Website:</i>	<i>Email:</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
		<b>MARSHALL, LAWRENCE F</b>
		<i>Provider ID: 65245</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* C36547  
*NPI:* 1750306171  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NGUYEN, ANDREW D**

*Provider ID:* 244139  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A91563  
*NPI:* 1720216542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OLSON, SCOTT E**

*Provider ID:* 244054  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A83715  
*NPI:* 1376568659  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Tri  
 City Medical Ctr, Ucsd Medical  
 Ctr, Pomerado Hospital,  
 Palomar Medical Center,  
 Scripps Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OLSON, SCOTT E**

*Provider ID:* 244055  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A83715

NPI: 1376568659

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Tri  
City Medical Ctr, Ucsd Medical

Ctr, Pomerado Hospital,

Palomar Medical Center,

Scripps Green Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **OSORIO, JOSEPH A**

Provider ID: 242005

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A128616

NPI: 1437416591

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **OSORIO, JOSEPH A**

Provider ID: 242006

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A128616

NPI: 1437416591

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PHAM, MARTIN H**

Provider ID: 244159

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A121590

NPI: 1609130921

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A132049

NPI: 1083984983

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A132049

NPI: 1083984983

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SANTIAGO DIEPPA, DAVID R**

Provider ID: 271118

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

### **SANTIAGO DIEPPA, DAVID R**

Provider ID: 271119

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

### **SCHWARTZ, MARC S**

Provider ID: 244022

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G86573  
 NPI: 1508960188  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Good Samaritan Hospital Los Angeles, Valley Presbyterian Hosp, Martin Luther King Jr Community Hospital, Huntington Memorial Hospital, Providence Saint Johns Health Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SCHWARTZ, MARC S**

Provider ID: 244023  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G86573  
 NPI: 1508960188  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Good Samaritan Hospital Los Angeles, Valley Presbyterian Hosp, Martin Luther King Jr Community Hospital, Huntington Memorial Hospital, Providence Saint Johns Health Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **STEINBERG, JEFFREY A**

Provider ID: 271100  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A131786  
 NPI: 1982044715  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **STEINBERG, JEFFREY A**

Provider ID: 271101  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A131786  
NPI: 1982044715  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TAYLOR, WILLIAM R**

Provider ID: 65309  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (619) 543-5540  
Fax:  
After Hours Phone: (619) 543-5540  
Provider Gender: Male  
License number: G72205  
NPI: 1528084522  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TUNG, HOWARD**

Provider ID: 244083  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-5540  
Fax:  
After Hours Phone: (619) 543-5540  
Provider Gender: Male  
License number: G58235

NPI: 1538153341  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Scripps Green Hospital, Tri City  
Medical Ctr, Palomar Medical  
Center, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TUNG, HOWARD**

Provider ID: 65313  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-6886  
Fax:  
After Hours Phone: (619) 543-6886  
Provider Gender: Male  
License number: G58235  
NPI: 1538153341

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Tri City Medical Ctr, Palomar Medical Center, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group         </p>	<p> <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group         </p>	<p> <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Alvarado Hospital Llc, Paradise Valley Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd         </p>
<p> <b>U, HOIS</b>  <i>Provider ID:</i> 244133  <i>Board Certified Specialty:</i> Yes            UCSD MEDICAL GROUP            9350 CAMPUS POINT DR            LA JOLLA, CA 92037-1300  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> G27898  <i>NPI:</i> 1164468146  <i>Provider English Spoken:</i> Yes         </p>	<p> <b>YOO, FRANK K , MD</b>  <i>Provider ID:</i> 248120  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            9850 GENESEE AVE STE 560            LA JOLLA, CA 92037-1229  <i>Phone:</i> (858) 909-9033  <i>Fax:</i> (858) 429-4009  <i>After Hours Phone:</i> (858) 909-9033  <i>Provider Gender:</i> Male  <i>License number:</i> G86513  <i>NPI:</i> 1295774545  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Korean, Spanish, Telugu, Vietnamese         </p>	<p> <b>YOO, FRANK K</b>  <i>Provider ID:</i> 91795  <i>Board Certified Specialty:</i> No            CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL            9850 GENESEE AVE STE 560            LA JOLLA, CA 92037-1229         </p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 909-9033  
 Fax: (858) 429-4009  
 After Hours Phone: (858) 909-9033  
 Provider Gender: Male  
 License number: G86513  
 NPI: 1295774545  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Korean, Spanish, Telugu, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Alvarado Hospital Llc, Paradise Valley Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,

Imperial Health Holdings  
 Medical Group-Sd

### SURGERY ORTHOPEDIC

**ALLEN, RICHARD T**  
 Provider ID: 124053  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A83513  
 NPI: 1962660175  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**ALLEN, RICHARD T**

Provider ID: 65115  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax: (858) 657-8235  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A83513  
 NPI: 1962660175  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**ATTENELLO, JOHN D**  
 Provider ID: 271083  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A166979  
 NPI: 1629456553  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Good Samaritan Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**BALL, SCOTT T**  
 Provider ID: 124052  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A75221  
 NPI: 1952325318  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**BALL, SCOTT T**  
 Provider ID: 65119  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax: (619) 543-7480  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male

License number: A75221  
 NPI: 1952325318  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**BUKATA, SUSAN V**  
 Provider ID: 277947  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: C55109  
 NPI: 1932140639  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Hospital Affiliation:</i>	<i>Min/Max Age: None</i>	<i>♿ Accessibility: W</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>American Sign Language (ASL): No</i>	<i>Hours: M-SA 9AM-5PM</i>
<i>Min/Max Age: 0/999</i>	<i>No</i>	<i>Website:</i>
<i>American Sign Language (ASL): No</i>	<i>♿ Accessibility: W</i>	<i>Email:</i>
<i>♿ Accessibility:</i>	<i>Hours: M-SA 9AM-5PM</i>	<i>Medical Group(s):</i>
<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>	<i>Website:</i>	<i>IPA:</i>
<i>Website:</i>	<i>Email:</i>	<b>CHIARAPPA, FRANK E</b>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>Provider ID: 244460</i>
<i>Medical Group(s):</i>	<i>IPA:</i>	<i>Board Certified Specialty: No</i>
<i>IPA: Ucsd Medical Group</i>	<b>CHANG, DOUGLAS G</b>	<i>UCSD MEDICAL GROUP</i>
<b>CHANG, DOUGLAS G</b>	<i>Provider ID: 65139</i>	<i>9400 CAMPUS POINT DR</i>
<i>Provider ID: 124123</i>	<i>Board Certified Specialty: No</i>	<i>LA JOLLA, CA 92093-1350</i>
<i>Board Certified Specialty: No</i>	<i>UCSD MEDICAL GROUP</i>	<i>Phone: (800) 926-8273</i>
<i>UCSD MEDICAL GROUP</i>	<i>9350 CAMPUS POINT DR</i>	<i>Fax:</i>
<i>9400 CAMPUS POINT DR</i>	<i>LA JOLLA, CA 92037-1300</i>	<i>After Hours Phone: (800)</i>
<i>LA JOLLA, CA 92093-1350</i>	<i>Phone: (619) 543-2347</i>	<i>926-8273</i>
<i>Phone: (858) 657-8200</i>	<i>Fax:</i>	<i>Provider Gender: Male</i>
<i>Fax:</i>	<i>After Hours Phone: (619)</i>	<i>License number: A164466</i>
<i>After Hours Phone: (858)</i>	<i>543-2347</i>	<i>NPI: 1932536828</i>
<i>657-8200</i>	<i>Provider Gender: Male</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Gender: Male</i>	<i>License number: A77281</i>	<i>Provider Language(s) Spoken:</i>
<i>License number: A77281</i>	<i>NPI: 1962450031</i>	<i>Cultural Competency: No</i>
<i>NPI: 1962450031</i>	<i>Provider English Spoken: Yes</i>	<i>Hospital Affiliation: Ucsd La</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Jolla John Sally Thornton, Ucsd</i>
<i>Provider Language(s) Spoken:</i>	<i>German</i>	<i>Medical Ctr</i>
<i>German</i>	<i>Cultural Competency: No</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Ucsd</i>	<i>Min/Max Age: 0/999</i>
<i>Hospital Affiliation: Ucsd</i>	<i>Medical Ctr, Ucsd La Jolla John</i>	<i>American Sign Language (ASL):</i>
<i>Medical Ctr, Ucsd La Jolla John</i>	<i>Sally Thornton</i>	<i>No</i>
<i>Sally Thornton</i>	<i>Medi-Cal Open Panel: No</i>	<i>♿ Accessibility:</i>
<i>Medi-Cal Open Panel: No</i>	<i>Min/Max Age: None</i>	<i>Hours: M-F 8AM-5PM, SA</i>
	<i>American Sign Language (ASL):</i>	<i>9AM-5PM</i>
	<i>No</i>	<i>Website:</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

<p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p> <p><b>CHOI, JIHOON</b></p> <p>Provider ID: 284786</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9400 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92093-1350</p> <p>Phone: (800) 926-8273</p> <p>Fax: (888) 539-8181</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male</p> <p>License number: A151613</p> <p>NPI: 1285097741</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p>	<p><b>CHOI, JIHOON</b></p> <p>Provider ID: 284787</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9300 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male</p> <p>License number: A151613</p> <p>NPI: 1285097741</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p> <p><b>CIDAMBI, KRISHNA R</b></p> <p>Provider ID: 124274</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p>	<p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (858) 865-7820</p> <p>Fax:</p> <p>After Hours Phone: (858) 865-7820</p> <p>Provider Gender: Male</p> <p>License number: A118350</p> <p>NPI: 1275836959</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish, Tamil</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Providence St Joseph Hospital, Hoag Orthopedic Institute, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA:</p> <p><b>CIDAMBI, KRISHNA R</b></p> <p>Provider ID: 124275</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9400 CAMPUS POINT DR</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92093-1350  
 Phone: (858) 657-8235  
 Fax:  
 After Hours Phone: (858) 657-8235  
 Provider Gender: Male  
 License number: A118350  
 NPI: 1275836959  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tamil  
 Cultural Competency: No  
 Hospital Affiliation: Providence St Joseph Hospital, Hoag Orthopedic Institute, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **COVEY, DANA C**

Provider ID: 104619  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (858) 657-8200  
 Fax: (619) 543-7480  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: G89432  
 NPI: 1780651794  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DALSTROM, DAVID J**

Provider ID: 125855  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male

License number: A112715  
 NPI: 1942333075  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Mammoth Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **FLINT, JAMES H**

Provider ID: 203177  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A156864  
 NPI: 1629239140

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd	Sally Thornton
<i>Provider Language(s) Spoken:</i>	Medical Ctr, Ucsd La Jolla John	<i>Medi-Cal Open Panel:</i> Yes
<i>Cultural Competency:</i> No	Sally Thornton	<i>Min/Max Age:</i> 0/999
<i>Hospital Affiliation:</i> Ucsd La	<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>
Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> None	No
Medical Ctr	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i> W	9AM-5PM
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 9AM-5PM, SA	<i>Website:</i>
No	9AM-5PM	<i>Email:</i>
♿ <i>Accessibility:</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group
9AM-5PM	<i>Medical Group(s):</i>	
<i>Website:</i>	<i>IPA:</i>	<b>GOEB, YANNICK L</b>
<i>Email:</i>		<i>Provider ID:</i> 284793
<i>Medical Group(s):</i>	<b>GOEB, YANNICK L</b>	<i>Board Certified Specialty:</i> No
<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 284792	UCSD MEDICAL GROUP
	<i>Board Certified Specialty:</i> No	9300 CAMPUS POINT DR
	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1300
	9400 CAMPUS POINT DR	<i>Phone:</i> (800) 926-8273
	LA JOLLA, CA 92093-1350	<i>Fax:</i> (888) 539-8781
	<i>Phone:</i> (800) 926-8273	<i>After Hours Phone:</i> (800)
	<i>Fax:</i> (888) 539-8781	926-8273
	<i>After Hours Phone:</i> (800)	<i>Provider Gender:</i> Male
	926-8273	<i>License number:</i> A170529
	<i>Provider Gender:</i> Male	<i>NPI:</i> 1730542747
	<i>License number:</i> A170529	<i>Provider English Spoken:</i> Yes
	<i>NPI:</i> 1730542747	<i>Provider Language(s) Spoken:</i>
	<i>Provider English Spoken:</i> Yes	German, Spanish
	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
	German, Spanish	<i>Hospital Affiliation:</i> Ucsd
	<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John
	<i>Hospital Affiliation:</i> Ucsd	Sally Thornton
	Medical Ctr, Ucsd La Jolla John	<i>Medi-Cal Open Panel:</i> Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **GONZALES, FRANCIS B**

Provider ID: 123851

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

Phone: (858) 657-8200

Fax:

After Hours Phone: (858)

657-8200

Provider Gender: Male

License number: A112963

NPI: 1841476546

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **GONZALES, FRANCIS B**

Provider ID: 65178

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8200

Fax: (619) 543-7480

After Hours Phone: (858)

657-8200

Provider Gender: Male

License number: A112963

NPI: 1841476546

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **HENTZEN, ERIC R**

Provider ID: 65190

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8200

Fax: (619) 543-7480

After Hours Phone: (858)

657-8200

Provider Gender: Male

License number: A83117

NPI: 1245411180

Provider English Spoken: Yes

Provider Language(s) Spoken:

German, Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **KULIDJIAN, ANNA A**

Provider ID: 65224

Board Certified Specialty: No

UCSD MEDICAL GROUP

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8200  
Fax: (619) 543-7480  
After Hours Phone: (858)  
657-8200  
Provider Gender: Female  
License number: A97060  
NPI: 1215183066  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MEUNIER, MATTHEW J**

Provider ID: 126580  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350

Phone: (858) 657-8200  
Fax:  
After Hours Phone: (858)  
657-8200  
Provider Gender: Male  
License number: A72975  
NPI: 1265470553  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MEUNIER, MATTHEW J**

Provider ID: 65248  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8200  
Fax: (619) 543-7480  
After Hours Phone: (858)  
657-8200  
Provider Gender: Male  
License number: A72975

NPI: 1265470553  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MEYER, ROBERT S**

Provider ID: 65250  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8200  
Fax: (619) 543-7480  
After Hours Phone: (858)  
657-8200  
Provider Gender: Male  
License number: G76677  
NPI: 1316997646  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **ROBERTSON, CATHERINE M**

Provider ID: 65288

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8200

Fax: (619) 543-7480

After Hours Phone: (858)

657-8200

Provider Gender: Female

License number: A87544

NPI: 1952565780

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SCHWARTZ, ALEXANDRA K**

Provider ID: 124198

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

Phone: (858) 657-8200

Fax:

After Hours Phone: (858)

657-8200

Provider Gender: Female

License number: A60259

NPI: 1740206747

Provider English Spoken: Yes

Provider Language(s) Spoken:

German

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SCHWARTZ, ALEXANDRA K**

Provider ID: 65297

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8200

Fax: (619) 543-7480

After Hours Phone: (858)

657-8200

Provider Gender: Female

License number: A60259

NPI: 1740206747

Provider English Spoken: Yes

Provider Language(s) Spoken:

German

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SULLIVAN, THOMAS B**

Provider ID: 285245

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A138132  
 NPI: 1437565488  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SULLIVAN, THOMAS B**

Provider ID: 285246  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A138132  
 NPI: 1437565488  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **VITALE, KENNETH C**

Provider ID: 104657  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (858) 657-8200  
 Fax: (619) 543-7480  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: C132964  
 NPI: 1730176868  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ZLOMISLIC, VINKO**

Provider ID: 124281  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax: (619) 543-7480  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>License number: A112819  NPI: 1346351509  Provider English Spoken: Yes  Provider Language(s) Spoken: Serbo-Croatian, Spanish  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Provider Language(s) Spoken: Serbo-Croatian, Spanish  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Chinese, Mandarin  Cultural Competency: No  Hospital Affiliation: Temecula Valley Hospital Inc  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>
<p><b>ZLOMISLIC, VINKO</b>  Provider ID: 124285  Board Certified Specialty: No  UCSD MEDICAL GROUP  9400 CAMPUS POINT DR  LA JOLLA, CA 92093-1350  Phone: (858) 657-8200  Fax:  After Hours Phone: (858) 657-8200  Provider Gender: Male  License number: A112819  NPI: 1346351509  Provider English Spoken: Yes</p>	<p><b>CHAO, JAMES J</b>  Provider ID: 65141  Board Certified Specialty: No  UCSD MEDICAL GROUP  9350 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (619) 543-2347  Fax:  After Hours Phone: (619) 543-2347  Provider Gender: Male  License number: G85358  NPI: 1093740789  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p><b>GOSMAN, AMANDA A</b>  Provider ID: 64887  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (858) 657-7000  Fax: (858) 966-4064  After Hours Phone: (858) 657-7000  Provider Gender: Female  License number: A96153  NPI: 1164436291  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Rady</p>

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## D. Directorio de proveedores de atención especializada

<p>Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group</p>	<p>Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group</p>
<p><b>HINCHCLIFF, KATHARINE</b> Provider ID: 277289 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A135631 NPI: 1346674561 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p>	<p><b>KOLB, FREDERIC J</b> Provider ID: 246238 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: F39 NPI: 1790341832 Provider English Spoken: Yes Provider Language(s) Spoken: French Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes</p>	<p><b>REID, CHRISTOPHER M</b> Provider ID: 224796 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A122947 NPI: 1982964276 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL):</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No  
 ☯ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

American Sign Language (ASL):  
 No  
 ☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SURGERY THORACIC

#### COLETTA, JOELLE M

Provider ID: 64852  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858)  
 657-7000  
 Provider Gender: Female  
 License number: A55001  
 NPI: 1447222377  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Green Hospital, Sharp Memorial  
 Hospital, Ucsd Medical Ctr,  
 Rady Childrens Hospital San  
 Diego, Ucsd La Jolla John Sally  
 Thornton

#### HOWE, STEVEN C

Provider ID: 90049  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (858) 657-7777  
 Fax: (858) 657-5058  
 After Hours Phone: (858)  
 657-7777  
 Provider Gender: Male  
 License number: G79076  
 NPI: 1497702740  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton, Tri City Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

#### JAMIESON, STUART W

Provider ID: 65201  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-6886  
 Fax:  
 After Hours Phone: (619)  
 543-6886  
 Provider Gender: Male  
 License number: A35080  
 NPI: 1649203415  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

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## D. Directorio de proveedores de atención especializada

🗺️ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KEARNS, MARK J**

*Provider ID:* 274296  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8817  
*Fax:* (888) 539-8781  
*After Hours Phone:* (858)  
 657-8817  
*Provider Gender:* Male  
*License number:* A158916  
*NPI:* 1033683719  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Cedars  
 Sinai Medical Center, Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 🗺️ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KEARNS, MARK J**

*Provider ID:* 274297  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 647-8817  
*Fax:* (858) 853-9878  
*After Hours Phone:* (858)  
 647-8817  
*Provider Gender:* Male  
*License number:* A158916  
*NPI:* 1033683719  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Cedars  
 Sinai Medical Center, Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 🗺️ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **ONAITIS, MARK**

*Provider ID:* 112339  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 657-7777  
*Fax:*  
*After Hours Phone:* (858)  
 657-7777  
*Provider Gender:* Male  
*License number:* C144886  
*NPI:* 1841310638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr, Tri City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

🗺️ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **POLLEMA, TRAVIS L**

*Provider ID:* 99659

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No UCSD MEDICAL GROUP 9434 MEDICAL CENTER DR FL 1 LA JOLLA, CA 92037-1337 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: 20A12742 NPI: 1871752956 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>	<p>LA JOLLA, CA 92037-1300 Phone: (858) 657-7000 Fax: (619) 543-3604 After Hours Phone: (858) 657-7000 Provider Gender: Male License number: A113774 NPI: 1629385836 Provider English Spoken: Yes Provider Language(s) Spoken: Afrikaans Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group</p>	<p>LA JOLLA, CA 92037-1337 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A101070 NPI: 1003829417 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: University Hsp Of San Diego Co, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>
<p><b>PRETORIUS, GERT D</b> Provider ID: 65019 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR</p>	<p><b>RAMIREZ, ALFREDO R</b> Provider ID: 256390 Board Certified Specialty: No UCSD MEDICAL GROUP 9434 MEDICAL CENTER DR FL 1</p>	<p><b>SAKAKIBARA, NAOHIDE</b> Provider ID: 65291 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-7777	License number: A173526	Provider English Spoken: Yes
Fax:	NPI: 1134495336	Provider Language(s) Spoken:
After Hours Phone: (619) 543-7777	Provider English Spoken: Yes	French, Greek, Spanish
Provider Gender: Male	Provider Language(s) Spoken:	Cultural Competency: No
License number: A67153	French, Greek, Spanish	Hospital Affiliation: Ucsd
NPI: 1588697916	Cultural Competency: No	Medical Ctr, Ucsd La Jolla John
Provider English Spoken: Yes	Hospital Affiliation: Ucsd	Sally Thornton
Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John	Medi-Cal Open Panel: Yes
Cultural Competency: No	Sally Thornton	Min/Max Age: 0/999
Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Medical Ctr	Min/Max Age: 0/999	No
Medi-Cal Open Panel: No	American Sign Language (ASL):	♿ Accessibility:
Min/Max Age: None	No	Hours: M-F 8AM-5PM, SA
American Sign Language (ASL):	♿ Accessibility:	9AM-5PM
No	Hours: M-F 8AM-5PM, SA	Website:
♿ Accessibility: W	9AM-5PM	Email:
Hours: M-SA 9AM-5PM	Website:	Medical Group(s):
Website:	Email:	IPA: Ucsd Medical Group
Email:	Medical Group(s):	
Medical Group(s):	IPA: Ucsd Medical Group	<b>SIDERIS, ANTONIOS</b>
IPA:		Provider ID: 285654
<b>SIDERIS, ANTONIOS</b>	<b>SIDERIS, ANTONIOS</b>	Board Certified Specialty: No
Provider ID: 285652	Provider ID: 285653	UCSD MEDICAL GROUP
Board Certified Specialty: No	Board Certified Specialty: No	9434 MEDICAL CENTER DR FL 1
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	LA JOLLA, CA 92037-1337
9300 CAMPUS POINT DR	3855 HEALTH SCIENCES DR	Phone: (800) 926-8273
LA JOLLA, CA 92037-1300	LA JOLLA, CA 92093-1503	Fax: (888) 539-8781
Phone: (800) 926-8273	Phone: (800) 926-8273	After Hours Phone: (800)
Fax: (888) 539-8781	Fax: (888) 539-8781	926-8273
After Hours Phone: (800)	After Hours Phone: (800)	Provider Gender: Male
926-8273	926-8273	License number: A173526
Provider Gender: Male	Provider Gender: Male	NPI: 1134495336
	License number: A173526	Provider English Spoken: Yes
	NPI: 1134495336	Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

French, Greek, Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group	Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>THISTLETHWAITE, PATRICIA A</b> Provider ID: 65311 Board Certified Specialty: No UCSD MEDICAL GROUP 9350 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (858) 657-7777 Fax: (619) 543-2652 After Hours Phone: (858) 657-7777 Provider Gender: Female License number: G84093 NPI: 1831121789 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady	<b>ZANDER, ASHLEY L</b> Provider ID: 291381 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037-1300 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: 20A19229 NPI: 1780940031 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes	<b>ZANDER, ASHLEY L</b> Provider ID: 291382 Board Certified Specialty: No UCSD MEDICAL GROUP 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093-1503 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: 20A19229 NPI: 1780940031 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Provider ID:</i> 65112	GENESIS HEALTHCARE
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	PARTNERS PC
<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP	9850 GENESEE AVE STE 440
	9350 CAMPUS POINT DR	LA JOLLA, CA 92037-1212
<b>ZANDER, ASHLEY L</b>	LA JOLLA, CA 92037-1300	<i>Phone:</i> (858) 453-5944
<i>Provider ID:</i> 291383	<i>Phone:</i> (619) 543-6886	<i>Fax:</i> (858) 429-7925
<i>Board Certified Specialty:</i> No	<i>Fax:</i>	<i>After Hours Phone:</i> (858)
UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (619)	453-5944
9434 MEDICAL CENTER DR	543-6886	<i>Provider Gender:</i> Male
LA JOLLA, CA 92037-1337	<i>Provider Gender:</i> Male	<i>License number:</i> G47129
<i>Phone:</i> (800) 926-8273	<i>License number:</i> G81920	<i>NPI:</i> 1184665911
<i>Fax:</i> (888) 539-8781	<i>NPI:</i> 1912938499	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (800)	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
926-8273	<i>Provider Language(s) Spoken:</i>	Spanish
<i>Provider Gender:</i> Female	German, Spanish	<i>Cultural Competency:</i> No
<i>License number:</i> 20A19229	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps
<i>NPI:</i> 1780940031	<i>Hospital Affiliation:</i> Ronald	Memorial Hospital Encinitas,
<i>Provider English Spoken:</i> Yes	Reagan Ucla Med Ctr, Ucsd La	Scripps Memorial Hospital
<i>Provider Language(s) Spoken:</i>	Jolla John Sally Thornton, Ucsd	<i>Medi-Cal Open Panel:</i> Yes
<i>Cultural Competency:</i> No	Medical Ctr	<i>Min/Max Age:</i> None
<i>Hospital Affiliation:</i>	<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> None	No
<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>
<i>American Sign Language (ASL):</i>	No	<i>Hours:</i> M-F 8AM-5PM, SA
No	♿ <i>Accessibility:</i> W	9AM-5PM
♿ <i>Accessibility:</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>	<i>Email:</i>
<i>Website:</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc
<i>Medical Group(s):</i>	<i>IPA:</i>	
<i>IPA:</i> Ucsd Medical Group		

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### UROLOGY

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#### ALBO, MICHAEL E

#### BUTLER, PHILIP A , MD

*Provider ID:* 65710  
*Board Certified Specialty:* Yes

#### BUTLER, PHILIP A

*Provider ID:* 65710  
*Board Certified Specialty:* No  
 GENESIS HEALTHCARE

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

PARTNERS PC 9850 GENESEE AVE STE 440 LA JOLLA, CA 92037-1212 Phone: (858) 453-5944 Fax: After Hours Phone: (858) 453-5944 Provider Gender: Male License number: G47129 NPI: 1184665911 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	LA JOLLA, CA 92037-1212 Phone: (858) 453-5944 Fax: After Hours Phone: (858) 453-5944 Provider Gender: Male License number: G56844 NPI: 1093756827 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	Phone: (858) 453-5944 Fax: (858) 552-2182 After Hours Phone: (858) 453-5944 Provider Gender: Male License number: G56844 NPI: 1093756827 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc
<b>COHEN, EDWARD S</b> Provider ID: 65713 Board Certified Specialty: No GENESIS HEALTHCARE PARTNERS PC 9850 GENESEE AVE STE 440	<b>COHEN, EDWARD S , MD</b> Provider ID: 65713 Board Certified Specialty: Yes GENESIS HEALTHCARE PARTNERS PC 9850 GENESEE AVE STE 440 LA JOLLA, CA 92037-1212	<b>CRAWFORD, ELWARD D</b> Provider ID: 244131 Board Certified Specialty: No UCSD MEDICAL GROUP 9400 CAMPUS POINT DR LA JOLLA, CA 92093-1350

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## D. Directorio de proveedores de atención especializada

Phone: (858) 657-7876	License number: C53383	Hospital Affiliation: Ucsd La
Fax: (888) 539-8781	NPI: 1003873720	Jolla John Sally Thornton, Ucsd
After Hours Phone: (858) 657-7876	Provider English Spoken: Yes	Medical Ctr
Provider Gender: Male	Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes
License number: G35350	Cultural Competency: No	Min/Max Age: 0/999
NPI: 1902814379	Hospital Affiliation: Ucsd	American Sign Language (ASL):
Provider English Spoken: Yes	Medical Ctr	No
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	♿ Accessibility:
Cultural Competency: No	Min/Max Age: None	Hours: M-F 8AM-5PM, SA
Hospital Affiliation:	American Sign Language (ASL):	9AM-5PM
Medi-Cal Open Panel: Yes	No	Website:
Min/Max Age: 0/999	♿ Accessibility:	Email:
American Sign Language (ASL):	Hours: M-SA 9AM-5PM	Medical Group(s):
No	Website:	IPA: Ucsd Medical Group
♿ Accessibility:	Email:	
Hours: M-F 8AM-5PM, SA	Medical Group(s):	<b>KADER, ANDREW K</b>
9AM-5PM	IPA:	Provider ID: 65204
Website:		Board Certified Specialty: No
Email:	<b>HSIEH, TUNG CHIN</b>	UCSD MEDICAL GROUP
Medical Group(s):	Provider ID: 294878	9350 CAMPUS POINT DR
IPA: Ucsd Medical Group	Board Certified Specialty: No	LA JOLLA, CA 92037-1300
	UCSD MEDICAL GROUP	Phone: (619) 543-6886
	9400 CAMPUS POINT DR	Fax: (858) 822-6188
	LA JOLLA, CA 92093-1350	After Hours Phone: (619)
<b>DERWEESH, ITHAAR H</b>	Phone: (858) 249-3534	543-6886
Provider ID: 64424	Fax:	Provider Gender: Male
Board Certified Specialty: No	After Hours Phone: (858)	License number: A116234
UCSD MEDICAL GROUP	249-3534	NPI: 1184731127
3855 HEALTH SCIENCES DR	Provider Gender: Male	Provider English Spoken: Yes
LA JOLLA, CA 92093-1503	License number: A120604	Provider Language(s) Spoken:
Phone: (858) 822-6100	NPI: 1073758652	French
Fax: (858) 822-6316	Provider English Spoken: Yes	Cultural Competency: No
After Hours Phone: (858)	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd
822-6100	Cultural Competency: No	Medical Ctr
Provider Gender: Male		

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No  🔗 Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>🔗 Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Medical Group(s):  IPA:</p>
<p><b>KANE, CHRISTOPHER J</b>  Provider ID: 64438  Board Certified Specialty: No  UCSD MEDICAL GROUP  3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093-1503  Phone: (858) 822-6100  Fax:  After Hours Phone: (858) 822-6100  Provider Gender: Male  License number: G69249  NPI: 1083636294  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No</p>	<p><b>KANE, CHRISTOPHER J</b>  Provider ID: 64932  Board Certified Specialty: No  UCSD MEDICAL GROUP  9300 CAMPUS POINT DR  LA JOLLA, CA 92037-1300  Phone: (619) 657-7876  Fax:  After Hours Phone: (619) 657-7876  Provider Gender: Male  License number: G69249  NPI: 1083636294  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No  🔗 Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:</p>	<p><b>NAITOH, JOHN, MD</b>  Provider ID: 55260  Board Certified Specialty: No  GENESIS HEALTHCARE  PARTNERS PC  9850 GENESEE AVE STE 440  LA JOLLA, CA 92037-1212  Phone: (858) 453-5944  Fax: (858) 429-7925  After Hours Phone: (858) 453-5944  Provider Gender: Male  License number: G82079  NPI: 1629010509  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Scripps  Memorial Hospital Encinitas,  Scripps Memorial Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  No  🔗 Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):</p>

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## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc

### **NAITOH, JOHN**

Provider ID: 55260

Board Certified Specialty: No  
GENESIS HEALTHCARE  
PARTNERS PC

9850 GENESEE AVE STE 440  
LA JOLLA, CA 92037-1212

Phone: (858) 453-5944

Fax: (858) 429-7925

After Hours Phone: (858)  
453-5944

Provider Gender: Male

License number: G82079

NPI: 1629010509

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **NGUYEN, HUNG H , MD**

Provider ID: 246842

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

9850 GENESEE AVE STE 440  
LA JOLLA, CA 92037-1212

Phone: (858) 453-5944

Fax: (858) 429-7925

After Hours Phone: (858)  
453-5944

Provider Gender: Male

License number: A142209

NPI: 1023488806

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Vietnamese

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Ihp Of Southern California

### **SAKAMOTO, KYOKO**

Provider ID: 64473

Board Certified Specialty: No  
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

Phone: (858) 822-6193

Fax:

After Hours Phone: (858)  
822-6193

Provider Gender: Female

License number: A80808

NPI: 1740223619

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Japanese

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SUR, ROGER L**

Provider ID: 65070

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

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## D. Directorio de proveedores de atención especializada

Phone: (858) 657-7000	NPI: 1932208022	Sally Thornton
Fax:	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
After Hours Phone: (858) 657-7000	Provider Language(s) Spoken:	Min/Max Age: 0/999
Provider Gender: Male	Cultural Competency: No	American Sign Language (ASL): No
License number: G80585	Hospital Affiliation:	♿ Accessibility:
NPI: 1932208022	Medi-Cal Open Panel: No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Provider English Spoken: Yes	Min/Max Age: None	Website:
Provider Language(s) Spoken:	American Sign Language (ASL): No	Email:
Cultural Competency: No	♿ Accessibility: W	Medical Group(s):
Hospital Affiliation:	Hours: M-SA 9AM-5PM	IPA: Ucsd Medical Group
Medi-Cal Open Panel: No	Website:	<b>YUH, BENJAMIN J</b>
Min/Max Age: None	Email:	Provider ID: 283442
American Sign Language (ASL): No	Medical Group(s):	Board Certified Specialty: No
♿ Accessibility: W	IPA:	COMMUNITY CARE IPA LLC
Hours: M-SA 9AM-5PM	<b>ULOKO, MARIA I</b>	9850 GENESEE AVE STE 440
Website:	Provider ID: 284963	LA JOLLA, CA 92037-1212
Email:	Board Certified Specialty: No	Phone: (868) 453-5944
Medical Group(s):	UCSD MEDICAL GROUP	Fax: (858) 429-7925
IPA:	9400 CAMPUS POINT DR	After Hours Phone: (868) 453-5944
<b>SUR, ROGER L</b>	LA JOLLA, CA 92093-1350	Provider Gender: Male
Provider ID: 65307	Phone: (800) 926-8273	License number: A125637
Board Certified Specialty: No	Fax: (888) 539-8781	NPI: 1487092417
UCSD MEDICAL GROUP	After Hours Phone: (800) 926-8273	Provider English Spoken: Yes
9350 CAMPUS POINT DR	Provider Gender: Female	Provider Language(s) Spoken:
LA JOLLA, CA 92037-1300	License number: A166093	Mandarin, Spanish
Phone: (619) 543-6886	NPI: 1326426016	Cultural Competency: No
Fax:	Provider English Spoken: Yes	Hospital Affiliation: Scripps Memorial Hospital, Methodist Hosp Of Southern California, City Of Hope National Med Ctr,
After Hours Phone: (619) 543-6886	Provider Language(s) Spoken:	
Provider Gender: Male	Cultural Competency: No	
License number: G80585	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John	

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## D. Directorio de proveedores de atención especializada

Huntington Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	Telugu Cultural Competency: No Hospital Affiliation: Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M,W,F,SA 9AM-5PM, TU 8AM-1PM, TH 12PM-6PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Cambodian, Hindi, Spanish, Telugu Cultural Competency: No Hospital Affiliation: Grossmont Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
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### LA MESA

#### ALLERGY IMMUNOLOGY

#### REDDY, SUMANA

Provider ID: 262115  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
8860 CENTER DR STE 320  
LA MESA, CA 91942-7001  
Phone: (619) 377-6565  
Fax: (619) 450-2111  
After Hours Phone: (619)  
377-6565  
Provider Gender: Female  
License number: C52581  
NPI: 1053300251  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cambodian, Hindi, Spanish,

#### REDDY, SUMANA

Provider ID: 82087  
Board Certified Specialty: No  
SUMANA AND ANANTHRAM  
REDDY MD INC  
8860 CENTER DR STE 320  
LA MESA, CA 91942-7001  
Phone: (619) 377-6565  
Fax:  
After Hours Phone: (619)  
377-6565  
Provider Gender: Female  
License number: C52581  
NPI: 1053300251  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

#### REDDY, SUMANA, MD

Provider ID: 82087  
Board Certified Specialty: No  
SUMANA AND ANANTHRAM  
REDDY MD INC  
8860 CENTER DR STE 320  
LA MESA, CA 91942-7001  
Phone: (619) 377-6565  
Fax: (619) 450-2111  
After Hours Phone: (619)  
377-6565  
Provider Gender: Female  
License number: C52581  
NPI: 1053300251  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

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## D. Directorio de proveedores de atención especializada

<p>Cambodian, Hindi, Spanish, Telugu  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M,W,F,SA 9AM-5PM, TU 8AM-1PM, TH 12PM-6PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p><i>License number:</i> G67802  <i>NPI:</i> 1528004496  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> German, Russian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Marinhealth And Marinhealth Medical Center, Methodist Hosp Of Sacramento, Uc Davis Medical Ctr, St Josephs Med Center Of Stockton, San Leandro Hospital, Sutter Delta Medical Center, Eden Medical Center, Adventist Health Lodi Memorial  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-4:30PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California</p>	<p><i>Phone:</i> (619) 625-1144  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 625-1144  <i>Provider Gender:</i> Male  <i>License number:</i> A118592  <i>NPI:</i> 1275780686  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Palomar Health, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-4PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California</p>
<p><b>ANESTHESIOLOGY PAIN MANAGEMENT</b></p>		
<p><b>BAUMGARTL, WILLIAM H</b>  <i>Provider ID:</i> 295861  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            5360 JACKSON DR STE 100            LA MESA, CA 91942-3012  <i>Phone:</i> (858) 571-3630  <i>Fax:</i> (858) 295-3948  <i>After Hours Phone:</i> (858) 571-3630  <i>Provider Gender:</i> Male</p>	<p><b>FISHER, CASEY J</b>  <i>Provider ID:</i> 204414  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            7051 ALVARADO RD STE 101            LA MESA, CA 91942-8901</p>	<p><b>VERDOLIN, MICHAEL H , MD</b>  <i>Provider ID:</i> 203328  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            7051 ALVARADO RD STE 101</p>

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## D. Directorio de proveedores de atención especializada

LA MESA, CA 91942-8901  
 Phone: (619) 625-1144  
 Fax: (619) 271-4060  
 After Hours Phone: (619) 625-1144  
 Provider Gender: Male  
 License number: A92149  
 NPI: 1477525657  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Italian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### ANESTHESIOLOGY

**LEE, INSUN**  
 Provider ID: 295920  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 5360 JACKSON DR STE 100  
 LA MESA, CA 91942-3012  
 Phone: (858) 571-3630  
 Fax: (858) 295-3948  
 After Hours Phone: (858) 571-3630  
 Provider Gender: Female  
 License number: A119066  
 NPI: 1447499199  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: No  
 Hours: M-TH 8:30AM-4:30PM, F 8AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### CARDIOLOGY

**YELLEN, LAURENCE G , MD**  
 Provider ID: 269173  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR STE 405  
 LA MESA, CA 91942-3198  
 Phone: (619) 582-2404  
 Fax: (619) 582-2915  
 After Hours Phone: (619) 582-2404  
 Provider Gender: Male  
 License number: G15453  
 NPI: 1477680551  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### CARDIOVASCULAR DISEASE

**BOGHAIRI, ANOUSHIRAVAN,**

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## D. Directorio de proveedores de atención especializada

<p><b>MD</b>  <i>Provider ID:</i> 269055  <i>Board Certified Specialty:</i> No  <b>COMMUNITY CARE IPA LLC</b>  5565 GROSSMONT CENTER DR  STE 115  LA MESA, CA 91942-3021  <i>Phone:</i> (619) 698-6667  <i>Fax:</i> (619) 698-6684  <i>After Hours Phone:</i> (619)  698-6667  <i>Provider Gender:</i> Male  <i>License number:</i> A33832  <i>NPI:</i> 1255549184  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Farsi  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont  Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA  9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Community Care Ipa Llc</p>	<p><i>Board Certified Specialty:</i> No  <b>PURUSHOTHAM AND AKTHER</b>  KOTHA MD INC  8860 CENTER DR STE 400  LA MESA, CA 91942-7003  <i>Phone:</i> (619) 229-1995  <i>Fax:</i> (619) 229-1109  <i>After Hours Phone:</i> (619)  229-1995  <i>Provider Gender:</i> Male  <i>License number:</i> A41538  <i>NPI:</i> 1093730814  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Hindi, Spanish, Telugu  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Alvarado  Hospital Llc, Grossmont  Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-F 9AM-5PM, SA  9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Community Care Ipa Llc</p>	<p>BLUE SHIELD PROMISE  HEALTH PLAN DIRECT  5565 GROSSMONT CENTER DR  STE 202  LA MESA, CA 91942-3022  <i>Phone:</i> (619) 461-6130  <i>Fax:</i> (619) 461-3108  <i>After Hours Phone:</i> (619)  461-6130  <i>Provider Gender:</i> Male  <i>License number:</i> A38098  <i>NPI:</i> 1710996384  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Kannada, Spanish, Telugu  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont  Hospital, Alvarado Hospital Llc  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5PM, SA  9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Blue Shield Promise Health  Plan Direct</p>
<p><b>KOTHA, PURUSHOTHAM, MD</b>  <i>Provider ID:</i> 32053</p>	<p><b>REDDY, REDDIWANDLA S</b>  <i>Provider ID:</i> 265393  <i>Board Certified Specialty:</i> No</p>	<hr/> <p><b>CERTIFIED BEHAVIORAL  ANALYST MASTERS</b></p> <hr/>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

### ALLEN, DAVID

Provider ID: 104053  
 Board Certified Specialty: No  
 LETS GROW INC  
 7373 UNIVERSITY AVE STE 202  
 LA MESA, CA 91942-0524  
 Phone: (619) 713-0737  
 Fax:  
 After Hours Phone: (619)  
 713-0737  
 Provider Gender: Male  
 License number: BCBA13011  
 NPI: 1306186549  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
<https://www.letsgrowaba.com/home.html>  
 Email:  
 Medical Group(s):  
 IPA:

### MEDRANO, JOSEPH

Provider ID: 104072  
 Board Certified Specialty: No

LETS GROW INC  
 7373 UNIVERSITY AVE STE 202  
 LA MESA, CA 91942-0524  
 Phone: (619) 713-0737  
 Fax:  
 After Hours Phone: (619)  
 713-0737  
 Provider Gender: Male  
 License number: BCBA15889  
 NPI: 1902218605  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
<https://www.letsgrowaba.com/home.html>  
 Email:  
 Medical Group(s):  
 IPA:

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**CERTIFIED NURSE  
PRACTITIONER**

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### ALBANO, RIZALINA

Provider ID: 128828  
 Board Certified Specialty: No

BALBOA NEPHROLOGY MED  
 GRP INC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
 Phone: (619) 461-3880  
 Fax:  
 After Hours Phone: (619)  
 461-3880  
 Provider Gender: Female  
 License number: NP95005436  
 NPI: 1811430820  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website: [www.balboacare.com](http://www.balboacare.com)  
 Email:  
 Medical Group(s):  
 IPA:

### LANE, KIMBERLY A

Provider ID: 295955  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 8851 CENTER DR STE 501

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>LA MESA, CA 91942-3033            Phone: (619) 697-2456            Fax: (858) 429-7930            After Hours Phone: (619) 697-2456            Provider Gender: Female            License number: NP6206            NPI: 1457670119            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility: Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s): Ihp Of Southern California</p>	<p>License number: NP95011408            NPI: 1881154037            Provider English Spoken: Yes            Provider Language(s) Spoken: Tagalog            Cultural Competency: No            Hospital Affiliation: Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL): No            Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s): Ipa Llc, Ihp Of Southern California</p>	<p>Provider English Spoken: Yes            Provider Language(s) Spoken: Tagalog            Cultural Competency: No            Hospital Affiliation: Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s): Ipa Llc, Ihp Of Southern California</p>
<p><b>LOYOLA, MARY ANN P , NPA</b>            Provider ID: 242398            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            8851 CENTER DR STE 505            LA MESA, CA 91942-3059            Phone: (619) 461-3880            Fax: (619) 461-3895            After Hours Phone: (619) 461-3880            Provider Gender: Female</p>	<p><b>LOYOLA, MARY ANN P</b>            Provider ID: 295957            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            8851 CENTER DR STE 505            LA MESA, CA 91942-3059            Phone: (619) 461-3880            Fax: (619) 461-3895            After Hours Phone: (619) 461-3880            Provider Gender: Female            License number: NP95011408            NPI: 1881154037</p>	<p><b>MEGERT, SONYA L</b>            Provider ID: 291623            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            5565 GROSSMONT CENTER DR            STE 101 BLDG 3            LA MESA, CA 91942-3021            Phone: (619) 464-3353            Fax: (619) 464-6720            After Hours Phone: (619) 464-3353            Provider Gender: Female            License number: NP20871            NPI: 1487925889            Provider English Spoken: Yes            Provider Language(s) Spoken:</p>

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## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### RESTELLI, LYNDSEY

Provider ID: 217692  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
 Phone: (619) 464-6434  
 Fax:  
 After Hours Phone: (619) 464-6434  
 Provider Gender: Female  
 License number: NP95007632  
 NPI: 1558854000  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18

### RESTELLI, LYNDSEY

Provider ID: 217693  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8881 FLETCHER PKWY STE 205  
 LA MESA, CA 91942-3187  
 Phone: (619) 464-6434  
 Fax:  
 After Hours Phone: (619) 464-6434  
 Provider Gender: Female  
 License number: NP95007632  
 NPI: 1558854000  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:

## EMERGENCY MEDICINE

### BELLOMO, THOMAS N

Provider ID: 205600  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 5565 GROSSMONT CENTER DR  
 STE 2  
 LA MESA, CA 91942-3037  
 Phone: (619) 713-5375  
 Fax: (619) 713-5379  
 After Hours Phone: (619) 713-5375  
 Provider Gender: Male  
 License number: G69193  
 NPI: 1700926698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsf Benioff Children's Hospital  
 Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/25

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## D. Directorio de proveedores de atención especializada

<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>Accessibility:</i>	<i>Accessibility:</i>	<i>Accessibility:</i>
<i>Hours:</i> SA,SU 1PM-10PM, M-F 4PM-10PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA:</i> Rady Childrens Health Network	<i>IPA:</i> Rady Childrens Health Network	<i>IPA:</i> Rady Childrens Health Network

### **CHOW, BYRON C**

*Provider ID:* 206096  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5565 GROSSMONT CENTER DR STE 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Male  
*License number:* A78116  
*NPI:* 1619907607  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

### **KEARNEY, LAUREN K**

*Provider ID:* 206220  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5565 GROSSMONT CENTER DR STE 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Female  
*License number:* G83666  
*NPI:* 1740296268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

### **LOVEJOY, AMY E**

*Provider ID:* 206106  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5565 GROSSMONT CENTER DR STE 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Female  
*License number:* A75176  
*NPI:* 1790856557  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County  
*Medi-Cal Open Panel:* Yes

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## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>	<p>Vista          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility:            Hours: SA,SU 1PM-10PM, M-F 4PM-10PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>	<p>Childrens Hospital San Diego, Kaiser Foundation Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>
<p><b>MINKA, GENEVIEVE M</b>          Provider ID: 205335          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          5565 GROSSMONT CENTER DR STE 2          LA MESA, CA 91942-3037          Phone: (619) 713-5375          Fax: (619) 713-5379          After Hours Phone: (619) 713-5375          Provider Gender: Female          License number: A77841          NPI: 1689646689          Provider English Spoken: Yes          Provider Language(s) Spoken: French          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula</p>	<p><b>PARIKH, PAYAL</b>          Provider ID: 205868          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          5565 GROSSMONT CENTER DR STE 2 BLDG 2          LA MESA, CA 91942-3037          Phone: (619) 713-5375          Fax: (619) 713-5379          After Hours Phone: (619) 713-5375          Provider Gender: Female          License number: 20A10898          NPI: 1871757989          Provider English Spoken: Yes          Provider Language(s) Spoken: Gujarati, Spanish          Cultural Competency: No          Hospital Affiliation: Rady</p>	<p><b>PARKER, SHERINE B</b>          Provider ID: 205786          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          5565 GROSSMONT CENTER DR STE 2          LA MESA, CA 91942-3037          Phone: (619) 713-5375          Fax: (619) 713-5379          After Hours Phone: (619) 713-5375          Provider Gender: Female          License number: G81658          NPI: 1477626513          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No</p>

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Glendale Adventist Med Ctr, Glendale Memorial Hosp And Health Ctr, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Valley Childrens Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> French, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Palomar Medical Center, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>NPI:</i> 1740560044  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Russian  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>RILEY-HAGAN, MARGARET</b>  <i>Provider ID:</i> 205986  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            5565 GROSSMONT CENTER DR STE 2 BLDG 2            LA MESA, CA 91942-3037  <i>Phone:</i> (619) 713-5375  <i>Fax:</i> (619) 713-5379  <i>After Hours Phone:</i> (619) 713-5375  <i>Provider Gender:</i> Female  <i>License number:</i> A49609  <i>NPI:</i> 1548352388</p>	<p><b>ROSE, OLGA D</b>  <i>Provider ID:</i> 205953  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            5565 GROSSMONT CENTER DR STE 2 BLDG 2            LA MESA, CA 91942-3037  <i>Phone:</i> (619) 713-5375  <i>Fax:</i> (619) 713-5379  <i>After Hours Phone:</i> (619) 713-5375  <i>Provider Gender:</i> Female  <i>License number:</i> A143536</p>	<p><b>HEARING AID DEALER / SUPPLIER</b></p> <p><b>ANDERSON, ELAINE M , MD</b>  <i>Provider ID:</i> 268693  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            5565 GROSSMONT CENTER DR            LA MESA, CA 91942-3020</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 589-5414	License number: HA2056	Provider English Spoken: Yes
Fax: (619) 589-7391	NPI: 1497901680	Provider Language(s) Spoken:
After Hours Phone: (619) 589-5414	Provider English Spoken: Yes	Hindi, Mandarin
Provider Gender: Female	Provider Language(s) Spoken:	Cultural Competency: No
License number: HA7100	Cultural Competency: No	Hospital Affiliation: Grossmont Hospital
NPI: 1063558856	Hospital Affiliation:	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	Min/Max Age: 18/999
Provider Language(s) Spoken:	Min/Max Age: 0/999	American Sign Language (ASL):
Cultural Competency: No	American Sign Language (ASL):	No
Hospital Affiliation:	No	♿ Accessibility:
Medi-Cal Open Panel: Yes	♿ Accessibility:	Hours: M-F 8:30AM-5PM, SA 9AM-5PM
Min/Max Age: 0/999	Hours: M-F 8:30AM-5PM, SA 9AM-5PM	Website:
American Sign Language (ASL):	Website:	Email:
No	Email:	Medical Group(s):
♿ Accessibility:	Medical Group(s):	IPA: Community Care Ipa Llc, Ihp Of Southern California
Hours: M-F 8AM-5PM, SA 9AM-5PM	IPA: Community Care Ipa Llc	
Website:		
Email:		
Medical Group(s):		
IPA: Community Care Ipa Llc		

### **HEMATOLOGY / ONCOLOGY**

#### **DANDURAND, JOHN M , MD**

Provider ID: 269782  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5565 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3020  
 Phone: (619) 589-5414  
 Fax: (619) 589-7391  
 After Hours Phone: (619) 589-5414  
 Provider Gender: Male

#### **BATRA, REEMA**

Provider ID: 295692  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 644-3030  
 Fax: (619) 644-3638  
 After Hours Phone: (619) 644-3030  
 Provider Gender: Female  
 License number: A118846  
 NPI: 1629286505

#### **BATRA, REEMA, MD**

Provider ID: 58612  
 Board Certified Specialty: No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 644-3030  
 Fax: (619) 644-3638  
 After Hours Phone: (619) 644-3030  
 Provider Gender: Female  
 License number: A118846  
 NPI: 1629286505  
 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i> Arabic, French, Hindi, Korean, Hindi, Mandarin	<i>Provider Language(s) Spoken:</i> Arabic, French, Hindi, Korean, Mandarin, Spanish	<i>Provider Language(s) Spoken:</i> Arabic, French, Hindi, Korean, Mandarin, Spanish
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Grossmont Hospital	<i>Hospital Affiliation:</i> Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital	<i>Hospital Affiliation:</i> Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> 0/999	<i>Min/Max Age:</i> 18/999	<i>Min/Max Age:</i> None
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>
<i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California

### **BODKIN, DAVID J**

*Provider ID:* 295752  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 644-3030  
*Fax:* (619) 644-3638  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Male  
*License number:* G62107  
*NPI:* 1134280605  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

### **BODKIN, DAVID J , MD**

*Provider ID:* 44084  
*Board Certified Specialty:* No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 644-3030  
*Fax:* (619) 644-3638  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Male  
*License number:* G62107  
*NPI:* 1134280605  
*Provider English Spoken:* Yes

### **MEDIC, IGOR, MD**

*Provider ID:* 119509  
*Board Certified Specialty:* No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 644-3030  
*Fax:* (619) 644-3638  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Male  
*License number:* A146970  
*NPI:* 1154618593

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i> Arabic, Serbian, Spanish	Mandarin, Spanish, Tagalog
<i>Provider Language(s) Spoken:</i> Arabic, Serbian, Spanish	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Grossmont Hospital	<i>Hospital Affiliation:</i> Grossmont Hospital
<i>Hospital Affiliation:</i> Grossmont Hospital	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 18/999	<i>Min/Max Age:</i> 18/999
<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>American Sign Language (ASL):</i> No	<i>Accessibility:</i>	<i>Accessibility:</i>
<i>Accessibility:</i>	<i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM
<i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM	<i>Website:</i>	<i>Website:</i>
<i>Website:</i>	<i>Email:</i>	<i>Email:</i>
<i>Email:</i>	<i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Ihp Of Southern California	<i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Ihp Of Southern California
<i>Medical Group(s):</i>		
<i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i>		

### **MEDIC, IGOR**

*Provider ID:* 295654  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 644-3030  
*Fax:* (619) 644-3638  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Male  
*License number:* A146970  
*NPI:* 1154618593  
*Provider English Spoken:* Yes

### **ZU, KAI**

*Provider ID:* 295711  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 644-3030  
*Fax:* (619) 644-3638  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Male  
*License number:* A74842  
*NPI:* 1164583639  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

### **ZU, KAI**

*Provider ID:* 43199  
*Board Certified Specialty:* No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 644-3030  
*Fax:*  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Male  
*License number:* A74842  
*NPI:* 1164583639  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Spanish, Tagalog

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	Hospital	Mercy Hospital, Scripps Mercy
<i>Hospital Affiliation:</i> Grossmont Hospital	<i>Medi-Cal Open Panel:</i> Yes	Hospital Chula Vista, Alvarado Hospital Llc, Grossmont
<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> 0/999	Hospital
<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> No
<i>American Sign Language (ASL):</i> No	<i>Accessibility:</i> ♿	<i>Min/Max Age:</i> None
<i>Accessibility:</i> W	<i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM	<i>American Sign Language (ASL):</i> No
<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>	<i>Accessibility:</i> W
<i>Website:</i>	<i>Email:</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>Email:</i>	<i>Medical Group(s):</i>	<i>Website:</i>
<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	www.haddadclinic.com
<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California		<i>Email:</i>
		<i>Medical Group(s):</i>
		<i>IPA:</i>

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### INFECTIOUS DISEASE

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#### ZU, KAI, MD

*Provider ID:* 43199  
*Board Certified Specialty:* No  
**CANCER CENTER ONCOLOGY MEDICAL GROUP INC**  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 644-3030  
*Fax:* (619) 644-3638  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Male  
*License number:* A74842  
*NPI:* 1164583639  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont

#### HADDAD, FADI A

*Provider ID:* 40943  
*Board Certified Specialty:* No  
**FADI A HADDAD MD INC**  
 8860 CENTER DR STE 320  
 LA MESA, CA 91942-7001  
*Phone:* (619) 376-1904  
*Fax:*  
*After Hours Phone:* (619) 376-1904  
*Provider Gender:* Male  
*License number:* A80687  
*NPI:* 1689692956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps

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### INTERNAL MEDICINE

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#### BODKIN, DAVID J

*Provider ID:* 44084  
*Board Certified Specialty:* No  
**CANCER CENTER ONCOLOGY MEDICAL GROUP INC**  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 644-3030  
*Fax:* (619) 644-3638  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Male  
*License number:* G62107  
*NPI:* 1134280605  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Directorio de proveedores de atención especializada

Arabic, French, Hindi, Korean, Mandarin, Spanish Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California	Tagalog Cultural Competency: No Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:
<b>DELA CRUZ, JUNE T</b> Provider ID: 57266 Board Certified Specialty: No SAN DIEGO CRITICAL CARE MED GRP INC 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019 Phone: (619) 713-5014 Fax: After Hours Phone: (619) 713-5014 Provider Gender: Female License number: A54445 NPI: 1689784886 Provider English Spoken: Yes Provider Language(s) Spoken:	<b>FAHID, AMIR H</b> Provider ID: 101612 Board Certified Specialty: No SAN DIEGO CRITICAL CARE MED GRP INC 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019 Phone: (619) 713-5014 Fax: After Hours Phone: (619) 713-5014 Provider Gender: Male License number: A128773 NPI: 1568740355 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No	<b>GARLAPATI, ANITHA R</b> Provider ID: 57273 Board Certified Specialty: No SAN DIEGO CRITICAL CARE MED GRP INC 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019 Phone: (619) 713-5014 Fax: After Hours Phone: (619) 713-5014 Provider Gender: Female License number: A83701 NPI: 1477641967 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Alvarado Hospital Llc Medi-Cal Open Panel: No Min/Max Age: None

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Email:          Medical Group(s):          IPA:</p>
<p><b>HASSANEIN, MOHAMED K</b>          Provider ID: 109541          Board Certified Specialty: No          SAN DIEGO CRITICAL CARE          MED GRP INC          5555 GROSSMONT CENTER DR          LA MESA, CA 91942-3019          Phone: (619) 713-5014          Fax:          After Hours Phone: (619) 713-5014          Provider Gender: Male          License number: A135448          NPI: 1164794673          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sutter          Medical Center Sacramento,          Sutter Roseville Medical Center,          Marin General Hosp          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No</p>	<p><b>JALIL, ANMAR B</b>          Provider ID: 108361          Board Certified Specialty: No          SAN DIEGO CRITICAL CARE          MED GRP INC          5555 GROSSMONT CENTER DR          LA MESA, CA 91942-3019          Phone: (619) 713-5014          Fax:          After Hours Phone: (619) 713-5014          Provider Gender: Male          License number: A139378          NPI: 1588907174          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          Accessibility: W          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:</p>	<p><b>MOHEDIN, BARZAN</b>          Provider ID: 52461          Board Certified Specialty: No          SAN DIEGO CRITICAL CARE          MED GRP INC          5555 GROSSMONT CENTER DR          LA MESA, CA 91942-3019          Phone: (619) 713-5014          Fax:          After Hours Phone: (619) 713-5014          Provider Gender: Male          License number: A50839          NPI: 1639235096          Provider English Spoken: Yes          Provider Language(s) Spoken:          Arabic, Farsi, Kurdish          Cultural Competency: No          Hospital Affiliation: Grossmont          Hospital          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>

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## D. Directorio de proveedores de atención especializada

<p><b>MURALIDHARA, SOWMYA A</b>            Provider ID: 102750            Board Certified Specialty: No            SAN DIEGO CRITICAL CARE            MED GRP INC            5555 GROSSMONT CENTER DR            LA MESA, CA 91942-3019            Phone: (619) 713-5014            Fax:            After Hours Phone: (619)            713-5014            Provider Gender: Female            License number: A114660            NPI: 1851533285            Provider English Spoken: Yes            Provider Language(s) Spoken:            Hindi, Kannada, Tamil            Cultural Competency: No            Hospital Affiliation: Alvarado            Hospital Llc            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Board Certified Specialty: No            SAN DIEGO CRITICAL CARE            MED GRP INC            5555 GROSSMONT CENTER DR            LA MESA, CA 91942-3019            Phone: (619) 713-5014            Fax:            After Hours Phone: (619)            713-5014            Provider Gender: Male            License number: A133752            NPI: 1659503241            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>LA MESA, CA 91942-3019            Phone: (619) 713-5014            Fax:            After Hours Phone: (619)            713-5014            Provider Gender: Male            License number: A50852            NPI: 1235158320            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No            Hospital Affiliation: Grossmont            Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>
<p><b>PAUL, RABEE Y</b>            Provider ID: 102682</p>	<p><b>SEIKALY, VICTOR E</b>            Provider ID: 58388            Board Certified Specialty: No            SAN DIEGO CRITICAL CARE            MED GRP INC            5555 GROSSMONT CENTER DR</p>	<p><b>TAGHIZADEH, BEHZAD, MD</b>            Provider ID: 269161            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            8851 CENTER DR STE 405            LA MESA, CA 91942-3198</p>

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**INTERVENTIONAL  
CARDIOLOGY**

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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Phone: (619) 582-2404  
 Fax: (619) 582-2915  
 After Hours Phone: (619) 582-2404  
 Provider Gender: Male  
 License number: C56208  
 NPI: 1275514986  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MATERNAL AND FETAL MEDICINE**

#### **ADAMCZAK, JOANNA E**

Provider ID: 258903  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019

Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A116982  
 NPI: 1447428420  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**ADAMCZAK, JOANNA E**  
 Provider ID: 287121  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

**ADAMCZAK, JOANNA E**  
 Provider ID: 287121  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

8851 CENTER DR STE 201  
 LA MESA, CA 91942-3044  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A116982  
 NPI: 1447428420  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**ADAMI, REBECCA R**  
 Provider ID: 272676  
 Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

RADY CHILDRENS HEALTH NETWORK  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A149389  
*NPI:* 1992149447  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ADAMI, REBECCA R**

*Provider ID:* 287131  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK  
 8851 CENTER DR STE 201  
 LA MESA, CA 91942-3044  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A149389  
*NPI:* 1992149447  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CASELE, HOLLY L**

*Provider ID:* 258872  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* G87630  
*NPI:* 1255348744  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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## D. Directorio de proveedores de atención especializada

### **CASELE, HOLLY L**

Provider ID: 287073

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

8851 CENTER DR STE 201

LA MESA, CA 91942-3044

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858) 966-6710

Provider Gender: Female

License number: G87630

NPI: 1255348744

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **CATANZARITE, VALERIAN A**

Provider ID: 258848

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

5555 GROSSMONT CENTER DR

LA MESA, CA 91942-3019

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858) 966-6710

Provider Gender: Male

License number: G46026

NPI: 1174694939

Provider English Spoken: Yes

Provider Language(s) Spoken: Russian, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Grossmont Hospital, Tri City

Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System

Murrieta, Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **CATANZARITE, VALERIAN A**

Provider ID: 278851

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

5565 GROSSMONT CENTER DR STE 2

LA MESA, CA 91942-3037

Phone: (619) 713-5375

Fax: (619) 713-5379

After Hours Phone: (619) 713-5375

Provider Gender: Male

License number: G46026

NPI: 1174694939

Provider English Spoken: Yes

Provider Language(s) Spoken: Russian, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network	<i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network	<i>NPI:</i> 1639153018 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network
<b>MCCULLOUGH, DEIRDRE M</b> <i>Provider ID:</i> 244873 <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019 <i>Phone:</i> (858) 966-6710 <i>Fax:</i> (858) 966-6711 <i>After Hours Phone:</i> (858) 966-6710 <i>Provider Gender:</i> Female <i>License number:</i> C159758 <i>NPI:</i> 1639153018 <i>Provider English Spoken:</i> Yes	<b>MCCULLOUGH, DEIRDRE M</b> <i>Provider ID:</i> 287116 <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 8851 CENTER DR STE 201 LA MESA, CA 91942-3044 <i>Phone:</i> (858) 966-6710 <i>Fax:</i> (858) 966-6711 <i>After Hours Phone:</i> (858) 966-6710 <i>Provider Gender:</i> Female <i>License number:</i> C159758	<b>REIMERS, REBECCA M</b> <i>Provider ID:</i> 294654 <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019 <i>Phone:</i> (858) 966-6710 <i>Fax:</i> (858) 966-6711 <i>After Hours Phone:</i> (858) 966-6710

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider Gender: Female  License number: A176526  NPI: 1801207634  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL):  No  🔊 Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL):  No  🔊 Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>	<p>Hospital Affiliation: Sharp  Memorial Hospital, Rady  Childrens Hospital San Diego,  Sharp Grossmont Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL):  No  🔊 Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>
<p><b>REIMERS, REBECCA M</b>  Provider ID: 294656  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  8851 CENTER DR STE 201  LA MESA, CA 91942-3044  Phone: (858) 966-6710  Fax: (858) 966-6711  After Hours Phone: (858)  966-6710  Provider Gender: Female  License number: A176526  NPI: 1801207634</p>	<p><b>RICHARDSON, ALVIE C</b>  Provider ID: 287095  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  8851 CENTER DR STE 201  LA MESA, CA 91942-3044  Phone: (858) 966-6710  Fax: (858) 966-6711  After Hours Phone: (858)  966-6710  Provider Gender: Male  License number: C160063  NPI: 1154305977  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No</p>	<p><b>SCHWENDEMANN, WADE D</b>  Provider ID: 287081  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  8851 CENTER DR STE 201  LA MESA, CA 91942-3044  Phone: (858) 966-6710  Fax: (858) 966-6711  After Hours Phone: (858)  966-6710  Provider Gender: Male  License number: A109228  NPI: 1477563302  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No</p>

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## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **TITH, TEVY**

*Provider ID:* 287053  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 8851 CENTER DR STE 201  
 LA MESA, CA 91942-3044  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521

*NPI:* 1588816086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WESTERMANN, MELISSA L**

*Provider ID:* 255794  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5555 GROSSMONT CENTER DR  
 STE 2  
 LA MESA, CA 91942-3019

*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A130149  
*NPI:* 1760730758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
**WESTERMANN, MELISSA L**  
*Provider ID:* 287085

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 8851 CENTER DR STE 201  
 LA MESA, CA 91942-3044  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A130149  
*NPI:* 1760730758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health Network  
**WILLIAMS, KRISTIN M**  
*Provider ID:* 277384  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A72985  
*NPI:* 1992847131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
**WILLIAMS, KRISTIN M**  
*Provider ID:* 287113  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 8851 CENTER DR STE 201  
 LA MESA, CA 91942-3044  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A72985  
*NPI:* 1992847131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

Hospital Llc, Grossmont

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

Hospital Llc, Grossmont

Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 9AM-5PM

Website: www.balboacare.com

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### NEPHROLOGY

#### DO, LUAN K

Provider ID: 262108

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

8851 CENTER DR STE 505

LA MESA, CA 91942-3059

Phone: (619) 461-3880

Fax: (619) 461-3895

After Hours Phone: (619)

461-3880

Provider Gender: Male

License number: A65161

NPI: 1538156245

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation: Alvarado

#### DO, LUAN K

Provider ID: 43077

Board Certified Specialty: No

BALBOA NEPHROLOGY MED

GRP INC

8851 CENTER DR STE 505

LA MESA, CA 91942-3059

Phone: (619) 461-3880

Fax: (619) 461-3895

After Hours Phone: (619)

461-3880

Provider Gender: Male

License number: A65161

NPI: 1538156245

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation: Alvarado

#### DO, LUAN K, MD

Provider ID: 43077

Board Certified Specialty: No

BALBOA NEPHROLOGY MED

GRP INC

8851 CENTER DR STE 505

LA MESA, CA 91942-3059

Phone: (619) 461-3880

Fax: (619) 461-3895

After Hours Phone: (619)

461-3880

Provider Gender: Male

License number: A65161

NPI: 1538156245

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FADDA, GEORGE Z**

*Provider ID:* 262184  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
*Phone:* (619) 461-3880  
*Fax:* (619) 461-3895  
*After Hours Phone:* (619) 461-3880  
*Provider Gender:* Male  
*License number:* A44918  
*NPI:* 1619972247  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French  
*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FADDA, GEORGE Z , MD**

*Provider ID:* 26465  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
*Phone:* (619) 461-3880  
*Fax:* (619) 461-3895  
*After Hours Phone:* (619) 461-3880  
*Provider Gender:* Male  
*License number:* A44918  
*NPI:* 1619972247  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont

Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FADDA, GEORGE Z**

*Provider ID:* 26466  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
*Phone:* (619) 461-3880  
*Fax:* (619) 461-3895  
*After Hours Phone:* (619) 461-3880  
*Provider Gender:* Male  
*License number:* A44918  
*NPI:* 1619972247  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont

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## D. Directorio de proveedores de atención especializada

Hospital, Alvarado Hospital Llc <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> www.balboacare.com <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Alvarado Community Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	Alvarado Community Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 18/999 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California
<b>LEININGER, DANIEL T</b> <i>Provider ID:</i> 293480 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 8851 CENTER DR STE 505 LA MESA, CA 91942-3059 <i>Phone:</i> (619) 461-3880 <i>Fax:</i> (619) 461-3895 <i>After Hours Phone:</i> (619) 461-3880 <i>Provider Gender:</i> Male <i>License number:</i> 20A16789 <i>NPI:</i> 1164956264 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Grossmont Hospital, Grossmont Hospital, Alvarado Hospital Llc,	<b>LEININGER, DANIEL T</b> <i>Provider ID:</i> 295640 <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 8851 CENTER DR STE 505 LA MESA, CA 91942-3059 <i>Phone:</i> (619) 461-3880 <i>Fax:</i> (619) 461-3895 <i>After Hours Phone:</i> (619) 461-3880 <i>Provider Gender:</i> Male <i>License number:</i> 20A16789 <i>NPI:</i> 1164956264 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Grossmont Hospital, Grossmont Hospital, Alvarado Hospital Llc,	<b>MILLER, LUCY M</b> <i>Provider ID:</i> 262152 <i>Board Certified Specialty:</i> No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 8851 CENTER DR STE 505 LA MESA, CA 91942-3059 <i>Phone:</i> (619) 461-3880 <i>Fax:</i> (619) 461-3895 <i>After Hours Phone:</i> (619) 461-3880 <i>Provider Gender:</i> Female <i>License number:</i> A53843 <i>NPI:</i> 1467458620 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Japanese, Portuguese, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Grossmont Hospital, Alvarado Hospital Llc

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T, W  Hours: M-SA 9AM-5PM  Website: www.balboacare.com  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Medi-Cal Open Panel: Yes  Min/Max Age: 0/0  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
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### **MILLER, LUCY M**

Provider ID: 26595  
Board Certified Specialty: No  
BALBOA NEPHROLOGY MED GRP INC  
8851 CENTER DR STE 505  
LA MESA, CA 91942-3059  
Phone: (619) 461-3880  
Fax:  
After Hours Phone: (619) 461-3880  
Provider Gender: Female  
License number: A53843  
NPI: 1467458620  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Japanese, Portuguese, Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc

### **MILLER, LUCY M , MD**

Provider ID: 26595  
Board Certified Specialty: No  
BALBOA NEPHROLOGY MED GRP INC  
8851 CENTER DR STE 505  
LA MESA, CA 91942-3059  
Phone: (619) 461-3880  
Fax: (619) 461-3895  
After Hours Phone: (619) 461-3880  
Provider Gender: Female  
License number: A53843  
NPI: 1467458620  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Japanese, Portuguese, Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc

### **THOMPSON, JOHN C**

Provider ID: 24866  
Board Certified Specialty: No  
BALBOA NEPHROLOGY MED GRP INC  
8851 CENTER DR STE 505  
LA MESA, CA 91942-3059  
Phone: (619) 461-3880  
Fax:  
After Hours Phone: (619) 461-3880  
Provider Gender: Male  
License number: G83902  
NPI: 1770663890  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E, R, T, W          Hours: M-SA 9AM-5PM          Website: www.balboacare.com          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E, R, T          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E, R, T          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
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### THOMPSON, JOHN C , MD

Provider ID: 24866  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
 Phone: (619) 461-3880  
 Fax: (619) 461-3895  
 After Hours Phone: (619) 461-3880  
 Provider Gender: Male  
 License number: G83902  
 NPI: 1770663890  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc

### THOMPSON, JOHN C

Provider ID: 262352  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
 Phone: (619) 461-3880  
 Fax: (619) 461-3895  
 After Hours Phone: (619) 461-3880  
 Provider Gender: Male  
 License number: G83902  
 NPI: 1770663890  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc

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### NEUROLOGY

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### CHENG, YU D

Provider ID: 26929  
 Board Certified Specialty: No  
 ER KAI GAO MD INC  
 8851 CENTER DR STE 603  
 LA MESA, CA 91942-3063  
 Phone: (619) 667-4545  
 Fax: (619) 667-4550  
 After Hours Phone: (619) 667-4545  
 Provider Gender: Male  
 License number: A79461  
 NPI: 1336226471  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont

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## D. Directorio de proveedores de atención especializada

Hospital	No	Min/Max Age: 0/999
Medi-Cal Open Panel: No	♿ Accessibility: W	American Sign Language (ASL):
Min/Max Age: None	Hours: M-SA 9AM-5PM	No
American Sign Language (ASL):	Website:	♿ Accessibility:
No	Email:	Hours: M-F 8AM-5PM, SA
♿ Accessibility: W	Medical Group(s):	9AM-5PM
Hours: M-SA 9AM-5PM	IPA:	Website:
Website:	<b>MOHAMMAD, AHMAD SHAH,</b>	Email:
Email:	<b>MD</b>	Medical Group(s):
Medical Group(s):	Provider ID: 39868	IPA: Community Care Ipa Llc
IPA:	Board Certified Specialty: No	<b>MOHAMMAD, AHMAD SHAH</b>
<b>GAO, ER-KAI</b>	EAST COUNTY NEUROLOGY	Provider ID: 39868
Provider ID: 26677	ASSOCIATES INC	Board Certified Specialty: No
Board Certified Specialty: No	8851 CENTER DR STE 307	EAST COUNTY NEUROLOGY
ER KAI GAO MD INC	LA MESA, CA 91942-6006	ASSOCIATES INC
8851 CENTER DR STE 603	Phone: (619) 337-7900	8851 CENTER DR STE 307
LA MESA, CA 91942-3063	Fax: (619) 337-7902	LA MESA, CA 91942-6006
Phone: (619) 667-4545	After Hours Phone: (619)	Phone: (619) 337-7900
Fax: (619) 667-4550	337-7900	Fax: (619) 337-7902
After Hours Phone: (619)	Provider Gender: Male	After Hours Phone: (619)
667-4545	License number: A98831	337-7900
Provider Gender: Male	NPI: 1902973472	Provider Gender: Male
License number: A71659	Provider English Spoken: Yes	License number: A98831
NPI: 1710064944	Provider Language(s) Spoken:	NPI: 1902973472
Provider English Spoken: Yes	Arabic, Farsi, French, German,	Provider English Spoken: Yes
Provider Language(s) Spoken:	Pushto, Spanish	Provider Language(s) Spoken:
Chinese, Mandarin	Cultural Competency: No	Arabic, Farsi, French, German,
Cultural Competency: No	Hospital Affiliation: Grossmont	Pushto, Spanish
Hospital Affiliation: Grossmont	Hospital, Scripps Mercy	Cultural Competency: No
Hospital	Hospital Chula Vista, Scripps	Hospital Affiliation: Grossmont
Medi-Cal Open Panel: No	Mercy Hospital, Sharp Chula	Hospital, Scripps Mercy
Min/Max Age: None	Vista Med Ctr	Hospital Chula Vista, Scripps
American Sign Language (ASL):	Medi-Cal Open Panel: Yes	Mercy Hospital, Sharp Chula

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Vista Med Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California	American Sign Language (ASL): No No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California
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### OPHTHALMOLOGY

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#### ONCOLOGY MEDICAL

##### **BATRA, REEMA**

Provider ID: 58612  
Board Certified Specialty: No  
CANCER CENTER ONCOLOGY  
MEDICAL GROUP INC  
5555 GROSSMONT CENTER DR  
LA MESA, CA 91942-3019  
Phone: (619) 644-3030  
Fax:  
After Hours Phone: (619)  
644-3030  
Provider Gender: Female  
License number: A118846  
NPI: 1629286505  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hindi, Mandarin  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital

#### **MEDIC, IGOR**

Provider ID: 119509  
Board Certified Specialty: No  
CANCER CENTER ONCOLOGY  
MEDICAL GROUP INC  
5555 GROSSMONT CENTER DR  
LA MESA, CA 91942-3019  
Phone: (619) 644-3030  
Fax:  
After Hours Phone: (619)  
644-3030  
Provider Gender: Male  
License number: A146970  
NPI: 1154618593  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic, Serbian, Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None

#### **BINDER, NICHOLAS R**

Provider ID: 262355  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
5565 GROSSMONT CENTER DR  
STE 3 BLDG 2  
LA MESA, CA 91942-3007  
Phone: (800) 898-2020  
Fax: (844) 897-3788  
After Hours Phone: (800)  
898-2020  
Provider Gender: Male  
License number: A124698  
NPI: 1306076716  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Grossmont  
Hospital  
Medi-Cal Open Panel: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Min/Max Age: 0/999</i>	<i>Min/Max Age: 0/999</i>	<i>Min/Max Age: 0/999</i>
<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>
<i>Accessibility:</i>	<i>Accessibility:</i>	<i>Accessibility:</i>
<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>	<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>	<i>Hours: M-F 9AM-5PM, SA 9AM-5PM</i>
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</i>	<i>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</i>	<i>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</i>

### **BINDER, NICHOLAS R , MD**

*Provider ID: 268754*  
*Board Certified Specialty: No*  
 COMMUNITY CARE IPA LLC  
 5565 GROSSMONT CENTER DR STE 3 BLDG 2  
 LA MESA, CA 91942-3007  
*Phone: (800) 898-2020*  
*Fax: (844) 897-3788*  
*After Hours Phone: (800) 898-2020*  
*Provider Gender: Male*  
*License number: A124698*  
*NPI: 1306076716*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation: Scripps Memorial Hospital, Grossmont Hospital*  
*Medi-Cal Open Panel: Yes*

### **BINDER, NICHOLAS R**

*Provider ID: 288647*  
*Board Certified Specialty: No*  
 COMMUNITY CARE IPA LLC  
 7339 EL CAJON BLVD STE J AND K  
 LA MESA, CA 91942-7435  
*Phone: (800) 898-2020*  
*Fax: (844) 897-3788*  
*After Hours Phone: (800) 898-2020*  
*Provider Gender: Male*  
*License number: A124698*  
*NPI: 1306076716*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation: Scripps Memorial Hospital, Grossmont Hospital*  
*Medi-Cal Open Panel: Yes*

### **CARRABY, ARNETT**

*Provider ID: 116394*  
*Board Certified Specialty: No*  
 CALIFORNIA RETINA ASSOCS  
 8851 CENTER DR STE 406  
 LA MESA, CA 91942-3017  
*Phone: (619) 425-7755*  
*Fax:*  
*After Hours Phone: (619) 425-7755*  
*Provider Gender: Male*  
*License number: G47836*  
*NPI: 1366530792*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
*Hospital Affiliation: El Centro Regional Medical Center, Pioneers Memorial Hospital, Alvarado Hospital Llc*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            No            ☯ Accessibility: W            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Min/Max Age: 0/999            American Sign Language (ASL): No            ☯ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Min/Max Age: 0/999            American Sign Language (ASL): No            ☯ Accessibility:            Hours: M-F 9AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>
<p><b>CARRABY, ARNETT, MD</b>            Provider ID: 269060            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            8851 CENTER DR STE 406            LA MESA, CA 91942-3017            Phone: (619) 425-7755            Fax: (619) 425-2138            After Hours Phone: (619)            425-7755            Provider Gender: Male            License number: G47836            NPI: 1366530792            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish, Tagalog, Vietnamese            Cultural Competency: No            Hospital Affiliation: El Centro            Regional Medical Center,            Pioneers Memorial Hospital,            Alvarado Hospital Llc            Medi-Cal Open Panel: Yes</p>	<p><b>CHAVEZ, CESAR T , MD</b>            Provider ID: 268778            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            8851 CENTER DR STE 406            LA MESA, CA 91942-3017            Phone: (619) 425-7755            Fax: (619) 425-2138            After Hours Phone: (619)            425-7755            Provider Gender: Male            License number: G51615            NPI: 1720082563            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No            Hospital Affiliation: El Centro            Regional Medical Center,            Paradise Valley Hospital,            Scripps Mercy Hospital, Scripps            Memorial Hospital Encinitas            Medi-Cal Open Panel: Yes</p>	<p><b>CODEN, DANIEL J</b>            Provider ID: 288657            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            7339 EL CAJON BLVD STE J            AND K            LA MESA, CA 91942-7435            Phone: (619) 722-8460            Fax: (619) 722-8465            After Hours Phone: (619)            722-8460            Provider Gender: Male            License number: G57587            NPI: 1942317508            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc</p>	<p><i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc</p>
<p><b>DELENGOCKY, TAYSON</b>  <i>Provider ID:</i> 116393  <i>Board Certified Specialty:</i> No            CALIFORNIA RETINA ASSOCS            8851 CENTER DR STE 406            LA MESA, CA 91942-3017  <i>Phone:</i> (619) 425-7755  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            425-7755  <i>Provider Gender:</i> Male  <i>License number:</i> 20A12784  <i>NPI:</i> 1164637153  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Farsi, French, Spanish, Tagalog,            Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> El Centro            Regional Medical Center,            Alvarado Hospital Llc  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W</p>	<p><b>DELENGOCKY, TAYSON</b>  <i>Provider ID:</i> 268959  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            8851 CENTER DR STE 406            LA MESA, CA 91942-3017  <i>Phone:</i> (619) 425-7755  <i>Fax:</i> (619) 425-2138  <i>After Hours Phone:</i> (619)            425-7755  <i>Provider Gender:</i> Male  <i>License number:</i> 20A12784  <i>NPI:</i> 1164637153  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Farsi, French, Spanish, Tagalog,            Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> El Centro            Regional Medical Center,            Alvarado Hospital Llc  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>	<p><b>ECHEGOYEN, JULIO C , MD</b>  <i>Provider ID:</i> 268935  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            8851 CENTER DR STE 406            LA MESA, CA 91942-3017  <i>Phone:</i> (619) 425-7755  <i>Fax:</i> (619) 425-2138  <i>After Hours Phone:</i> (619)            425-7755  <i>Provider Gender:</i> Male  <i>License number:</i> A121431  <i>NPI:</i> 1770801540  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton, Paradise Valley            Hospital, Scripps Mercy            Hospital, Scripps Mercy            Hospital Chula Vista, Scripps            Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p> <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc         </p>	<p>           Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd         </p>	<p>           Mercy Hospital Chula Vista,            Adventist Health And Rideout,            Grossmont Hospital, Desert            Regional Med Ctr, Paradise            Valley Hospital, Scripps Mercy            Hospital, Sharp Memorial            Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd         </p>
<p> <b>GOLLOGLY, HEIDRUN E</b>  <i>Provider ID:</i> 262383  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD            5565 GROSSMONT CENTER DR            STE 551            LA MESA, CA 91942-3078  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800)            898-2020  <i>Provider Gender:</i> Female  <i>License number:</i> A134761  <i>NPI:</i> 1477879823  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            French, German, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital Chula Vista,            Adventist Health And Rideout,            Grossmont Hospital, Desert            Regional Med Ctr, Paradise            Valley Hospital, Scripps Mercy            Hospital, Sharp Memorial         </p>	<p> <b>GOLLOGLY, HEIDRUN E, MD</b>  <i>Provider ID:</i> 269127  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            5565 GROSSMONT CENTER DR            STE 551            LA MESA, CA 91942-3078  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800)            898-2020  <i>Provider Gender:</i> Female  <i>License number:</i> A134761  <i>NPI:</i> 1477879823  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            French, German, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps         </p>	<p> <b>GOLLOGLY, HEIDRUN E</b>  <i>Provider ID:</i> 288654  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            7339 EL CAJON BLVD STE J            AND K            LA MESA, CA 91942-7435  <i>Phone:</i> (619) 722-8460  <i>Fax:</i> (619) 722-8465  <i>After Hours Phone:</i> (619)            722-8460  <i>Provider Gender:</i> Female  <i>License number:</i> A134761         </p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

NPI: 1477879823	Phone: (619) 697-4600	Phone: (619) 722-8460
Provider English Spoken: Yes	Fax: (619) 464-5526	Fax: (619) 722-8465
Provider Language(s) Spoken: French, German, Spanish	After Hours Phone: (619) 697-4600	After Hours Phone: (619) 722-8460
Cultural Competency: No	Provider Gender: Male	Provider Gender: Male
Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Adventist Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital	License number: G41117	License number: G41117
Medi-Cal Open Panel: Yes	NPI: 1427029628	NPI: 1427029628
Min/Max Age: 0/999	Provider English Spoken: Yes	Provider English Spoken: Yes
American Sign Language (ASL): No	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
⚡ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	Hospital Affiliation: Grossmont Hospital	Hospital Affiliation: Grossmont Hospital
Website:	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Email:	Min/Max Age: 0/999	Min/Max Age: 0/999
Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	American Sign Language (ASL): No	American Sign Language (ASL): No
	⚡ Accessibility: Hours: M,TH 8AM-4PM, TU,W 8:30AM-4PM, F 8AM-12PM, SA 9AM-5PM	⚡ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM
	Website:	Website:
	Email:	Email:
	Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California	Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California
<b>HAIGHT, BRUCE T , MD</b>	<b>HAIGHT, BRUCE T</b>	<b>HAIGHT, BRUCE T</b>
Provider ID: 269112	Provider ID: 288660	Provider ID: 295984
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC	IHP OF SOUTHERN CALIFORNIA
5565 GROSSMONT CENTER DR	7339 EL CAJON BLVD STE J	5565 GROSSMONT CENTER DR
STE 551 BLDG 3	AND K	STE 2-3
LA MESA, CA 91942-3078	LA MESA, CA 91942-7435	LA MESA, CA 91942-3020

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (619) 463-0331  
 Fax: (619) 463-0138  
 After Hours Phone: (619) 463-0331  
 Provider Gender: Male  
 License number: G41117  
 NPI: 1427029628  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-TH 8:30AM-4PM, F 8AM-12PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California

### HO, JOSEPH, MD

Provider ID: 268884  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5565 GROSSMONT CENTER DR  
 STE 3 BLDG 2  
 LA MESA, CA 91942-3007

Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Male  
 License number: A137389  
 NPI: 1962766451  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Temecula Valley Hospital Inc, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Desert Regional Med Ctr, Grossmont Hospital, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### KATZMAN, BARRY

Provider ID: 288704  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

7339 EL CAJON BLVD STE J AND K  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460  
 Provider Gender: Male  
 License number: A34834  
 NPI: 1760473797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hosp Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hospital Llc, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M 8AM-6PM, TU-TH 9AM-5PM, F 8:30AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **KOWNACKI, JOHN**

*Provider ID:* 262426  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 5565 GROSSMONT CENTER DR  
 STE 551 BLDG 3  
 LA MESA, CA 91942-3078  
*Phone:* (619) 465-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (619)  
 465-2020  
*Provider Gender:* Male  
*License number:* G84672  
*NPI:* 1225189418  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
 Medical Group-Sd

### **MANI, MAJID**

*Provider ID:* 116386

*Board Certified Specialty:* Yes  
 CALIFORNIA RETINA ASSOCS  
 8851 CENTER DR STE 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619)  
 425-7755  
*Provider Gender:* Male  
*License number:* A60640  
*NPI:* 1043261373  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro  
 Regional Medical Center, Sharp  
 Memorial Hospital, Pioneers  
 Memorial Hospital, Scripps  
 Memorial Hospital, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MANI, MAJID, MD**

*Provider ID:* 269194

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR STE 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619)  
 425-7755  
*Provider Gender:* Male  
*License number:* A60640  
*NPI:* 1043261373  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro  
 Regional Medical Center, Sharp  
 Memorial Hospital, Pioneers  
 Memorial Hospital, Scripps  
 Memorial Hospital, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MANI, NASRIN**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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*Provider ID:* 116388  
*Board Certified Specialty:* No  
CALIFORNIA RETINA ASSOCS  
8851 CENTER DR STE 406  
LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619)  
425-7755  
*Provider Gender:* Female  
*License number:* A40473  
*NPI:* 1023061314  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Faroese, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital, Sharp  
Memorial Hospital, Ucsd  
Medical Ctr, Sharp Chula Vista  
Med Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Ihp Of Southern California

### **MANI, NASRIN, MD**

*Provider ID:* 269200  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR STE 406  
LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619)  
425-7755  
*Provider Gender:* Female  
*License number:* A40473  
*NPI:* 1023061314  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Faroese, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital, Sharp  
Memorial Hospital, Ucsd  
Medical Ctr, Sharp Chula Vista  
Med Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Ihp Of Southern California

**MCGRAW, JOSEPH P , MD**  
*Provider ID:* 269699  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
5565 GROSSMONT CENTER DR  
STE 551  
LA MESA, CA 91942-3078  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
898-2020  
*Provider Gender:* Male  
*License number:* A155228  
*NPI:* 1588624852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-F 8:30AM-4:30PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**MCGRAW, JOSEPH P**  
*Provider ID:* 288659

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  7339 EL CAJON BLVD STE J  AND K  LA MESA, CA 91942-7435  <i>Phone:</i> (619) 722-8460  <i>Fax:</i> (619) 722-8465  <i>After Hours Phone:</i> (619)  722-8460  <i>Provider Gender:</i> Male  <i>License number:</i> A155228  <i>NPI:</i> 1588624852  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont  Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>  No  🔊 <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA  9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Community Care Ipa Llc</p>	<p>MEDICAL GROUP-SD  5565 GROSSMONT CENTER DR  STE 3 BLDG 2  LA MESA, CA 91942-3007  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800)  898-2020  <i>Provider Gender:</i> Male  <i>License number:</i> G52627  <i>NPI:</i> 1982636031  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish, Tagalog, Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>  No  🔊 <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Community Care Ipa Llc,  Imperial Health Holdings  Medical Group-Sd</p>	<p>7339 EL CAJON BLVD STE J  AND K  LA MESA, CA 91942-7435  <i>Phone:</i> (619) 722-8460  <i>Fax:</i> (619) 722-8465  <i>After Hours Phone:</i> (619)  722-8460  <i>Provider Gender:</i> Male  <i>License number:</i> G52627  <i>NPI:</i> 1982636031  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish, Tagalog, Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>  No  🔊 <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Community Care Ipa Llc,  Imperial Health Holdings  Medical Group-Sd</p>
<p><b>MILLER, DOUGLAS G</b>  <i>Provider ID:</i> 262448  <i>Board Certified Specialty:</i> No  IMPERIAL HEALTH HOLDINGS</p>	<p><b>MILLER, DOUGLAS G</b>  <i>Provider ID:</i> 288693  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC</p>	<p><b>MORRISON-REYES, JOSHUA A</b>  <i>Provider ID:</i> 262325  <i>Board Certified Specialty:</i> No  IMPERIAL HEALTH HOLDINGS  MEDICAL GROUP-SD</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>5565 GROSSMONT CENTER DR STE 551 BLDG 3 LA MESA, CA 91942-3078 Phone: (800) 898-2020 Fax: (844) 897-3788 After Hours Phone: (800) 898-2020 Provider Gender: Male License number: A125435 NPI: 1235366782 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Provider ID: 269182 Board Certified Specialty: No COMMUNITY CARE IPA LLC 5565 GROSSMONT CENTER DR STE 551 BLDG 3 LA MESA, CA 91942-3078 Phone: (800) 898-2020 Fax: (844) 897-3788 After Hours Phone: (800) 898-2020 Provider Gender: Male License number: A125435 NPI: 1235366782 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p><b>MORRISON-REYES, JOSHUA A</b> Provider ID: 288662 Board Certified Specialty: No COMMUNITY CARE IPA LLC 7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942-7435 Phone: (800) 898-2020 Fax: (844) 897-3788 After Hours Phone: (800) 898-2020 Provider Gender: Male License number: A125435 NPI: 1235366782 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc,</p>
<p><b>MORRISON-REYES, JOSHUA A</b> , MD</p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Imperial Health Holdings  
Medical Group-Sd

### **MOSS, JASON M, MD**

Provider ID: 268758

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

8851 CENTER DR STE 406

LA MESA, CA 91942-3017

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)  
425-7755

Provider Gender: Male

License number: A130529

NPI: 1386961423

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: El Centro

Regional Medical Center,

Scripps Memorial Hospital,

Sharp Chula Vista Med Ctr,

Sharp Memorial Hospital,

Scripps Memorial Hospital

Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **NAJAFI, DAVID J**

Provider ID: 39835

Board Certified Specialty: No

ALLIANCE RETINA

CONSULTANTS INC

8262 UNIVERSITY AVE

LA MESA, CA 91942-9321

Phone: (619) 668-0045

Fax:

After Hours Phone: (619)

668-0045

Provider Gender: Male

License number: A68124

NPI: 1396715991

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Persian, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Sharp

Memorial Hospital, Grossmont

Hospital, Scripps Mercy

Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **PAPASTERGIOU, GEORGIOS**

Provider ID: 116392

Board Certified Specialty: Yes

CALIFORNIA RETINA ASSOCS

8851 CENTER DR STE 406

LA MESA, CA 91942-3017

Phone: (619) 425-7755

Fax:

After Hours Phone: (619)  
425-7755

Provider Gender: Male

License number: A127706

NPI: 1790054393

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Farsi, French, Greek,

Italian, Spanish

Cultural Competency: No

Hospital Affiliation: El Centro

Regional Medical Center,

Scripps Memorial Hospital,

Sharp Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p> <p><b>PAPASTERGIU, GEORGIOS, MD</b></p> <p><i>Provider ID:</i> 269191</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC 8851 CENTER DR STE 406 LA MESA, CA 91942-3017</p> <p><i>Phone:</i> (619) 425-7755</p> <p><i>Fax:</i> (619) 425-2138</p> <p><i>After Hours Phone:</i> (619) 425-7755</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A127706</p> <p><i>NPI:</i> 1790054393</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic, Farsi, French, Greek, Italian, Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p>	<p> <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p> <p><b>PATEL, GITANE</b></p> <p><i>Provider ID:</i> 262322</p> <p><i>Board Certified Specialty:</i> No</p> <p>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942-3007</p> <p><i>Phone:</i> (800) 898-2020</p> <p><i>Fax:</i> (844) 897-3788</p> <p><i>After Hours Phone:</i> (800) 898-2020</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A108603</p> <p><i>NPI:</i> 1710171434</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic, Gujarati, Spanish, Tagalog, Vietnamese</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial</p>	<p>Hospital</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p> <i>Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>PATEL, GITANE</b></p> <p><i>Provider ID:</i> 288653</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC 7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942-7435</p> <p><i>Phone:</i> (619) 722-8460</p> <p><i>Fax:</i> (619) 722-8465</p> <p><i>After Hours Phone:</i> (619) 722-8460</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A108603</p> <p><i>NPI:</i> 1710171434</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic, Gujarati, Spanish, Tagalog, Vietnamese</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Grossmont</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Hospital, Paradise Valley Hospital, Scripps Memorial Hospital <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0/999</i> <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA</i> 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Community Care Ipa Llc,</i> Imperial Health Holdings Medical Group-Sd	Gujarati, Hindi, Spanish, Tagalog, Vietnamese <i>Cultural Competency: No</i> <i>Hospital Affiliation: Alvarado</i> Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0/999</i> <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours: M-SA 9AM-5PM</i> <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Community Care Ipa Llc,</i> Imperial Health Holdings Medical Group-Sd	<i>NPI: 1316199326</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish, Tagalog, Vietnamese <i>Cultural Competency: No</i> <i>Hospital Affiliation: Alvarado</i> Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0/999</i> <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA</i> 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Community Care Ipa Llc,</i> Imperial Health Holdings Medical Group-Sd
<b>PATEL, SARJAN H</b> <i>Provider ID: 262406</i> <i>Board Certified Specialty: No</i> IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 5565 GROSSMONT CENTER DR STE 3 BLDG 2 LA MESA, CA 91942-3007 <i>Phone: (800) 898-2020</i> <i>Fax: (844) 897-3788</i> <i>After Hours Phone: (800)</i> 898-2020 <i>Provider Gender: Male</i> <i>License number: A114976</i> <i>NPI: 1316199326</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i>	<b>PATEL, SARJAN H</b> <i>Provider ID: 288663</i> <i>Board Certified Specialty: No</i> COMMUNITY CARE IPA LLC 7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942-7435 <i>Phone: (619) 722-8460</i> <i>Fax: (619) 722-8465</i> <i>After Hours Phone: (619)</i> 722-8460 <i>Provider Gender: Male</i> <i>License number: A114976</i>	<b>PEAIRS, JAMES J</b> <i>Provider ID: 126598</i> <i>Board Certified Specialty: No</i> CALIFORNIA RETINA ASSOCS 8851 CENTER DR STE 406 LA MESA, CA 91942-3017

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## D. Directorio de proveedores de atención especializada

Phone: (619) 425-7755	Phone: (619) 425-7755	LA MESA, CA 91942-7435
Fax:	Fax: (619) 425-2138	Phone: (619) 722-8460
After Hours Phone: (619) 425-7755	After Hours Phone: (619) 425-7755	Fax: (619) 722-8465
Provider Gender: Male	Provider Gender: Male	After Hours Phone: (619) 722-8460
License number: A155296	License number: A155296	Provider Gender: Male
NPI: 1609135623	NPI: 1609135623	License number: C37934
Provider English Spoken: Yes	Provider English Spoken: Yes	NPI: 1194832725
Provider Language(s) Spoken: Arabic, Spanish	Provider Language(s) Spoken: Arabic, Spanish	Provider English Spoken: Yes
Cultural Competency: No	Cultural Competency: No	Provider Language(s) Spoken: Spanish, Tagalog
Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital	Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital	Cultural Competency: No
Medi-Cal Open Panel: No	Medi-Cal Open Panel: Yes	Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Memorial Hospital
Min/Max Age: None	Min/Max Age: 0/999	Medi-Cal Open Panel: Yes
American Sign Language (ASL): No	American Sign Language (ASL): No	Min/Max Age: 0/999
♿ Accessibility: W	♿ Accessibility:	American Sign Language (ASL): No
Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM	♿ Accessibility:
Website:	Website:	Hours: M-TH 8AM-5PM, F 8AM-4:30PM, SA 9AM-5PM
Email:	Email:	Website:
Medical Group(s):	Medical Group(s):	Email:
IPA: Community Care Ipa Llc	IPA: Community Care Ipa Llc	Medical Group(s):
		IPA: Community Care Ipa Llc
<b>PEAIRS, JAMES J , MD</b>	<b>PERRY, ARTHUR C</b>	<b>PONS, MAURICIO E , MD</b>
Provider ID: 268820	Provider ID: 288656	Provider ID: 269243
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC
8851 CENTER DR STE 406	7339 EL CAJON BLVD STE J	8851 CENTER DR STE 406
LA MESA, CA 91942-3017	AND K	LA MESA, CA 91942-3017

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## D. Directorio de proveedores de atención especializada

<p>Phone: (619) 425-7755          Fax: (619) 425-2138          After Hours Phone: (619) 425-7755          Provider Gender: Male          License number: A87650          NPI: 1376723759          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Ihp Of Southern California</p> <p><b>PRABHU, SUJATA P</b>          Provider ID: 262395          Board Certified Specialty: No          IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</p>	<p>5565 GROSSMONT CENTER DR STE 3 BLDG 2          LA MESA, CA 91942-3007          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800) 898-2020          Provider Gender: Female          License number: A115965          NPI: 1982872552          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese          Cultural Competency: No          Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>PRABHU, SUJATA P</b></p>	<p>Provider ID: 262396          Board Certified Specialty: No          IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD          5565 GROSSMONT CENTER DR STE 551 BLDG 3          LA MESA, CA 91942-3078          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800) 898-2020          Provider Gender: Female          License number: A115965          NPI: 1982872552          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese          Cultural Competency: No          Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M,TH,F 8AM-4PM, TU,W 8:30AM-4PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):</p>
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## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **PRABHU, SUJATA P**

Provider ID: 288696  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942-7435  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone: (619)  
722-8460  
Provider Gender: Female  
License number: A115965  
NPI: 1982872552  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog, Telugu,  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Paradise  
Valley Hospital, Alvarado  
Community Hospital, Scripps  
Memorial Hospital, Grossmont  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-F 8AM-5PM, SA

9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **PRATT, STEVEN G**

Provider ID: 288655  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942-7435  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone: (619)  
722-8460  
Provider Gender: Male  
License number: G32379  
NPI: 1407963044  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Memorial Hospital, Palomar  
Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **RAJSBAUM, MARTIN**

Provider ID: 117838  
Board Certified Specialty: No  
CALIFORNIA RETINA ASSOCS  
8851 CENTER DR STE 406  
LA MESA, CA 91942-3017  
Phone: (619) 425-7755  
Fax:  
After Hours Phone: (619)  
425-7755  
Provider Gender: Male  
License number: A42670  
NPI: 1912999400  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic, Russian, Spanish,  
Tagalog  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Scripps Memorial  
Hospital Encinitas, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p>No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>
<p><b>RICE, LAWRENCE S , MD</b>  <i>Provider ID:</i> 269038  <i>Board Certified Specialty:</i> Yes            COMMUNITY CARE IPA LLC            5565 GROSSMONT CENTER DR            STE 551            LA MESA, CA 91942-3078  <i>Phone:</i> (800) 898-2020  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (800)            898-2020  <i>Provider Gender:</i> Male  <i>License number:</i> C31021  <i>NPI:</i> 1922060805  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont            Hospital, Alvarado Hospital Llc,            Rady Childrens Hospital San            Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W</p>	<p><b>RICE, LAWRENCE S</b>  <i>Provider ID:</i> 288646  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            7339 EL CAJON BLVD STE J            AND K            LA MESA, CA 91942-7435  <i>Phone:</i> (619) 722-8460  <i>Fax:</i> (619) 722-8465  <i>After Hours Phone:</i> (619)            722-8460  <i>Provider Gender:</i> Male  <i>License number:</i> C31021  <i>NPI:</i> 1922060805  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont            Hospital, Alvarado Hospital Llc,            Rady Childrens Hospital San            Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i></p>	<p><b>SCHER, BARRY M , MD</b>  <i>Provider ID:</i> 268829  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            8851 CENTER DR STE 406            LA MESA, CA 91942-3017  <i>Phone:</i> (619) 425-7755  <i>Fax:</i> (619) 425-2138  <i>After Hours Phone:</i> (619)            425-7755  <i>Provider Gender:</i> Male  <i>License number:</i> G23827  <i>NPI:</i> 1235106899  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula            Vista Med Ctr, Scripps Mercy            Hospital Chula Vista, Scripps            Mercy Hospital, Paradise Valley            Hospital  <i>Medi-Cal Open Panel:</i> Yes</p>

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## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999	American Sign Language (ASL): No	American Sign Language (ASL): No
American Sign Language (ASL): No	♿ Accessibility: W	♿ Accessibility: W
No	Hours: M-SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
♿ Accessibility:	Website:	Website:
Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:	Email:
Website:	Medical Group(s):	Medical Group(s):
Email:	IPA: Community Care Ipa Llc, Ihp Of Southern California	IPA: Community Care Ipa Llc, Ihp Of Southern California
Medical Group(s):		
IPA: Community Care Ipa Llc		
<b>SKAF, AYHAM R</b>	<b>SKAF, AYHAM R , MD</b>	<b>ZABANEH, ALEXANDER I</b>
Provider ID: 116391	Provider ID: 269075	Provider ID: 262170
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
CALIFORNIA RETINA ASSOCS	COMMUNITY CARE IPA LLC	IMPERIAL HEALTH HOLDINGS
8851 CENTER DR STE 406	8851 CENTER DR STE 406	MEDICAL GROUP-SD
LA MESA, CA 91942-3017	LA MESA, CA 91942-3017	5565 GROSSMONT CENTER DR
Phone: (619) 425-7755	Phone: (619) 425-7755	STE 3
Fax:	Fax: (619) 425-2138	LA MESA, CA 91942-3007
After Hours Phone: (619) 425-7755	After Hours Phone: (619) 425-7755	Phone: (800) 898-2020
Provider Gender: Male	Provider Gender: Male	Fax: (844) 897-3788
License number: A120584	License number: A120584	After Hours Phone: (800) 898-2020
NPI: 1285888628	NPI: 1285888628	Provider Gender: Male
Provider English Spoken: Yes	Provider English Spoken: Yes	License number: A154697
Provider Language(s) Spoken: Arabic, Spanish	Provider Language(s) Spoken: Arabic, Spanish	NPI: 1346687233
Cultural Competency: No	Cultural Competency: No	Provider English Spoken: Yes
Hospital Affiliation: El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital	Hospital Affiliation: El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital	Provider Language(s) Spoken: Arabic
Medi-Cal Open Panel: No	Medi-Cal Open Panel: Yes	Cultural Competency: No
Min/Max Age: None	Min/Max Age: 0/999	Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital
	American Sign Language (ASL):	Medi-Cal Open Panel: Yes

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## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  No          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Valley Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  No          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Arabic, French, Spanish          Cultural Competency: No          Hospital Affiliation: Grossmont Hospital, South Coast Global Medical Center Inc, Orange County Global Medical Center Inc, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Alvarado Hospital Llc          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  No          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<hr/>		
<b>OTOLARYNGOLOGY</b>		
<hr/>		
<p><b>ZABANEH, ALEXANDER I , MD</b>          Provider ID: 269123          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          5565 GROSSMONT CENTER DR STE 551          LA MESA, CA 91942-3078          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800) 898-2020          Provider Gender: Male          License number: A154697          NPI: 1346687233          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise</p>	<p><b>BUSINO, ROWLEY S</b>          Provider ID: 262172          Board Certified Specialty: No          IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD          5565 GROSSMONT CENTER DR STE 101 BLDG 3          LA MESA, CA 91942-3021          Phone: (619) 464-3353          Fax: (619) 464-6720          After Hours Phone: (619) 464-3353          Provider Gender: Female          License number: A112508          NPI: 1396997664          Provider English Spoken: Yes          Provider Language(s) Spoken:</p>	<p><b>BUSINO, ROWLEY S , MD</b>          Provider ID: 53306          Board Certified Specialty: No          EAR NOSE AND THROAT OF SAN DIEGO A MED CORP          5565 GROSSMONT CENTER DR STE 101          LA MESA, CA 91942-3021</p>

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## D. Directorio de proveedores de atención especializada

<p>Phone: (619) 464-3353          Fax: (619) 464-6720          After Hours Phone: (619) 464-3353          Provider Gender: Female          License number: A112508          NPI: 1396997664          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, French, Spanish          Cultural Competency: No          Hospital Affiliation: Grossmont Hospital, South Coast Global Medical Center Inc, Orange County Global Medical Center Inc, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Alvarado Hospital Llc          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings          Medical Group-Sd</p>	<p><b>MCCALLION, PATRICK G</b>          Provider ID: 26600          Board Certified Specialty: Yes          EAR NOSE AND THROAT OF SAN DIEGO A MED CORP          5565 GROSSMONT CENTER DR STE 101 BLDG 3          LA MESA, CA 91942-3021          Phone: (619) 464-3353          Fax: (619) 464-6720          After Hours Phone: (619) 464-3353          Provider Gender: Male          License number: G64989          NPI: 1134144454          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, Spanish          Cultural Competency: No          Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings</p>	<p>Medical Group-Sd  <b>MCCALLION, PATRICK G , MD</b>          Provider ID: 26600          Board Certified Specialty: Yes          EAR NOSE AND THROAT OF SAN DIEGO A MED CORP          5565 GROSSMONT CENTER DR STE 101 BLDG 3          LA MESA, CA 91942-3021          Phone: (619) 464-3353          Fax: (619) 464-6720          After Hours Phone: (619) 464-3353          Provider Gender: Male          License number: G64989          NPI: 1134144454          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, Spanish          Cultural Competency: No          Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,</p>
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## D. Directorio de proveedores de atención especializada

Imperial Health Holdings Medical Group-Sd	9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
<b>MOLES, JEREMIAH J</b> Provider ID: 46814 Board Certified Specialty: No EAR NOSE AND THROAT OF SAN DIEGO A MED CORP 5565 GROSSMONT CENTER DR STE 101 BLDG 3 LA MESA, CA 91942-3021 Phone: (619) 464-3353 Fax: (619) 464-6720 After Hours Phone: (619) 464-3353 Provider Gender: Male License number: A112009 NPI: 1003067745 Provider English Spoken: Yes Provider Language(s) Spoken: Amharic, Arabic, Farsi, Spanish, Tongan Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Alvarado Hosp Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA	<b>MOLES, JEREMIAH J , MD</b> Provider ID: 46814 Board Certified Specialty: No EAR NOSE AND THROAT OF SAN DIEGO A MED CORP 5565 GROSSMONT CENTER DR STE 101 BLDG 3 LA MESA, CA 91942-3021 Phone: (619) 464-3353 Fax: (619) 464-6720 After Hours Phone: (619) 464-3353 Provider Gender: Male License number: A112009 NPI: 1003067745 Provider English Spoken: Yes Provider Language(s) Spoken: Amharic, Arabic, Farsi, Spanish, Tongan Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Alvarado Hosp Med Ctr Medi-Cal Open Panel: Yes	<b>PATSIAS, ALEXIS, MD</b> Provider ID: 243551 Board Certified Specialty: No COMMUNITY CARE IPA LLC 5565 GROSSMONT CENTER DR STE 101 LA MESA, CA 91942-3021 Phone: (619) 464-3353 Fax: (619) 464-6720 After Hours Phone: (619) 464-3353 Provider Gender: Male License number: A160436 NPI: 1326452855 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Mercy

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## D. Directorio de proveedores de atención especializada

<p>Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>PITZER, GEOFFREY B</b>  <i>Provider ID:</i> 103378  <i>Board Certified Specialty:</i> Yes            MOUNTAIN HLTH &amp; COMM            SERVICES            5565 GROSSMONT CENTER DR            STE 101 BLDG 3            LA MESA, CA 91942-3021  <i>Phone:</i> (619) 464-3353  <i>Fax:</i> (619) 464-6720  <i>After Hours Phone:</i> (619)            464-3353  <i>Provider Gender:</i> Male  <i>License number:</i> A125888  <i>NPI:</i> 1770673238  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic, Farsi, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont            Hospital, Alvarado Hospital Llc,</p>	<p>Sharp Memorial Hospital, Sharp            Chula Vista Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p> <p><b>PITZER, GEOFFREY B</b>  <i>Provider ID:</i> 103378  <i>Board Certified Specialty:</i> Yes            EAR NOSE AND THROAT OF            SAN DIEGO A MED CORP            5565 GROSSMONT CENTER DR            STE 101 BLDG 3            LA MESA, CA 91942-3021  <i>Phone:</i> (619) 464-3353  <i>Fax:</i> (619) 464-6720  <i>After Hours Phone:</i> (619)            464-3353  <i>Provider Gender:</i> Male  <i>License number:</i> A125888  <i>NPI:</i> 1770673238  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic, Farsi, Spanish</p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont            Hospital, Alvarado Hospital Llc,            Sharp Memorial Hospital, Sharp            Chula Vista Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p> <p><b>PITZER, GEOFFREY B , MD</b>  <i>Provider ID:</i> 103378  <i>Board Certified Specialty:</i> Yes            MOUNTAIN HLTH &amp; COMM            SERVICES            5565 GROSSMONT CENTER DR            STE 101 BLDG 3            LA MESA, CA 91942-3021  <i>Phone:</i> (619) 464-3353  <i>Fax:</i> (619) 464-6720  <i>After Hours Phone:</i> (619)            464-3353  <i>Provider Gender:</i> Male  <i>License number:</i> A125888  <i>NPI:</i> 1770673238</p>
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## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>Provider Gender:</i> Male	<i>Phone:</i> (619) 464-3353
<i>Provider Language(s) Spoken:</i> Arabic, Farsi, Spanish	<i>License number:</i> A125888	<i>Fax:</i> (619) 464-6720
<i>Cultural Competency:</i> No	<i>NPI:</i> 1770673238	<i>After Hours Phone:</i> (619) 464-3353
<i>Hospital Affiliation:</i> Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr	<i>Provider English Spoken:</i> Yes	<i>Provider Gender:</i> Male
<i>Medi-Cal Open Panel:</i> Yes	<i>Provider Language(s) Spoken:</i> Arabic, Farsi, Spanish	<i>License number:</i> A92839
<i>Min/Max Age:</i> None	<i>Cultural Competency:</i> No	<i>NPI:</i> 1558550053
<i>American Sign Language (ASL):</i> No	<i>Hospital Affiliation:</i> Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr	<i>Provider English Spoken:</i> Yes
<i>Accessibility:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>Provider Language(s) Spoken:</i> German, Spanish
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Min/Max Age:</i> None	<i>Cultural Competency:</i> No
<i>Website:</i>	<i>American Sign Language (ASL):</i> No	<i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
<i>Email:</i>	<i>Accessibility:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Min/Max Age:</i> None
<b>PITZER, GEOFFREY B , MD</b>	<i>Website:</i>	<i>American Sign Language (ASL):</i> No
<i>Provider ID:</i> 103378	<i>Email:</i>	<i>Accessibility:</i>
<i>Board Certified Specialty:</i> Yes	<i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
EAR NOSE AND THROAT OF SAN DIEGO A MED CORP	<b>SCHALCH LEPE, PAUL, MD</b>	<i>Website:</i>
5565 GROSSMONT CENTER DR STE 101 BLDG 3	<i>Provider ID:</i> 122525	<i>Email:</i>
LA MESA, CA 91942-3021	<i>Board Certified Specialty:</i> No	<i>Medical Group(s):</i>
<i>Phone:</i> (619) 464-3353	MOUNTAIN HLTH & COMM SERVICES	<i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
<i>Fax:</i> (619) 464-6720	5565 GROSSMONT CENTER DR	<b>SCHALCH LEPE, PAUL, MD</b>
<i>After Hours Phone:</i> (619) 464-3353	LA MESA, CA 91942-3020	<i>Provider ID:</i> 269980
		<i>Board Certified Specialty:</i> No

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## D. Directorio de proveedores de atención especializada

<p>COMMUNITY CARE IPA LLC 5565 GROSSMONT CENTER DR STE 101 LA MESA, CA 91942-3021 Phone: (619) 464-3353 Fax: (619) 464-6720 After Hours Phone: (619) 464-3353 Provider Gender: Male License number: A92839 NPI: 1558550053 Provider English Spoken: Yes Provider Language(s) Spoken: German, Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p><b>SKELTON, SEAN C</b> Provider ID: 122638 Board Certified Specialty: Yes EAR NOSE AND THROAT OF SAN DIEGO A MED CORP 5565 GROSSMONT CENTER DR STE 101 BLDG 3 LA MESA, CA 91942-3021 Phone: (619) 464-3353 Fax: (619) 464-6720 After Hours Phone: (619) 464-3353 Provider Gender: Male License number: 20A7852 NPI: 1063592277 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: None ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd <b>SKELTON, SEAN C</b> Provider ID: 269028 Board Certified Specialty: Yes COMMUNITY CARE IPA LLC 5565 GROSSMONT CENTER DR STE 101 BLDG 3 LA MESA, CA 91942-3021 Phone: (619) 464-3353 Fax: (619) 464-6720 After Hours Phone: (619) 464-3353 Provider Gender: Male License number: 20A7852 NPI: 1063592277 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website:</p>
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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	♿ <i>Accessibility:</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Medical Group(s):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	9AM-5PM
<i>IPA:</i> Community Care Ipa Llc,	9AM-5PM	<i>Website:</i>
Imperial Health Holdings	<i>Website:</i>	<i>Email:</i>
Medical Group-Sd	<i>Email:</i>	<i>Medical Group(s):</i>
	<i>Medical Group(s):</i>	<i>IPA:</i> Rady Childrens Health
	<i>IPA:</i> Rady Childrens Health	Network
	Network	

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### **PEDIATRIC EMERGENCY** **MEDICINE**

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#### **JOSHI, WEENA E**

*Provider ID:* 262233  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5565 GROSSMONT CENTER DR STE 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Female  
*License number:* A91208  
*NPI:* 1376862177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Health  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

#### **KANTHARIA, TINA H**

*Provider ID:* 206290  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5565 GROSSMONT CENTER DR STE 22  
 LA MESA, CA 91942-3020  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Female  
*License number:* A126911  
*NPI:* 1659632362  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*

#### **VARGAS, JACLYN**

*Provider ID:* 285936  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A144447  
*NPI:* 1619359718  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Lac USC Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA

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## D. Directorio de proveedores de atención especializada

9AM-5PM	No	American Sign Language (ASL):
Website:	♿ Accessibility:	No
Email:	Hours: SA,SU 1PM-10PM, M-F	♿ Accessibility:
Medical Group(s):	4PM-10PM	Hours: M-F 8AM-5PM, SA
IPA: Rady Childrens Health	Website:	9AM-5PM
Network	Email:	Website:
	Medical Group(s):	Email:
	IPA: Rady Childrens Health	Medical Group(s):
	Network	IPA: Rady Childrens Health
		Network

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### **PEDIATRIC INFECTIOUS DISEASES**

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#### **CHRISTMAN, JAMESINA C**

Provider ID: 259981  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5565 GROSSMONT CENTER DR  
 STE 2  
 LA MESA, CA 91942-3037  
 Phone: (619) 713-5375  
 Fax: (619) 713-5379  
 After Hours Phone: (619)  
 713-5375  
 Provider Gender: Female  
 License number: A93574  
 NPI: 1538372032  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Childrens  
 Hosp Of Los Angeles, Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/19  
 American Sign Language (ASL):

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### **PEDIATRIC PULMONOLOGY**

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#### **DUONG, THU A**

Provider ID: 260355  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5565 GROSSMONT CENTER DR  
 STE 2  
 LA MESA, CA 91942-3037  
 Phone: (619) 713-5375  
 Fax: (619) 713-5379  
 After Hours Phone: (619)  
 713-5375  
 Provider Gender: Female  
 License number: A127187  
 NPI: 1326309881  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18

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### **PEDIATRICS**

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#### **ADIGOPULA, BINA, MD**

Provider ID: 218149  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6942 UNIVERSITY AVE STE A  
 LA MESA, CA 91942-5963  
 Phone: (619) 698-2184  
 Fax: (619) 698-2084  
 After Hours Phone: (619)  
 698-2184  
 Provider Gender: Female  
 License number: A45273  
 NPI: 1982686200  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes

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## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 0/21            American Sign Language (ASL): No            Accessibility:              Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:              Hours: M-F 8AM-6PM, SA 11:30AM-3:30PM            Website:            Email:            Medical Group(s):            IPA: Blue Shield Promise Health Plan Direct</p>	<p>Childrens Hospital San Diego, El Centro Regional Medical Center, Valley Childrens Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:              Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>CLAY, CORRIE T</b>            Provider ID: 278807            Board Certified Specialty: No            BLUE SHIELD PROMISE HEALTH PLAN DIRECT            8881 FLETCHER PKWY STE 200 LA MESA, CA 91942-3135            Phone: (619) 464-6434            Fax: (619) 464-5109            After Hours Phone: (619) 464-6434            Provider Gender: Female            License number: A91977            NPI: 1437207750            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns            Medi-Cal Open Panel: Yes</p>	<p><b>DE LA ROSA, IVONNE E</b>            Provider ID: 206028            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            5565 GROSSMONT CENTER DR STE 2            LA MESA, CA 91942-3037            Phone: (619) 713-5375            Fax: (619) 713-5379            After Hours Phone: (619) 713-5375            Provider Gender: Female            License number: A49734            NPI: 1174695795            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital, Rady</p>	<p><b>DUONG, THU A</b>            Provider ID: 103010            Board Certified Specialty: No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            5565 GROSSMONT CENTER DR STE 2            LA MESA, CA 91942-3037            Phone: (619) 713-5375            Fax:            After Hours Phone: (619) 713-5375            Provider Gender: Female            License number: A127187            NPI: 1326309881            Provider English Spoken: Yes</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Regional Medical Center, Rady  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady          Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>          No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>          IPA: Rady Childrens Health          Network</p> <p><b>PARKER, PAUL C</b>  <i>Provider ID:</i> 276193  <i>Board Certified Specialty:</i> No          RADY CHILDRENS HEALTH          NETWORK          5555 GROSSMONT CENTER DR          LA MESA, CA 91942-3019  <i>Phone:</i> (619) 713-5375  <i>Fax:</i> (619) 713-5379  <i>After Hours Phone:</i> (619)          713-5375  <i>Provider Gender:</i> Male  <i>License number:</i> A54747  <i>NPI:</i> 1841202710  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Marian</p>	<p>Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>          No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>          IPA: Rady Childrens Health          Network</p> <p><b>WANG, EMILY J</b>  <i>Provider ID:</i> 126803  <i>Board Certified Specialty:</i> No          RADY CHILDRENS          SPECIALISTS SAN DIEGO MED          FNDTN          5565 GROSSMONT CENTER DR          STE 2          LA MESA, CA 91942-3037  <i>Phone:</i> (619) 713-5375  <i>Fax:</i>  <i>After Hours Phone:</i> (619)          713-5375  <i>Provider Gender:</i> Female  <i>License number:</i> A89393  <i>NPI:</i> 1427142363  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp</p>	<p>Memorial Hospital, Scripps          Memorial Hospital Encinitas,          Rady Childrens Hospital San          Diego, Scripps Memorial          Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>          No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>          IPA: Rady Childrens Health          Network</p> <hr/> <p style="text-align: center;"><b>PHYSICAL MEDICINE /          REHABILITATION</b></p> <hr/> <p><b>HURSCHMAN, ALAN B</b>  <i>Provider ID:</i> 295865  <i>Board Certified Specialty:</i> No          IHP OF SOUTHERN          CALIFORNIA          5360 JACKSON DR STE 100          LA MESA, CA 91942-3012  <i>Phone:</i> (858) 571-3630  <i>Fax:</i> (858) 295-3948  <i>After Hours Phone:</i> (858)          571-3630  <i>Provider Gender:</i> Male  <i>License number:</i> C155336  <i>NPI:</i> 1326031980</p>
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## D. Directorio de proveedores de atención especializada

<p>Provider English Spoken: Yes          Provider Language(s) Spoken: French, Spanish          Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-TH 8:30AM-5PM, F 8:30AM-4:30PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p>Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Alvarado Hospital Llc          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8:30AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Ihp Of Southern California</p>
<p><b>PHYSICIANS ASSISTANT</b></p>	<p><b>ELO, KRISTIN M , NPA</b>          Provider ID: 241862          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          5555 GROSSMONT CENTER DR          LA MESA, CA 91942-3019          Phone: (619) 644-3030          Fax: (619) 644-3083          After Hours Phone: (619) 644-3030          Provider Gender: Female          License number: PA19305          NPI: 1164664306          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp Grossmont Hospital, Grossmont Hospital</p>	<p><b>ELO, KRISTIN M</b>          Provider ID: 295736          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          5555 GROSSMONT CENTER DR          LA MESA, CA 91942-3019          Phone: (619) 644-3030          Fax: (619) 644-3083          After Hours Phone: (619) 644-3030          Provider Gender: Female          License number: PA19305          NPI: 1164664306          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp Grossmont Hospital, Grossmont Hospital</p>
<p><b>BARKER, SCOTT H</b>          Provider ID: 269071          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          5565 GROSSMONT CENTER DR          STE 112          LA MESA, CA 91942-3021          Phone: (619) 465-0083          Fax: (619) 465-2267          After Hours Phone: (619) 465-0083          Provider Gender: Male          License number: PA22121          NPI: 1073886289</p>		

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL): No  No  ♿ Accessibility:  Hours: M-F 8:30AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc,  Ihp Of Southern California</p>	<p>Min/Max Age: None  American Sign Language (ASL): No  No  ♿ Accessibility: W  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc,  Ihp Of Southern California</p>	<p>No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA:  <b>NEGLEY, JOELLE N</b>  Provider ID: 295977  Board Certified Specialty: No  IHP OF SOUTHERN CALIFORNIA  8851 CENTER DR STE 505  LA MESA, CA 91942-3059  Phone: (619) 461-3880  Fax: (619) 461-3895  After Hours Phone: (619)  461-3880  Provider Gender: Female  License number: PA52553  NPI: 1073947362  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility: P, EB, IB, E, R, T  Hours: M-F 9AM-5PM, SA  9AM-5PM</p>
<p><b>ELO, KRISTIN M</b>  Provider ID: 55181  Board Certified Specialty: No  CANCER CENTER ONCOLOGY  MEDICAL GROUP INC  5555 GROSSMONT CENTER DR  LA MESA, CA 91942-3019  Phone: (619) 644-3030  Fax:  After Hours Phone: (619)  644-3030  Provider Gender: Female  License number: PA19305  NPI: 1164664306  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Sharp  Grossmont Hospital, Grossmont  Hospital  Medi-Cal Open Panel: No</p>	<p><b>KEYES, AMY J , NPA</b>  Provider ID: 247011  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  5565 GROSSMONT CENTER DR  STE 101  LA MESA, CA 91942-3021  Phone: (619) 464-3353  Fax: (619) 464-6720  After Hours Phone: (619)  464-3353  Provider Gender: Female  License number: PA56805  NPI: 1689046310  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Sutter  Solano Med Ctr  Medi-Cal Open Panel: No  Min/Max Age: 0/999  American Sign Language (ASL):</p>	

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## D. Directorio de proveedores de atención especializada

<i>Website:</i>	<i>Provider ID:</i> 268946	LA MESA, CA 91942-8901
<i>Email:</i>	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 625-1144
<i>Medical Group(s):</i>	COMMUNITY CARE IPA LLC	<i>Fax:</i>
<i>IPA:</i> Ihp Of Southern California	5555 GROSSMONT CENTER DR	<i>After Hours Phone:</i> (619)
	LA MESA, CA 91942-3019	625-1144
<b>RAYMOND, ALAIN L , NPA</b>	<i>Phone:</i> (619) 644-3030	<i>Provider Gender:</i> Female
<i>Provider ID:</i> 269057	<i>Fax:</i> (619) 644-3638	<i>License number:</i> PA22855
<i>Board Certified Specialty:</i> No	<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1497196729
COMMUNITY CARE IPA LLC	644-3030	<i>Provider English Spoken:</i> Yes
8851 CENTER DR STE 505	<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>
LA MESA, CA 91942-3059	<i>License number:</i> PA51280	<i>Cultural Competency:</i> No
<i>Phone:</i> (619) 461-3880	<i>NPI:</i> 1720418833	<i>Hospital Affiliation:</i>
<i>Fax:</i> (619) 461-3895	<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>After Hours Phone:</i> (619)	<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> 0/999
461-3880	<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i>
<i>Provider Gender:</i> Male	<i>Hospital Affiliation:</i>	No
<i>License number:</i> PA21466	<i>Medi-Cal Open Panel:</i> Yes	<i>Accessibility:</i>
<i>NPI:</i> 1164729125	<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-SA 9AM-5PM
<i>Provider English Spoken:</i> Yes	<i>American Sign Language (ASL):</i>	<i>Website:</i>
<i>Provider Language(s) Spoken:</i>	No	<i>Email:</i>
French	<i>Accessibility:</i>	<i>Medical Group(s):</i>
<i>Cultural Competency:</i> No	<i>Hours:</i> M-F 8:30AM-5PM, SA	<i>IPA:</i> Community Care Ipa Llc
<i>Hospital Affiliation:</i>	9AM-5PM	
<i>Medi-Cal Open Panel:</i> Yes	<i>Website:</i>	<b>VAWTER, ERIN Z</b>
<i>Min/Max Age:</i> 0/999	<i>Email:</i>	<i>Provider ID:</i> 295755
<i>American Sign Language (ASL):</i>	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
No	<i>IPA:</i> Community Care Ipa Llc,	IHP OF SOUTHERN
<i>Accessibility:</i>	Ucsd Medical Group	CALIFORNIA
<i>Hours:</i> M-SA 9AM-5PM		5555 GROSSMONT CENTER DR
<i>Website:</i>	<b>SUNA SITTO, MOHEEN</b>	LA MESA, CA 91942-3019
<i>Email:</i>	<i>Provider ID:</i> 269776	<i>Phone:</i> (619) 644-3030
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	<i>Fax:</i> (619) 644-3638
<i>IPA:</i> Community Care Ipa Llc	COMMUNITY CARE IPA LLC	<i>After Hours Phone:</i> (619)
	7051 ALVARADO RD STE 101	644-3030
<b>SACKNOFF, STEFANIE S</b>		

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## D. Directorio de proveedores de atención especializada

<p> <i>Provider Gender:</i> Female  <i>License number:</i> PA23028  <i>NPI:</i> 1376988691  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California         </p>	<p> <i>NPI:</i> 1396762076  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc         </p>	<p> <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc         </p>
<hr/>		
<b>PODIATRIST</b>		
<hr/>		
<p> <b>WRAY, AMY G</b>  <i>Provider ID:</i> 118286  <i>Board Certified Specialty:</i> No            CANCER CENTER ONCOLOGY MEDICAL GROUP INC            5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019  <i>Phone:</i> (619) 644-3030  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 644-3030  <i>Provider Gender:</i> Female  <i>License number:</i> PA17578         </p>	<p> <b>WRAY, AMY G</b>  <i>Provider ID:</i> 268840  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019  <i>Phone:</i> (619) 644-3030  <i>Fax:</i> (619) 644-3638  <i>After Hours Phone:</i> (619) 644-3030  <i>Provider Gender:</i> Female  <i>License number:</i> PA17578  <i>NPI:</i> 1396762076  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> </p>	<p> <b>COLLINS, MICHAEL L</b>  <i>Provider ID:</i> 108901  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD            8851 CENTER DR STE 601 LA MESA, CA 91942-3062  <i>Phone:</i> (619) 441-9811  <i>Fax:</i> (619) 425-0539  <i>After Hours Phone:</i> (619) 441-9811  <i>Provider Gender:</i> Male  <i>License number:</i> DPM5146  <i>NPI:</i> 1912294711  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy         </p>

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## D. Directorio de proveedores de atención especializada

Hospital Chula Vista <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Sharp Memorial Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> W <i>Hours:</i> M,TU,TH 9AM-4PM, W,SA 9AM-5PM, F 9AM-12PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc	Hospital <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> W <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i>
<b>VALLONE, MELCHIOR P</b> <i>Provider ID:</i> 26555 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 5129 GARFIELD ST LA MESA, CA 91941-5103 <i>Phone:</i> (619) 465-3200 <i>Fax:</i> (619) 465-3700 <i>After Hours Phone:</i> (619) 465-3200 <i>Provider Gender:</i> Male <i>License number:</i> DPM2201 <i>NPI:</i> 1093998965 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Grossmont Hospital, Alvarado Hospital Llc,	<b>AL-NASER, RAED A</b> <i>Provider ID:</i> 57289 <i>Board Certified Specialty:</i> No SAN DIEGO CRITICAL CARE MED GRP INC 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019 <i>Phone:</i> (619) 461-1920 <i>Fax:</i> <i>After Hours Phone:</i> (619) 461-1920 <i>Provider Gender:</i> Male <i>License number:</i> A71932 <i>NPI:</i> 1770589293 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Arabic, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Grossmont	<b>BAGHERI, KAVEH</b> <i>Provider ID:</i> 57290 <i>Board Certified Specialty:</i> No SAN DIEGO CRITICAL CARE MED GRP INC 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019 <i>Phone:</i> (619) 713-5014 <i>Fax:</i> <i>After Hours Phone:</i> (619) 713-5014 <i>Provider Gender:</i> Male <i>License number:</i> A52496 <i>NPI:</i> 1174542252 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Farsi <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Grossmont Hospital <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None
<b>PULMONARY DISEASES</b>		

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility: W          Hours: M-SU 2AM-12PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>
<b>RADIATION ONCOLOGY</b>		
<p><b>POKALA, SATHYA P</b>          Provider ID: 57292          Board Certified Specialty: No          SAN DIEGO CRITICAL CARE MED GRP INC          5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019          Phone: (619) 713-5014          Fax:          After Hours Phone: (619) 713-5014          Provider Gender: Male          License number: A51070          NPI: 1972523769          Provider English Spoken: Yes          Provider Language(s) Spoken: Hindi          Cultural Competency: No          Hospital Affiliation: Grossmont Hospital          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: W</p>	<p><b>COLEMAN, LORI A , MD</b>          Provider ID: 221089          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019          Phone: (619) 740-4500          Fax: (619) 740-8499          After Hours Phone: (619) 740-4500          Provider Gender: Female          License number: G78635          NPI: 1053348920          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Palomar Medical Center          Medi-Cal Open Panel: Yes          Min/Max Age: 19/100          American Sign Language (ASL): No          Accessibility:</p>	<p><b>DEWITT, KELLY D , MD</b>          Provider ID: 206385          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019          Phone: (619) 740-4500          Fax: (619) 740-8499          After Hours Phone: (619) 740-4500          Provider Gender: Female          License number: A74873          NPI: 1184668741          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 19/100          American Sign Language (ASL): No          Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **JABBARI, SIAVASH, MD**

Provider ID: 268785  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-4500  
 Fax: (619) 740-8499  
 After Hours Phone: (619)  
 740-4500  
 Provider Gender: Male  
 License number: A99269  
 NPI: 1720314107  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Sharp Chula  
 Vista Med Ctr, Grossmont  
 Hospital, Sharp Memorial  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **PEJAVAR, SUNANDA M , MD**

Provider ID: 221075  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-4500  
 Fax: (619) 740-8499  
 After Hours Phone: (619)  
 740-4500  
 Provider Gender: Female  
 License number: A103733  
 NPI: 1912232513  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Kannada, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Sharp Memorial  
 Hospital, Sharp Chula Vista  
 Med Ctr, Palomar Medical  
 Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **UHL, BARRY M , MD**

Provider ID: 204684  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-4500  
 Fax: (619) 740-8499  
 After Hours Phone: (619)  
 740-4500  
 Provider Gender: Male  
 License number: A71969  
 NPI: 1811936693  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Sharp Chula  
 Vista Med Ctr, Sharp Memorial  
 Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **VOLPP, PAUL B , MD**

Provider ID: 221104  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-4500  
 Fax: (619) 740-8499  
 After Hours Phone: (619)  
 740-4500  
 Provider Gender: Male  
 License number: A86307  
 NPI: 1225186232  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Sharp Chula  
 Vista Med Ctr, Grossmont  
 Hospital, Palomar Medical  
 Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **WEINSTEIN, GEOFFREY D , MD**

Provider ID: 220040  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-4500  
 Fax: (619) 740-8499  
 After Hours Phone: (619)  
 740-4500  
 Provider Gender: Male  
 License number: A54109  
 NPI: 1841233947  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Sharp Memorial  
 Hospital, Sharp Chula Vista  
 Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Community Care Ipa Llc

### **RADIOLOGY DIAGNOSTIC**

### **X-RAY**

### **BRANNIGAN, THOMAS J**

Provider ID: 114572  
 Board Certified Specialty: No  
 X RAY MEDICAL GROUP INC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
 Phone: (619) 740-4045  
 Fax:  
 After Hours Phone: (619)  
 740-4045  
 Provider Gender: Male  
 License number: G65789  
 NPI: 1598710030  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **BRANNIGAN, THOMAS J**

Provider ID: 41347  
 Board Certified Specialty: No  
 X RAY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-5100  
 Fax:  
 After Hours Phone: (619)  
 740-5100  
 Provider Gender: Male  
 License number: G65789  
 NPI: 1598710030  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CHANG, WEILING**

Provider ID: 118293  
 Board Certified Specialty: No  
 X RAY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR

LA MESA, CA 91942-3019  
 Phone: (619) 740-5100  
 Fax:  
 After Hours Phone: (619)  
 740-5100  
 Provider Gender: Female  
 License number: A90535  
 NPI: 1659326460  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ELLISON, HARRY P**

Provider ID: 114776  
 Board Certified Specialty: No  
 X RAY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-5100  
 Fax:  
 After Hours Phone: (619)  
 740-5100

Provider Gender: Male  
 License number: G50309  
 NPI: 1780639039  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ELLISON, HARRY P**

Provider ID: 114778  
 Board Certified Specialty: No  
 X RAY MEDICAL GROUP INC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
 Phone: (619) 740-4045  
 Fax:  
 After Hours Phone: (619)  
 740-4045  
 Provider Gender: Male  
 License number: G50309  
 NPI: 1780639039  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### ELLISON, JON G

Provider ID: 111122  
 Board Certified Specialty: No  
 X RAY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-5100  
 Fax:  
 After Hours Phone: (619) 740-5100  
 Provider Gender: Male  
 License number: A117199  
 NPI: 1760630669  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### ELLISON, JON G

Provider ID: 111124  
 Board Certified Specialty: No  
 X RAY MEDICAL GROUP INC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
 Phone: (619) 740-4045  
 Fax:  
 After Hours Phone: (619) 740-4045  
 Provider Gender: Male  
 License number: A117199  
 NPI: 1760630669  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### JACOBSEN, JAMES C

Provider ID: 114564  
 Board Certified Specialty: No  
 X RAY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-5100  
 Fax:  
 After Hours Phone: (619) 740-5100  
 Provider Gender: Male  
 License number: A87878  
 NPI: 1356394811  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### JACOBSEN, JAMES C

Provider ID: 114567

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 X RAY MEDICAL GROUP INC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
*Phone:* (619) 740-4045  
*Fax:*  
*After Hours Phone:* (619)  
 740-4045  
*Provider Gender:* Male  
*License number:* A87878  
*NPI:* 1356394811  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **LIU, JENNA I**

*Provider ID:* 269009  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019

*Phone:* (619) 461-1830  
*Fax:*  
*After Hours Phone:* (619)  
 461-1830  
*Provider Gender:* Female  
*License number:* A91263  
*NPI:* 1952514978  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **MOORE, BRIAN S**

*Provider ID:* 115375  
*Board Certified Specialty:* No  
 X RAY MEDICAL GROUP INC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000

*Phone:* (619) 740-4045  
*Fax:*  
*After Hours Phone:* (619)  
 740-4045  
*Provider Gender:* Male  
*License number:* G68336  
*NPI:* 1831144005  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **NAUMANN, MICHAEL T**

*Provider ID:* 113619  
*Board Certified Specialty:* No  
 X RAY MEDICAL GROUP INC  
 8881 FLETCHER PKWY STE 102  
 LA MESA, CA 91942-3129  
*Phone:* (619) 461-1830  
*Fax:* (619) 460-2774  
*After Hours Phone:* (619)  
 461-1830  
*Provider Gender:* Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>License number: A116596  NPI: 1386821171  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Grossmont Hospital  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p> <p><b>NAUMANN, MICHAEL T</b>  Provider ID: 113621  Board Certified Specialty: No  X RAY MEDICAL GROUP INC  5555 GROSSMONT CENTER DR  LA MESA, CA 91942-3019  Phone: (619) 740-5100  Fax:  After Hours Phone: (619) 740-5100  Provider Gender: Male  License number: A116596  NPI: 1386821171  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No</p>	<p>Hospital Affiliation: Grossmont Hospital  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p> <p><b>NAUMANN, MICHAEL T</b>  Provider ID: 113622  Board Certified Specialty: No  X RAY MEDICAL GROUP INC  8860 CENTER DR STE 100  LA MESA, CA 91942-7000  Phone: (619) 740-4045  Fax: (619) 460-2774  After Hours Phone: (619) 740-4045  Provider Gender: Male  License number: A116596  NPI: 1386821171  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Grossmont Hospital  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):</p>	<p>No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p> <p><b>NAUMANN, MICHAEL T , MD</b>  Provider ID: 269664  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  8881 FLETCHER PKWY STE 102  LA MESA, CA 91942-3129  Phone: (619) 461-1830  Fax: (619) 258-8553  After Hours Phone: (619) 461-1830  Provider Gender: Male  License number: A116596  NPI: 1386821171  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Grossmont Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **NAUMANN, MICHAEL T , MD**

Provider ID: 269665  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
 Phone: (619) 460-2770  
 Fax: (619) 460-2774  
 After Hours Phone: (619)  
 460-2770  
 Provider Gender: Male  
 License number: A116596  
 NPI: 1386821171  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SUN, ALEX W**

Provider ID: 268633  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-4008  
 Fax:  
 After Hours Phone: (619)  
 740-4008  
 Provider Gender: Male  
 License number: A133334  
 NPI: 1538502331  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr, Scripps Green  
 Hospital, Scripps Memorial  
 Hospital, Scripps Mercy  
 Hospital, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **TROUT, TERE E**

Provider ID: 115359  
 Board Certified Specialty: No  
 X RAY MEDICAL GROUP INC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
 Phone: (619) 740-4045  
 Fax:  
 After Hours Phone: (619)  
 740-4045  
 Provider Gender: Female  
 License number: G70276  
 NPI: 1649223140  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **TROUT, TERE E**

Provider ID: 41265  
 Board Certified Specialty: No  
 X RAY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 740-5100	License number: A78795	Cultural Competency: No
Fax:	NPI: 1528011020	Hospital Affiliation: Ucsd La Jolla John Sally Thornton,
After Hours Phone: (619) 740-5100	Provider English Spoken: Yes	Grossmont Hospital
Provider Gender: Female	Provider Language(s) Spoken:	Medi-Cal Open Panel: No
License number: G70276	Cultural Competency: No	Min/Max Age: None
NPI: 1649223140	Hospital Affiliation: Grossmont Hospital, Ucsd La Jolla John Sally Thornton	American Sign Language (ASL): No
Provider English Spoken: Yes	Medi-Cal Open Panel: No	♿ Accessibility: W
Provider Language(s) Spoken:	Min/Max Age: None	Hours: M-SA 9AM-5PM
Cultural Competency: No	American Sign Language (ASL): No	Website:
Hospital Affiliation: Grossmont Hospital	♿ Accessibility: W	Email:
Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM	Medical Group(s):
Min/Max Age: None	Website:	IPA: Community Care Ipa Llc
American Sign Language (ASL): No	Email:	<b>VENKATESH, VIJAY B</b>
♿ Accessibility: W	Medical Group(s):	Provider ID: 114938
Hours: M-SA 9AM-5PM	IPA: Community Care Ipa Llc	Board Certified Specialty: No
Website:	<b>URIOSTE, ALEXANDER S</b>	X RAY MEDICAL GROUP INC
Email:	Provider ID: 114936	5555 GROSSMONT CENTER DR
Medical Group(s):	Board Certified Specialty: No	LA MESA, CA 91942-3019
IPA: Community Care Ipa Llc	X RAY MEDICAL GROUP INC	Phone: (619) 740-5100
<b>URIOSTE, ALEXANDER S</b>	8860 CENTER DR STE 100	Fax:
Provider ID: 114930	LA MESA, CA 91942-7000	After Hours Phone: (619) 740-5100
Board Certified Specialty: No	Phone: (619) 740-4045	Provider Gender: Male
X RAY MEDICAL GROUP INC	Fax: (619) 460-2774	License number: A94476
5555 GROSSMONT CENTER DR	After Hours Phone: (619) 740-4045	NPI: 1689627085
LA MESA, CA 91942-3019	Provider Gender: Male	Provider English Spoken: Yes
Phone: (619) 740-5100	License number: A78795	Provider Language(s) Spoken:
Fax:	NPI: 1528011020	Cultural Competency: No
After Hours Phone: (619) 740-5100	Provider English Spoken: Yes	Hospital Affiliation: Grossmont Hospital
Provider Gender: Male	Provider Language(s) Spoken:	Medi-Cal Open Panel: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: None	Website:	Website:
American Sign Language (ASL): No	Email:	Email:
♿ Accessibility: W	Medical Group(s):	Medical Group(s):
Hours: M-SA 9AM-5PM	IPA: Community Care Ipa Llc	IPA: Community Care Ipa Llc
Website:		
Email:		
Medical Group(s):		
IPA: Community Care Ipa Llc		
	<b>RADIOLOGY DIAGNOSTIC</b>	<b>RADIOLOGY</b>
<b>VENKATESH, VIJAY B</b>	<b>MORTEZAIE, ALAN R</b>	<b>BRANNIGAN, THOMAS J</b>
Provider ID: 114942	Provider ID: 268883	Provider ID: 269041
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
X RAY MEDICAL GROUP INC	COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC
8860 CENTER DR STE 100	5555 GROSSMONT CENTER DR	5555 GROSSMONT CENTER DR
LA MESA, CA 91942-7000	LA MESA, CA 91942-3019	LA MESA, CA 91942-3019
Phone: (619) 740-4045	Phone: (661) 326-9600	Phone: (619) 460-2770
Fax: (619) 668-0377	Fax:	Fax: (619) 740-5150
After Hours Phone: (619) 740-4045	After Hours Phone: (661) 326-9600	After Hours Phone: (619) 460-2770
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A94476	License number: A116100	License number: G65789
NPI: 1689627085	NPI: 1013112820	NPI: 1598710030
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Grossmont Hospital	Hospital Affiliation: Grossmont Hospital, Bakersfield Memorial Hosp, Mercy Hospital Bakersfield	Hospital Affiliation: Grossmont Hospital
Medi-Cal Open Panel: No	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Min/Max Age: None	Min/Max Age: 0/999	Min/Max Age: 0/999
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility: W	♿ Accessibility:	♿ Accessibility:
Hours: M-SA 9AM-5PM	Hours: M-F 9AM-5PM, SA 9AM-5PM	Hours: M-F 7AM-5PM, SA 9AM-5PM
		Website:
		Email:

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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>CHANG, WEILING</b> Provider ID: 269040 Board Certified Specialty: No COMMUNITY CARE IPA LLC 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019 Phone: (619) 460-2770 Fax: After Hours Phone: (619) 460-2770 Provider Gender: Female License number: A90535 NPI: 1659326460 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>ELLISON, HARRY P</b> Provider ID: 268985</p>	<p>Board Certified Specialty: No COMMUNITY CARE IPA LLC 5555 GROSSMONT CENTER DR STE 1 LA MESA, CA 91942-3019 Phone: (619) 740-5100 Fax: (619) 740-8100 After Hours Phone: (619) 740-5100 Provider Gender: Male License number: G50309 NPI: 1780639039 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>ELLISON, JON G</b> Provider ID: 268993 Board Certified Specialty: No COMMUNITY CARE IPA LLC 5555 GROSSMONT CENTER DR</p>	<p>LA MESA, CA 91942-3019 Phone: (619) 460-2774 Fax: After Hours Phone: (619) 460-2774 Provider Gender: Male License number: A117199 NPI: 1760630669 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>HA, TUAN X</b> Provider ID: 268900 Board Certified Specialty: No COMMUNITY CARE IPA LLC 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (508) 295-7271  
 Fax:  
 After Hours Phone: (508) 295-7271  
 Provider Gender: Male  
 License number: C131942  
 NPI: 1285673699  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Kaweah Delta District Hosp, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **HONOWITZ, SCOTT C**

Provider ID: 268846  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019

Phone: (508) 295-7271  
 Fax:  
 After Hours Phone: (508) 295-7271  
 Provider Gender: Male  
 License number: A134287  
 NPI: 1346684156  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Stanford Health Care, Lucile Salter Packard Childrens Hosp, Grossmont Hospital, Dominican Santa Cruz Hosp  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **JACOBSEN, JAMES C , MD**

Provider ID: 243974  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8881 FLETCHER PKWY STE 102  
 LA MESA, CA 91942-3129

Phone: (619) 460-2770  
 Fax: (619) 460-2774  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Male  
 License number: A87878  
 NPI: 1356394811  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SU 7AM-7PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **JACOBSEN, JAMES C , MD**

Provider ID: 243975  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
 Phone: (619) 460-2770  
 Fax: (619) 460-2774  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

License number: A87878	Hospital Affiliation: Ucsd	Min/Max Age: 0/999
NPI: 1356394811	Medical Ctr, Grossmont	American Sign Language (ASL):
Provider English Spoken: Yes	Hospital	No
Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes	♿ Accessibility:
Cultural Competency: No	Min/Max Age: 0/999	Hours: M-F 7AM-5PM, SA
Hospital Affiliation: Grossmont	American Sign Language (ASL):	9AM-5PM
Hospital	No	Website:
Medi-Cal Open Panel: Yes	♿ Accessibility:	Email:
Min/Max Age: 0/999	Hours: M-F 9AM-5PM, SA	Medical Group(s):
American Sign Language (ASL):	9AM-5PM	IPA: Community Care Ipa Llc
No	Website:	
♿ Accessibility:	Email:	<b>MOORE, BRIAN S , MD</b>
Hours: M-SU 7AM-7PM	Medical Group(s):	Provider ID: 243960
Website:	IPA: Community Care Ipa Llc	Board Certified Specialty: No
Email:		COMMUNITY CARE IPA LLC
Medical Group(s):	<b>MOORE, BRIAN S , MD</b>	8860 CENTER DR STE 100
IPA: Community Care Ipa Llc	Provider ID: 243959	LA MESA, CA 91942-7000
	Board Certified Specialty: No	Phone: (619) 460-2770
<b>LANCE, VALENTIN A</b>	COMMUNITY CARE IPA LLC	Fax: (619) 460-2774
Provider ID: 268974	8881 FLETCHER PKWY STE 102	After Hours Phone: (619)
Board Certified Specialty: No	LA MESA, CA 91942-3129	460-2770
COMMUNITY CARE IPA LLC	Phone: (619) 460-2770	Provider Gender: Male
5555 GROSSMONT CENTER DR	Fax: (619) 460-2774	License number: G68336
LA MESA, CA 91942-3019	After Hours Phone: (619)	NPI: 1831144005
Phone: (800) 841-5200	460-2770	Provider English Spoken: Yes
Fax:	Provider Gender: Male	Provider Language(s) Spoken:
After Hours Phone: (800)	License number: G68336	Cultural Competency: No
841-5200	NPI: 1831144005	Hospital Affiliation: Grossmont
Provider Gender: Male	Provider English Spoken: Yes	Hospital
License number: A118759	Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes
NPI: 1720303191	Cultural Competency: No	Min/Max Age: 0/999
Provider English Spoken: Yes	Hospital Affiliation: Grossmont	American Sign Language (ASL):
Provider Language(s) Spoken:	Hospital	No
Cultural Competency: No	Medi-Cal Open Panel: Yes	♿ Accessibility:

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## D. Directorio de proveedores de atención especializada

Hours: M-F 7AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **TROUT, TERE E**

Provider ID: 268982

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

5555 GROSSMONT CENTER DR  
LA MESA, CA 91942-3019

Phone: (619) 460-2770

Fax: (619) 740-5150

After Hours Phone: (619)  
460-2770

Provider Gender: Female

License number: G70276

NPI: 1649223140

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **URIOSTE, ALEXANDER S**

Provider ID: 269251

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

8860 CENTER DR STE 100  
LA MESA, CA 91942-7000

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619)  
460-2770

Provider Gender: Male

License number: A78795

NPI: 1528011020

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton,

Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **VENKATESH, VIJAY B , MD**

Provider ID: 269659

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

8860 CENTER DR STE 100  
LA MESA, CA 91942-7000

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619)  
460-2770

Provider Gender: Male

License number: A94476

NPI: 1689627085

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **VENKATESH, VIJAY B , MD**

Provider ID: 269660

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

8881 FLETCHER PKWY STE 102

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## D. Directorio de proveedores de atención especializada

LA MESA, CA 91942-3129  
 Phone: (619) 460-2770  
 Fax: (619) 460-2774  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Male  
 License number: A94476  
 NPI: 1689627085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Phone: (619) 740-5100  
 Fax: (619) 740-5150  
 After Hours Phone: (619) 740-5100  
 Provider Gender: Male  
 License number: A125809  
 NPI: 1568617108  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Tri City Medical Ctr, Scripps Green Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Phone: (619) 229-1995  
 Fax: (619) 229-1109  
 After Hours Phone: (619) 229-1995  
 Provider Gender: Female  
 License number: A45440  
 NPI: 1780609503  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Hindi, Spanish, Telugu, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### VIETS, RYAN B

Provider ID: 268951  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019

### RHEUMATOLOGY

### KOTHA, AKTHER J

Provider ID: 29099  
 Board Certified Specialty: No  
 PURUSHOTHAM AND AKTHER  
 KOTHA MD INC  
 8860 CENTER DR STE 400  
 LA MESA, CA 91942-7003

### KOTHA, AKTHER J

Provider ID: 29099  
 Board Certified Specialty: No  
 PURUSHOTHAM AND AKTHER  
 KOTHA MD INC  
 8860 CENTER DR STE 400  
 LA MESA, CA 91942-7003

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## D. Directorio de proveedores de atención especializada

Phone: (619) 229-1995  
 Fax: (619) 229-1109  
 After Hours Phone: (619) 229-1995  
 Provider Gender: Female  
 License number: A45440  
 NPI: 1780609503  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Hindi, Spanish, Telugu, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **KOTHA, ROSHAN, MD**

Provider ID: 63454  
 Board Certified Specialty: No  
 PURUSHOTHAM AND AKTHER  
 KOTHA MD INC  
 8860 CENTER DR STE 400  
 LA MESA, CA 91942-7003

Phone: (619) 229-1995  
 Fax: (619) 229-1109  
 After Hours Phone: (619) 229-1995  
 Provider Gender: Female  
 License number: A106044  
 NPI: 1417117839  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Spanish, Telugu  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **KOTHA, ROSHAN**

Provider ID: 63454  
 Board Certified Specialty: No  
 PURUSHOTHAM AND AKTHER  
 KOTHA MD INC  
 8860 CENTER DR STE 400  
 LA MESA, CA 91942-7003

Phone: (619) 229-1995  
 Fax: (619) 229-1109  
 After Hours Phone: (619) 229-1995  
 Provider Gender: Female  
 License number: A106044  
 NPI: 1417117839  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Spanish, Telugu  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SURGERY GENERAL**

### **LIN, HONG-DER**

Provider ID: 284965  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5565 GROSSMONT CENTER DR  
 STE 221 BLDG 1  
 LA MESA, CA 91942-3022

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 462-8100  
 Fax: (619) 462-7933  
 After Hours Phone: (619) 462-8100  
 Provider Gender: Male  
 License number: C42964  
 NPI: 1174539035  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hosp Med Ctr, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ORR, CARL E , MD**

Provider ID: 26549  
 Board Certified Specialty: No  
 GROSSMONT SURGICAL ASSOCS A MED CORP  
 5565 GROSSMONT CENTER DR STE 221  
 LA MESA, CA 91942-3022

Phone: (619) 462-8100  
 Fax: (619) 462-7933  
 After Hours Phone: (619) 462-8100  
 Provider Gender: Male  
 License number: G58899  
 NPI: 1730195694  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hebrew, Mandarin, Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SURGERY ORTHOPEDIC**

### **BAGHERI, ALI**

Provider ID: 125035  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD  
 8851 CENTER DR STE 601  
 LA MESA, CA 91942-3062  
 Phone: (619) 441-9811  
 Fax: (619) 401-8766  
 After Hours Phone: (619) 441-9811  
 Provider Gender: Male  
 License number: A123272  
 NPI: 1760632947  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

### **BALLARD, BROOKE L**

Provider ID: 262205  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

MEDICAL GROUP-SD 8860 CENTER DR STE 350 LA MESA, CA 91942-7003 Phone: (619) 286-9480 Fax: (619) 286-4568 After Hours Phone: (619) 286-9480 Provider Gender: Female License number: A104161 NPI: 1841447950 Provider English Spoken: Yes Provider Language(s) Spoken: French, Spanish Cultural Competency: No Hospital Affiliation: Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Imperial Health Holdings Medical Group-Sd	IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 8860 CENTER DR STE 350A LA MESA, CA 91942-7003 Phone: (619) 286-9480 Fax: (619) 286-4568 After Hours Phone: (619) 286-9480 Provider Gender: Male License number: G73930 NPI: 1174692206 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Imperial Health Holdings Medical Group-Sd  <b>FINKENBERG, JOHN G</b> Provider ID: 262200 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD	8860 CENTER DR STE 350 LA MESA, CA 91942-7003 Phone: (619) 286-9480 Fax: (619) 286-4568 After Hours Phone: (619) 286-9480 Provider Gender: Male License number: G56283 NPI: 1285703413 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Imperial Health Holdings Medical Group-Sd  <b>JACOBSON, MARK D</b> Provider ID: 262261 Board Certified Specialty: No
<b>BATES, JAMES E</b> Provider ID: 262141 Board Certified Specialty: No		

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## D. Directorio de proveedores de atención especializada

<p>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 8860 CENTER DR STE 350 LA MESA, CA 91942-7003 Phone: (619) 286-9480 Fax: (619) 286-4568 After Hours Phone: (619) 286-9480 Provider Gender: Male License number: G71151 NPI: 1760551915 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-W,F,SA 9AM-5PM, TH 9AM-4PM Website: Email: Medical Group(s): IPA: Imperial Health Holdings Medical Group-Sd</p> <p><b>KIMBALL, MICHAEL P , MD</b> Provider ID: 44005 Board Certified Specialty: No</p>	<p>COMMUNITY CARE IPA LLC 8851 CENTER DR STE 601 LA MESA, CA 91942-3062 Phone: (619) 441-9811 Fax: (619) 401-8766 After Hours Phone: (619) 441-9811 Provider Gender: Male License number: G76060 NPI: 1588648653 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>KIMBALL, MICHAEL P</b> Provider ID: 44005</p>	<p>Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 8851 CENTER DR STE 601 LA MESA, CA 91942-3062 Phone: (619) 441-9811 Fax: (619) 401-8766 After Hours Phone: (619) 441-9811 Provider Gender: Male License number: G76060 NPI: 1588648653 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
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## D. Directorio de proveedores de atención especializada

<p><b>RICKARDS, ENASS N</b>  <i>Provider ID:</i> 125036  <i>Board Certified Specialty:</i> No                      IMPERIAL HEALTH HOLDINGS                      MEDICAL GROUP-SD                      8851 CENTER DR STE 601                      LA MESA, CA 91942-3062  <i>Phone:</i> (619) 441-9811  <i>Fax:</i> (619) 401-8766  <i>After Hours Phone:</i> (619) 441-9811  <i>Provider Gender:</i> Female  <i>License number:</i> G79785  <i>NPI:</i> 1609850080  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>                      IPA: Community Care Ipa Llc, Imperial Health Holdings</p>	<p>Medical Group-Sd</p> <p><b>RICKARDS, ENASS N , MD</b>  <i>Provider ID:</i> 268907  <i>Board Certified Specialty:</i> No                      COMMUNITY CARE IPA LLC                      8851 CENTER DR STE 601                      LA MESA, CA 91942-3062  <i>Phone:</i> (619) 441-9811  <i>Fax:</i> (619) 401-8766  <i>After Hours Phone:</i> (619) 441-9811  <i>Provider Gender:</i> Female  <i>License number:</i> G79785  <i>NPI:</i> 1609850080  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>                      IPA: Community Care Ipa Llc, Imperial Health Holdings</p>	<p>Medical Group-Sd</p> <p><b>ROSENFELD, ALAN L</b>  <i>Provider ID:</i> 262175  <i>Board Certified Specialty:</i> No                      IMPERIAL HEALTH HOLDINGS                      MEDICAL GROUP-SD                      8851 CENTER DR STE 601                      LA MESA, CA 91942-3062  <i>Phone:</i> (619) 441-9811  <i>Fax:</i> (619) 401-8766  <i>After Hours Phone:</i> (619) 441-9811  <i>Provider Gender:</i> Male  <i>License number:</i> G75293  <i>NPI:</i> 1588648968  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M,SA 9AM-5PM, TU 9AM-12:30PM, W 8:30AM-4:30PM, TH,F</p>
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## D. Directorio de proveedores de atención especializada

9AM-12PM	No	American Sign Language (ASL):
Website:	♿ Accessibility:	No
Email:	Hours: M-F 9AM-5PM, SA	♿ Accessibility:
Medical Group(s):	9AM-5PM	Hours: M-F 8AM-4PM, SA
IPA: Community Care Ipa Llc,	Website:	9AM-5PM
Imperial Health Holdings	Email:	Website:
Medical Group-Sd	Medical Group(s):	Email:
	IPA: Imperial Health Holdings	Medical Group(s):
	Medical Group-Sd	IPA: Community Care Ipa Llc,
		Imperial Health Holdings
		Medical Group-Sd
<b>RYNNING, RALPH E</b>	<b>TAYYAB, NEIL A</b>	
Provider ID: 262194	Provider ID: 262104	
Board Certified Specialty: No	Board Certified Specialty: No	
IMPERIAL HEALTH HOLDINGS	IMPERIAL HEALTH HOLDINGS	
MEDICAL GROUP-SD	MEDICAL GROUP-SD	
8860 CENTER DR STE 350	8851 CENTER DR STE 601	
LA MESA, CA 91942-7003	LA MESA, CA 91942-3062	
Phone: (619) 286-9480	Phone: (858) 455-6460	
Fax: (619) 286-4568	Fax: (619) 401-8766	
After Hours Phone: (619)	After Hours Phone: (858)	
286-9480	455-6460	
Provider Gender: Male	Provider Gender: Male	
License number: A103946	License number: A94408	
NPI: 1952595316	NPI: 1831149970	
Provider English Spoken: Yes	Provider English Spoken: Yes	
Provider Language(s) Spoken:	Provider Language(s) Spoken:	
French, German, Norwegian,	Cultural Competency: No	
Spanish	Hospital Affiliation: Scripps	
Cultural Competency: No	Mercy Hospital Chula Vista,	
Hospital Affiliation: Alvarado	Scripps Memorial Hospital,	
Hospital Llc, Sharp Coronado	Sharp Memorial Hospital,	
Hosp And Healthcare Ctr,	Scripps Mercy Hospital	
Grossmont Hospital	Medi-Cal Open Panel: Yes	
Medi-Cal Open Panel: Yes	Min/Max Age: 0/999	
Min/Max Age: 0/999		
American Sign Language (ASL):		

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### SURGERY THORACIC

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#### KOUMJIAN, MICHAEL P

Provider ID: 26527  
Board Certified Specialty: Yes  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
5525 GROSSMONT CENTER DR  
STE 609  
LA MESA, CA 91942-3009  
Phone: (619) 466-5700  
Fax: (619) 460-8975  
After Hours Phone: (619)  
466-5700  
Provider Gender: Male  
License number: G37886  
NPI: 1366403321  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Loma Linda University

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## D. Directorio de proveedores de atención especializada

Med Ctr Murrieta, Alvarado  
Hospital Llc, Scripps Mercy  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
Medical Group-Sd

*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Sharp Grossmont  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

*Hospital Affiliation:* Grossmont  
Hospital, Sharp Grossmont  
Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### UROLOGY

#### **DATO, PAUL E, MD**

*Provider ID:* 112527  
*Board Certified Specialty:* Yes  
COMMUNITY CARE IPA LLC  
8851 CENTER DR STE 501  
LA MESA, CA 91942-3033  
*Phone:* (619) 697-2456  
*Fax:* (858) 429-7930  
*After Hours Phone:* (619)  
697-2456  
*Provider Gender:* Male  
*License number:* A43540  
*NPI:* 1588632715  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish

#### **DATO, PAUL E**

*Provider ID:* 116241  
*Board Certified Specialty:* No  
GENESIS HEALTHCARE  
PARTNERS PC  
8851 CENTER DR STE 501  
LA MESA, CA 91942-3033  
*Phone:* (619) 697-2456  
*Fax:* (619) 697-2494  
*After Hours Phone:* (619)  
697-2456  
*Provider Gender:* Male  
*License number:* A43540  
*NPI:* 1588632715  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No

#### **KEARSE, WILFRED S**

*Provider ID:* 268850  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR STE 501  
LA MESA, CA 91942-3033  
*Phone:* (619) 697-2456  
*Fax:* (858) 429-7930  
*After Hours Phone:* (619)  
697-2456  
*Provider Gender:* Male  
*License number:* G83318  
*NPI:* 1144232778  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital  
*Medi-Cal Open Panel:* Yes

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## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 0/999          American Sign Language (ASL): No          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Ihp Of Southern California</p>	<p>American Sign Language (ASL): No          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Ihp Of Southern California</p>	<p>American Sign Language (ASL): No          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Ucsd Medical Group</p>
<p><b>KEARSE, WILFRED S</b>          Provider ID: 295946          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          8851 CENTER DR STE 501          LA MESA, CA 91942-3033          Phone: (619) 697-2456          Fax: (858) 429-7930          After Hours Phone: (619)          697-2456          Provider Gender: Male          License number: G83318          NPI: 1144232778          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Sharp          Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999</p>	<p><b>SALMASI, AMIRALI, MD</b>          Provider ID: 129643          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          8851 CENTER DR STE 501          LA MESA, CA 91942-3033          Phone: (619) 691-2456          Fax: (858) 429-7930          After Hours Phone: (619)          691-2456          Provider Gender: Male          License number: A135118          NPI: 1609187962          Provider English Spoken: Yes          Provider Language(s) Spoken:          Farsi          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton, Grossmont          Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999</p>	<p><b>SIEGEL, JORDAN A</b>          Provider ID: 101015          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          8851 CENTER DR STE 501          LA MESA, CA 91942-3033          Phone: (619) 697-2456          Fax: (858) 429-7930          After Hours Phone: (619)          697-2456          Provider Gender: Male          License number: A110507          NPI: 1275865958          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Alvarado          Hospital Llc, Paradise Valley          Hospital, Sharp Chula Vista          Med Ctr, Scripps Green          Hospital, Scripps Memorial          Hospital          Medi-Cal Open Panel: Yes</p>

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## D. Directorio de proveedores de atención especializada

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc


### TANAGHO, YOUSSEF, MD

Provider ID: 124747  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR STE 501  
 LA MESA, CA 91942-3033  
 Phone: (619) 697-2456  
 Fax: (858) 429-7930  
 After Hours Phone: (619) 697-2456  
 Provider Gender: Male  
 License number: A125924  
 NPI: 1003029372  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, French  
 Cultural Competency: No  
 Hospital Affiliation: Eisenhower Medical Ctr, John F Kennedy Memorial Hosp, Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Grossmont Hospital, Paradise Valley Hospital

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### TANAGHO, YOUSSEF

Provider ID: 125197  
 Board Certified Specialty: No  
 GENESIS HEALTHCARE PARTNERS PC  
 8851 CENTER DR STE 501  
 LA MESA, CA 91942-3033  
 Phone: (619) 697-2456  
 Fax:  
 After Hours Phone: (619) 697-2456  
 Provider Gender: Male  
 License number: A125924  
 NPI: 1003029372  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, French  
 Cultural Competency: No  
 Hospital Affiliation: Eisenhower Medical Ctr, John F Kennedy Memorial Hosp, Sharp Chula Vista Med Ctr, Paradise Valley

Hospital, Grossmont Hospital, Paradise Valley Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### LAKESIDE

#### CERTIFIED NURSE PRACTITIONER

### O'BRIEN, FRANCESCA A

Provider ID: 295453  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: (619) 390-9975  
 Fax: (360) 462-2744  
 After Hours Phone: (619) 390-9975  
 Provider Gender: Female  
 License number: NP95005211  
 NPI: 1649720756  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

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## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 2/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### CHIROPRACTOR

#### HOURIHAN, KEITH M

Provider ID: 257549  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: (619) 390-9975  
 Fax: (858) 633-4690  
 After Hours Phone: (619) 390-9975  
 Provider Gender: Male  
 License number: DC29314  
 NPI: 1306916994  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct

#### ZECHA, RONALD S

Provider ID: 290677  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: (619) 390-9975  
 Fax: (858) 633-4690  
 After Hours Phone: (619) 390-9975  
 Provider Gender: Male  
 License number: DC28605  
 NPI: 1427252121  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### FAMILY PRACTICE

#### MARSHALL, LARRY J

Provider ID: 37825  
 Board Certified Specialty: No  
 LARRY J MARSHALL MD  
 12517 LAKESHORE DR  
 LAKESIDE, CA 92040-3103  
 Phone: (619) 443-3843  
 Fax: (619) 390-1810  
 After Hours Phone: (619) 443-3843  
 Provider Gender: Male  
 License number: A52344  
 NPI: 1114018132  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

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## D. Directorio de proveedores de atención especializada

♿ Accessibility: P, EB, IB, E, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

♿ Accessibility: P, EB, IB, E, T  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s): Lemon Grove  
 Family Health Center  
 IPA:

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s): Lemon Grove  
 Family Health Center  
 IPA:

### LEMON GROVE

### OBSTETRICS / GYNECOLOGY

#### CERTIFIED NURSE PRACTITIONER

#### FAMILY PRACTICE

#### TOTH, JESSICA R

Provider ID: 107200  
 Board Certified Specialty: No  
 LEMON GROVE FAMILY  
 HEALTH CENTER  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: (619) 515-2550  
 Fax:  
 After Hours Phone: (619)  
 515-2550  
 Provider Gender: Female  
 License number: NP95001050  
 NPI: 1578993788  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

#### KIM, YUHEE

Provider ID: 63465  
 Board Certified Specialty: No  
 LEMON GROVE FAMILY  
 HEALTH CENTER  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: (619) 515-2550  
 Fax:  
 After Hours Phone: (619)  
 515-2550  
 Provider Gender: Female  
 License number: A107323  
 NPI: 1629289400  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, T

#### ALIMONOS, LYSISTRATI A

Provider ID: 114835  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN  
 DIEGO-LEMON GROVE  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619)  
 515-2500  
 Provider Gender: Female  
 License number: 20A14919  
 NPI: 1619397031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Scripps Mercy  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> P, EB, IB, E, T  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i> Lemon Grove Family Health Center  <i>IPA:</i></p>	<p><i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, T  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i> Lemon Grove Family Health Center  <i>IPA:</i></p>	<p><i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, T  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i> Lemon Grove Family Health Center  <i>IPA:</i></p>
<p><b>BUECHNER, CHARLENE A</b>  <i>Provider ID:</i> 127442  <i>Board Certified Specialty:</i> No            LEMON GROVE FAMILY HEALTH CENTER            7592 BROADWAY            LEMON GROVE, CA 91945-1604  <i>Phone:</i> (619) 515-2550  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2550  <i>Provider Gender:</i> Female  <i>License number:</i> A68463  <i>NPI:</i> 1376663831  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><b>CARTER, KHALIL J</b>  <i>Provider ID:</i> 127379  <i>Board Certified Specialty:</i> No            LEMON GROVE FAMILY HEALTH CENTER            7592 BROADWAY            LEMON GROVE, CA 91945-1604  <i>Phone:</i> (619) 515-2550  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2550  <i>Provider Gender:</i> Male  <i>License number:</i> A113001  <i>NPI:</i> 1225231582  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None</p>	<p><b>CERVANTES, SANDRA M</b>  <i>Provider ID:</i> 114878  <i>Board Certified Specialty:</i> No            LEMON GROVE FAMILY HEALTH CENTER            7592 BROADWAY            LEMON GROVE, CA 91945-1604  <i>Phone:</i> (619) 515-2550  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2550  <i>Provider Gender:</i> Female  <i>License number:</i> A118095  <i>NPI:</i> 1073701041  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes</p>

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## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: None            American Sign Language (ASL): No            Accessibility: P, EB, IB, E, T            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s): Lemon Grove Family Health Center            IPA:</p>	<p>Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessibility: P, EB, IB, E, T            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s): Lemon Grove Family Health Center            IPA:</p>	<p>Grossmont Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessibility: P, EB, IB, E, T            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s): Lemon Grove Family Health Center            IPA:</p>
<p><b>FOLCH TORRES-AGUIAR, BEATRIZ M</b>            Provider ID: 120516            Board Certified Specialty: No            LEMON GROVE FAMILY HEALTH CENTER            7592 BROADWAY            LEMON GROVE, CA 91945-1604            Phone: (619) 515-2550            Fax:            After Hours Phone: (619) 515-2550            Provider Gender: Female            License number: A148014            NPI: 1457794752            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Yue Chinese            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Sharp Grossmont Hospital, Scripps Mercy</p>	<p><b>LIPSCHITZ, LISA S</b>            Provider ID: 115430            Board Certified Specialty: No            LEMON GROVE FAMILY HEALTH CENTER            7592 BROADWAY            LEMON GROVE, CA 91945-1604            Phone: (619) 515-2550            Fax:            After Hours Phone: (619) 515-2550            Provider Gender: Female            License number: A72005            NPI: 1649208711            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital,</p>	<p><b>MELLENDEZ BERRIOS, IARA DEL M</b>            Provider ID: 115047            Board Certified Specialty: No            LEMON GROVE FAMILY HEALTH CENTER            7592 BROADWAY            LEMON GROVE, CA 91945-1604            Phone: (619) 515-2550            Fax:            After Hours Phone: (619) 515-2550            Provider Gender: Female            License number: A114181            NPI: 1740514249            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Grossmont</p>

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## D. Directorio de proveedores de atención especializada

Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> P, EB, IB, E, T <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> Lemon Grove Family Health Center <i>IPA:</i>	Coronado Hosp And Healthcare Ctr, Grossmont Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> P, EB, IB, E, T <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> Lemon Grove Family Health Center <i>IPA:</i>	Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> P, EB, IB, E, T <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> Lemon Grove Family Health Center <i>IPA:</i>
<b>RODRIGUEZ JEREZ, ROBERTO D</b> <i>Provider ID:</i> 130081 <i>Board Certified Specialty:</i> No FAMILY HLTH CTR SAN DIEGO-LEMON GROVE 7592 BROADWAY LEMON GROVE, CA 91945-1604 <i>Phone:</i> (619) 515-2500 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2500 <i>Provider Gender:</i> Male <i>License number:</i> A154298 <i>NPI:</i> 1710316450 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp	<b>WINESBURG, JENNIFER J</b> <i>Provider ID:</i> 114810 <i>Board Certified Specialty:</i> No FAMILY HLTH CTR SAN DIEGO-LEMON GROVE 7592 BROADWAY LEMON GROVE, CA 91945-1604 <i>Phone:</i> (619) 515-2500 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2500 <i>Provider Gender:</i> Female <i>License number:</i> 20A11535 <i>NPI:</i> 1811162456 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps	<b>ZIEG, ALAN J</b> <i>Provider ID:</i> 114833 <i>Board Certified Specialty:</i> No FAMILY HLTH CTR SAN DIEGO-LEMON GROVE 7592 BROADWAY LEMON GROVE, CA 91945-1604 <i>Phone:</i> (619) 515-2500 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2500 <i>Provider Gender:</i> Male <i>License number:</i> G78814 <i>NPI:</i> 1699790634 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> P, EB, IB, E, T <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> Lemon Grove Family Health Center <i>IPA:</i></p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> P, EB, IB, E, T <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> Lemon Grove Family Health Center <i>IPA:</i></p>	<p><i>Provider Language(s) Spoken:</i> Tagalog <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Grossmont Hospital, Alvarado Hospital Llc <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M-F 9AM-6PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
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### NATIONAL CITY

#### PHYSICIANS ASSISTANT

##### FLEMING, DAVID E

*Provider ID:* 115067  
*Board Certified Specialty:* No  
LEMON GROVE FAMILY HEALTH CENTER  
7592 BROADWAY  
LEMON GROVE, CA 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619) 515-2550  
*Provider Gender:* Male  
*License number:* PA12416  
*NPI:* 1932329505

#### CARDIOLOGY

##### CAMACHO, BENJAMIN O , MD

*Provider ID:* 269129  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1615 SWEETWATER RD  
NATIONAL CITY, CA 91950-7655  
*Phone:* (619) 474-2233  
*Fax:* (619) 474-2211  
*After Hours Phone:* (619) 474-2233  
*Provider Gender:* Male  
*License number:* A52660  
*NPI:* 1699759936  
*Provider English Spoken:* Yes

##### CAMACHO, BENJAMIN O

*Provider ID:* 35045  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
1615 SWEETWATER RD  
NATIONAL CITY, CA 91950-7655  
*Phone:* (619) 474-2233  
*Fax:* (619) 474-2211  
*After Hours Phone:* (619) 474-2233  
*Provider Gender:* Male  
*License number:* A52660  
*NPI:* 1699759936  
*Provider English Spoken:* Yes

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## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Tagalog</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Grossmont Hospital, Alvarado Hospital Llc</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i> W</p> <p><i>Hours:</i> M-F 9AM-6PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p><i>Provider Language(s) Spoken:</i> Bengali, Hindi, Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Doctors Medical Center, Oak Valley Dist Hosp</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i> IPA: Community Care Ipa Llc</p> <p><b>FERNANDEZ, GENARO C , MD</b></p> <p><i>Provider ID:</i> 121669</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>610 EUCLID AVE STE 201</p> <p>NATIONAL CITY, CA</p> <p>91950-2952</p> <p><i>Phone:</i> (619) 267-8181</p> <p><i>Fax:</i> (619) 479-6750</p> <p><i>After Hours Phone:</i> (619) 267-8181</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A45754</p> <p><i>NPI:</i> 1871504498</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish, Tagalog</p>	<p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i> W</p> <p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>FERNANDEZ, GENARO, MD</b></p> <p><i>Provider ID:</i> 268889</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>610 EUCLID AVE STE 201</p> <p>NATIONAL CITY, CA</p> <p>91950-2952</p> <p><i>Phone:</i> (619) 267-8181</p> <p><i>Fax:</i> (619) 479-6750</p> <p><i>After Hours Phone:</i> (619) 267-8181</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A122302</p> <p><i>NPI:</i> 1073768891</p>
<p><b>DUBEY, RAJESH K</b></p> <p><i>Provider ID:</i> 269343</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>610 EUCLID AVE STE 302</p> <p>NATIONAL CITY, CA</p> <p>91950-2953</p> <p><i>Phone:</i> (209) 521-9661</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (209) 521-9661</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A83527</p> <p><i>NPI:</i> 1225011299</p> <p><i>Provider English Spoken:</i> Yes</p>		

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## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>Phone:</i> (619) 267-8181	CALIFORNIA
<i>Provider Language(s) Spoken:</i> French, Italian, Spanish	<i>Fax:</i> (619) 479-6750	502 EUCLID AVE STE 104
<i>Cultural Competency:</i> No	<i>After Hours Phone:</i> (619) 267-8181	NATIONAL CITY, CA 91950-2959
<i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, Grossmont Hospital, Alvarado Hosp Med Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc	<i>Provider Gender:</i> Male <i>License number:</i> A45754 <i>NPI:</i> 1871504498 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish, Tagalog <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Hospital, Paradise Valley Hospital	<i>Phone:</i> (619) 434-4288 <i>Fax:</i> (619) 434-4315 <i>After Hours Phone:</i> (619) 434-4288 <i>Provider Gender:</i> Male <i>License number:</i> A121180 <i>NPI:</i> 1336378371 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Korean, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr
<i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i>	<i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> W	<i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Korean, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i>
<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ihp Of Southern California
<b>FERNANDEZ, GENARO C</b> <i>Provider ID:</i> 27197 <i>Board Certified Specialty:</i> No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 610 EUCLID AVE STE 201 NATIONAL CITY, CA 91950-2952	<b>KIM, JAMES T</b> <i>Provider ID:</i> 295775 <i>Board Certified Specialty:</i> No IHP OF SOUTHERN	<b>LY, NANCY L</b> <i>Provider ID:</i> 295686 <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA

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## D. Directorio de proveedores de atención especializada

502 EUCLID AVE STE 104 NATIONAL CITY, CA 91950-2959 Phone: (619) 434-4288 Fax: (619) 434-4315 After Hours Phone: (619) 434-4288 Provider Gender: Female License number: A125595 NPI: 1295007144 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Vietnamese Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	Phone: (619) 585-0476 Fax: (619) 732-0030 After Hours Phone: (619) 585-0476 Provider Gender: Male License number: G83522 NPI: 1851408082 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Alvarado Community Hospital, Paradise Valley Hospital, Alvarado Hospital Llc Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc <b>OVIEDO-LINARES, RAUL, MD</b> Provider ID: 269140 Board Certified Specialty: No COMMUNITY CARE IPA LLC 502 EUCLID AVE STE 104 NATIONAL CITY, CA 91950-2959	Phone: (619) 434-4288 Fax: (619) 434-4315 After Hours Phone: (619) 434-4288 Provider Gender: Male License number: A76050 NPI: 1972533941 Provider English Spoken: Yes Provider Language(s) Spoken: Polish, Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd <b>PANDHI, JAY N , MD</b> Provider ID: 269087 Board Certified Specialty: No COMMUNITY CARE IPA LLC 655 EUCLID AVE STE 208
<b>NANAVATI, VIMAL I</b> Provider ID: 269553 Board Certified Specialty: No COMMUNITY CARE IPA LLC 2345 E 8TH ST STE 111 NATIONAL CITY, CA 91950-2861		

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## D. Directorio de proveedores de atención especializada

NATIONAL CITY, CA  
 91950-2969  
*Phone:* (619) 512-1915  
*Fax:* (619) 512-1913  
*After Hours Phone:* (619) 512-1915  
*Provider Gender:* Male  
*License number:* C56015  
*NPI:* 1407997406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 7AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ROUGH, STEVEN J , MD**

*Provider ID:* 269350  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 502 EUCLID AVE STE 104

NATIONAL CITY, CA  
 91950-2959  
*Phone:* (619) 434-4288  
*Fax:* (619) 434-4315  
*After Hours Phone:* (619) 434-4288  
*Provider Gender:* Male  
*License number:* A124001  
*NPI:* 1386821460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hosp Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **WYSOCZANSKI, MARIUSZ W**

*Provider ID:* 78417

*Board Certified Specialty:* No  
 HEART HEALTH CENTER OF SAN DIEGO A MEDICAL CORPORATION  
 502 EUCLID AVE STE 104  
 NATIONAL CITY, CA  
 91950-2959  
*Phone:* (619) 434-4288  
*Fax:* (619) 434-4315  
*After Hours Phone:* (619) 434-4288  
*Provider Gender:* Male  
*License number:* C55986  
*NPI:* 1659535656  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Polish, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<b>CARDIOVASCULAR DISEASE</b>	<i>Email:</i>	<i>♿ Accessibility:</i>
<p><b>OVIEDO-LINARES, RAUL</b>  <i>Provider ID:</i> 125051  <i>Board Certified Specialty:</i> No                      IMPERIAL HEALTH HOLDINGS                      MEDICAL GROUP-SD                      502 EUCLID AVE STE 104                      NATIONAL CITY, CA                      91950-2959  <i>Phone:</i> (619) 434-4288  <i>Fax:</i> (619) 434-4315  <i>After Hours Phone:</i> (619) 434-4288  <i>Provider Gender:</i> Male  <i>License number:</i> A76050  <i>NPI:</i> 1972533941  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Polish, Spanish, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/100  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i></p>	<p><i>Medical Group(s):</i>                      IPA: Community Care Ipa Llc, Imperial Health Holdings                      Medical Group-Sd</p> <p><b>ROUGH, STEVEN J</b>  <i>Provider ID:</i> 262117  <i>Board Certified Specialty:</i> No                      IMPERIAL HEALTH HOLDINGS                      MEDICAL GROUP-SD                      502 EUCLID AVE STE 104                      NATIONAL CITY, CA                      91950-2959  <i>Phone:</i> (619) 434-4288  <i>Fax:</i> (619) 434-4315  <i>After Hours Phone:</i> (619) 434-4288  <i>Provider Gender:</i> Male  <i>License number:</i> A124001  <i>NPI:</i> 1386821460  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hosp Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i> No</p>	<p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>                      IPA: Community Care Ipa Llc, Imperial Health Holdings                      Medical Group-Sd</p> <p><b>WYSOCZANSKI, MARIUSZ W</b>  <i>Provider ID:</i> 295973  <i>Board Certified Specialty:</i> No                      IHP OF SOUTHERN CALIFORNIA                      502 EUCLID AVE STE 104                      NATIONAL CITY, CA                      91950-2959  <i>Phone:</i> (619) 434-4288  <i>Fax:</i> (619) 434-4315  <i>After Hours Phone:</i> (619) 434-4288  <i>Provider Gender:</i> Male  <i>License number:</i> C55986  <i>NPI:</i> 1659535656  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Polish, Spanish, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No  
 Accessibilidad:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California,  
 Imperial Health Holdings  
 Medical Group-Sd

### WYSOCZANSKI, MARIUSZ W

Provider ID: 78417  
 Board Certified Specialty: No  
 HEART HEALTH CENTER OF  
 SAN DIEGO A MEDICAL  
 CORPORATION  
 502 EUCLID AVE STE 104  
 NATIONAL CITY, CA  
 91950-2959  
 Phone: (619) 434-4288  
 Fax:  
 After Hours Phone: (619)  
 434-4288  
 Provider Gender: Male  
 License number: C55986  
 NPI: 1659535656  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Polish, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibilidad: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California,  
 Imperial Health Holdings  
 Medical Group-Sd

### CERTIFIED NURSE PRACTITIONER

### AQUINO, FELINO V

Provider ID: 244332  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2101 GRANGER AVE STE 101A  
 NATIONAL CITY, CA  
 91950-6208  
 Phone: (844) 200-2426  
 Fax: (619) 474-3919  
 After Hours Phone: (844)  
 200-2426  
 Provider Gender: Male  
 License number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibilidad:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### AQUINO, FELINO V

Provider ID: 244335  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950-7410  
 Phone: (844) 200-2426  
 Fax: (619) 474-3919  
 After Hours Phone: (844)  
 200-2426  
 Provider Gender: Male  
 License number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility:            Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Community Care Ipa Llc</p>	<p>8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Community Care Ipa Llc</p>	<p>IPA: Community Care Ipa Llc  <b>LIM, IMELDA B</b>          Provider ID: 116924          Board Certified Specialty: No          OPERATION SAMAHAN INC          2743 HIGHLAND AVE          NATIONAL CITY, CA 91950-7410          Phone: (844) 200-2426          Fax:           After Hours Phone: (844) 200-2426          Provider Gender: Female          License number: NP95000203          NPI: 1093130395          Provider English Spoken: Yes          Provider Language(s) Spoken: Tagalog          Cultural Competency: No          Hospital Affiliation:           Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:            Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Community Care Ipa Llc</p>
<p><b>AQUINO, FELINO V</b>          Provider ID: 98698          Board Certified Specialty: No          OPERATION SAMAHAN INC          2743 HIGHLAND AVE          NATIONAL CITY, CA 91950-7410          Phone: (619) 474-2284          Fax:           After Hours Phone: (619) 474-2284          Provider Gender: Male          License number: NP22974          NPI: 1356684781          Provider English Spoken: Yes          Provider Language(s) Spoken: Tagalog          Cultural Competency: No          Hospital Affiliation:           Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:            Hours: M,TU,TH,F</p>	<p><b>KHAN, MATTHEW P</b>          Provider ID: 238376          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          1428 HIGHLAND AVE          NATIONAL CITY, CA 91950-4624          Phone: (619) 474-2284          Fax:           After Hours Phone: (619) 474-2284          Provider Gender: Male          License number: NP17838          NPI: 1942456124          Provider English Spoken: Yes          Provider Language(s) Spoken:           Cultural Competency: No          Hospital Affiliation:           Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:            Hours: M-SA 9AM-5PM          Website:           Email:           Medical Group(s):</p>	<p><b>LIM, IMELDA B</b>          Provider ID: 294308</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No COMMUNITY CARE IPA LLC 2743 HIGHLAND AVE NATIONAL CITY, CA 91950-7410 Phone: (844) 200-2426 Fax: (619) 474-3919 After Hours Phone: (844) 200-2426 Provider Gender: Female License number: NP95000203 NPI: 1093130395 Provider English Spoken: Yes Provider Language(s) Spoken: Tagalog Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>REAL, MARIA F</b> Provider ID: 105583 Board Certified Specialty: No LA MAESTRA FAMILY CLINIC INC</p>	<p>217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518 Phone: (619) 434-7308 Fax: After Hours Phone: (619) 434-7308 Provider Gender: Female License number: NP17328 NPI: 1548450471 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, W Hours: M-F 8AM-5:30PM, SA 9AM-5PM Website: www.lamaestra.org Email: Medical Group(s): La Maestra Family Clinic Inc IPA:</p> <p><b>REID, EMILY</b> Provider ID: 107174 Board Certified Specialty: No LA MAESTRA FAMILY CLINIC INC 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518</p>	<p>Phone: (619) 434-7308 Fax: After Hours Phone: (619) 434-7308 Provider Gender: Female License number: NP95002766 NPI: 1083081467 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, W Hours: M-F 8AM-5:30PM, SA 9AM-5PM Website: www.lamaestra.org Email: Medical Group(s): La Maestra Family Clinic Inc IPA:</p> <p><b>WILLIAMS, BREAHA A</b> Provider ID: 115127 Board Certified Specialty: No LA MAESTRA FAMILY CLINIC INC 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 434-7308  
 Fax:  
 After Hours Phone: (619) 434-7308  
 Provider Gender: Female  
 License number: NP95001840  
 NPI: 1063884864  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M-F 8AM-5:30PM, SA 9AM-5PM  
 Website: www.lamaestra.org  
 Email:  
 Medical Group(s): La Maestra Family Clinic Inc  
 IPA:

### CHIROPRACTOR

**GILBERTO, JOSEPH A**  
 Provider ID: 291548  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2835 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7404

Phone: (844) 200-2426  
 Fax: (619) 399-5959  
 After Hours Phone: (844) 200-2426  
 Provider Gender: Male  
 License number: DC15775  
 NPI: 1821463159  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### DERMATOLOGY

**BROGAN, JACQUELINE L , MD**  
 Provider ID: 265250  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA  
 91950-2978

Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619) 267-8303  
 Provider Gender: Female  
 License number: A160890  
 NPI: 1801273479  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### CELANO, NICHOLAS J

Provider ID: 102706  
 Board Certified Specialty: Yes  
 WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA  
 91950-2978

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 267-8303	Phone: (619) 267-8303	NATIONAL CITY, CA
Fax: (619) 267-4835	Fax: (619) 267-4835	91950-2978
After Hours Phone: (619) 267-8303	After Hours Phone: (619) 267-8303	Phone: (619) 267-8303
Provider Gender: Male	Provider Gender: Male	Fax: (619) 267-4835
License number: A120411	License number: A120411	After Hours Phone: (619) 267-8303
NPI: 1457662264	NPI: 1457662264	Provider Gender: Female
Provider English Spoken: Yes	Provider English Spoken: Yes	License number: A120528
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish	NPI: 1457656738
Cultural Competency: No	Cultural Competency: No	Provider English Spoken: Yes
Hospital Affiliation: Rady Childrens Hospital San Diego, Paradise Valley Hospital	Hospital Affiliation: Rady Childrens Hospital San Diego, Paradise Valley Hospital	Provider Language(s) Spoken: Mandarin, Spanish
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	Cultural Competency: No
Min/Max Age: None	Min/Max Age: 0/999	Hospital Affiliation:
American Sign Language (ASL): No	American Sign Language (ASL): No	Medi-Cal Open Panel: Yes
♿ Accessibility:	♿ Accessibility:	Min/Max Age: None
Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM	Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM	American Sign Language (ASL): No
Website:	Website:	♿ Accessibility:
Email:	Email:	Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM
Medical Group(s):	Medical Group(s):	Website:
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Email:

### **CELANO, NICHOLAS J**

Provider ID: 291163  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 304  
 NATIONAL CITY, CA 91950-2974

### **CHIANG, JENNIFER Y**

Provider ID: 262273  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 655 EUCLID AVE STE 401

### **CHIANG, JENNIFER Y**

Provider ID: 291162  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 304  
 NATIONAL CITY, CA 91950-2974

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619) 267-8303  
 Provider Gender: Female  
 License number: A120528  
 NPI: 1457656738  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin, Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CROWLEY, CHRISTOPHER S**

Provider ID: 291158  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 304  
 NATIONAL CITY, CA 91950-2974

Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619) 267-8303  
 Provider Gender: Male  
 License number: A134188  
 NPI: 1962836783  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **NELSON, AISLYN M**

Provider ID: 291191  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 304  
 NATIONAL CITY, CA 91950-2974

Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619) 267-8303  
 Provider Gender: Female  
 License number: A147913  
 NPI: 1154717288  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SATEESH, BROOKE R**

Provider ID: 124998  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA  
 91950-2978

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.


Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada


Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619) 267-8303  
 Provider Gender: Female  
 License number: A109670  
 NPI: 1164565339  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

### **SATEESH, BROOKE R**

Provider ID: 291198  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 304  
 NATIONAL CITY, CA 91950-2974  
 Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619) 267-8303  
 Provider Gender: Female  
 License number: A109670  
 NPI: 1164565339  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

### **TYAGI, ABHILASHA**

Provider ID: 293507  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA 91950-2978  
 Phone: (619) 579-5115  
 Fax: (619) 749-6174  
 After Hours Phone: (619) 579-5115  
 Provider Gender: Female  
 License number: A144751  
 NPI: 1609262963  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California  
**TYAGI, ABHILASHA**  
 Provider ID: 295774  
 Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>IHP OF SOUTHERN CALIFORNIA 655 EUCLID AVE STE 304 NATIONAL CITY, CA 91950-2974 Phone: (619) 267-8303 Fax: (619) 267-4835 After Hours Phone: (619) 267-8303 Provider Gender: Female License number: A144751 NPI: 1609262963 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No No ♿ Accessibility: Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California</p>	<p>NATIONAL CITY, CA 91950-2978 Phone: (619) 267-8303 Fax: (619) 267-4835 After Hours Phone: (619) 267-8303 Provider Gender: Male License number: 20A9328 NPI: 1659344513 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Naval Medical Ctr Sd Rbe Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>NATIONAL CITY, CA 91950-2978 Phone: (619) 267-8303 Fax: (619) 267-4835 After Hours Phone: (619) 267-8303 Provider Gender: Male License number: 20A9328 NPI: 1659344513 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Naval Medical Ctr Sd Rbe Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
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### UEBELHOER, NATHAN S

Provider ID: 125008  
Board Certified Specialty: No  
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP  
655 EUCLID AVE STE 401

### UEBELHOER, NATHAN S , MD

Provider ID: 269137  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
655 EUCLID AVE STE 401

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### FAMILY PRACTICE

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### BAEZ, BEATRICE E

Provider ID: 47984  
Board Certified Specialty: No  
OPERATION SAMAHAN -

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>NATIONAL C 2743 HIGHLAND AVE NATIONAL CITY, CA 91950-7410 Phone: (844) 200-2426 Fax: After Hours Phone: (844) 200-2426 Provider Gender: Female License number: A74777 NPI: 1245372507 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM Website: www.operationsamahan.org Email: Medical Group(s): Operation Samahan - National C IPA:</p>	<p>2835 HIGHLAND AVE STE A NATIONAL CITY, CA 91950-7406 Phone: (844) 200-2426 Fax: (619) 434-8999 After Hours Phone: (844) 200-2426 Provider Gender: Female License number: A80185 NPI: 1093844417 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p>217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518 Phone: (619) 434-7308 Fax: After Hours Phone: (619) 434-7308 Provider Gender: Male License number: 20A6433 NPI: 1184616872 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, W Hours: M-SA 9AM-5PM Website: www.lamaestra.org Email: Medical Group(s): La Maestra Family Clinic Inc IPA:</p>
<p><b>MOYA, MARY R</b> Provider ID: 118066 Board Certified Specialty: No OPERATION SAMAHAN INC</p>	<p><b>SCHUMAKER, EDWARD W</b> Provider ID: 65773 Board Certified Specialty: No LA MAESTRA FAMILY CLINIC INC</p>	<hr/> <p style="text-align: center;"><b>INTERNAL MEDICINE</b></p> <hr/> <p><b>WYSOCZANSKI, MARIUSZ W , MD</b> Provider ID: 269007 Board Certified Specialty: No COMMUNITY CARE IPA LLC 502 EUCLID AVE STE 104</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>NATIONAL CITY, CA 91950-2959 Phone: (619) 434-4288 Fax: (619) 434-4315 After Hours Phone: (619) 434-4288 Provider Gender: Male License number: C55986 NPI: 1659535656 Provider English Spoken: Yes Provider Language(s) Spoken: Polish, Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>	<p>Board Certified Specialty: No BALBOA NEPHROLOGY MED GRP INC 655 EUCLID AVE STE 303 NATIONAL CITY, CA 91950-2975 Phone: (619) 475-4900 Fax: After Hours Phone: (619) 475-4900 Provider Gender: Male License number: C143845 NPI: 1366626467 Provider English Spoken: Yes Provider Language(s) Spoken: German, Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.balboacare.com Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p><b>MD</b> Provider ID: 109336 Board Certified Specialty: Yes BALBOA NEPHROLOGY MED GRP INC 655 EUCLID AVE STE 303 NATIONAL CITY, CA 91950-2975 Phone: (619) 585-4370 Fax: (619) 585-4033 After Hours Phone: (619) 585-4370 Provider Gender: Male License number: C143845 NPI: 1366626467 Provider English Spoken: Yes Provider Language(s) Spoken: German, Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M,TH,F 9AM-5PM, TU,W 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings</p>
<p><b>NEPHROLOGY</b></p>		
<p><b>CALDERON MOLINA, JUAN S</b> Provider ID: 109336</p>	<p><b>CALDERON MOLINA, JUAN S ,</b></p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medical Group-Sd	IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	No ♿ Accessibility: P, EB, IB, E, R, W Hours: M,W-F 9AM-4PM, TU 11AM-4PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California
<b>CALDERON MOLINA, JUAN S</b> Provider ID: 262118 Board Certified Specialty: Yes IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 655 EUCLID AVE STE 303 NATIONAL CITY, CA 91950-2975 Phone: (619) 585-4370 Fax: (619) 585-4033 After Hours Phone: (619) 585-4370 Provider Gender: Male License number: C143845 NPI: 1366626467 Provider English Spoken: Yes Provider Language(s) Spoken: German, Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M,TH,F 9AM-5PM, TU,W 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):	<b>COMUNALE, RODERICK A</b> Provider ID: 290784 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 502 EUCLID AVE STE 205 NATIONAL CITY, CA 91950-2993 Phone: (858) 551-0276 Fax: (858) 454-8796 After Hours Phone: (858) 551-0276 Provider Gender: Male License number: A43885 NPI: 1568462109 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Alvarado Hospital Llc, Scripps Mercy Hospital, Alvarado Hosp Med Ctr, Kindred Hospital San Diego, Vibra Hospital Of San Diego Medi-Cal Open Panel: Yes Min/Max Age: 21/999 American Sign Language (ASL):	<b>MAA CHIP, FHARAK</b> Provider ID: 262271 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 655 EUCLID AVE STE 303 NATIONAL CITY, CA 91950-2975 Phone: (619) 475-4900 Fax: (619) 475-8373 After Hours Phone: (619) 475-4900 Provider Gender: Male License number: A117604 NPI: 1245518414 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

No	Min/Max Age: None	Medi-Cal Open Panel: Yes
♿ Accessibility:	American Sign Language (ASL):	Min/Max Age: None
Hours: M-F 9AM-5PM, SA	No	American Sign Language (ASL):
9AM-5PM	♿ Accessibility: W	No
Website:	Hours: M-SA 9AM-5PM	♿ Accessibility:
Email:	Website: www.balboacare.com	Hours: M-F 9AM-5PM, SA
Medical Group(s):	Email:	9AM-5PM
IPA: Community Care Ipa Llc,	Medical Group(s):	Website:
Imperial Health Holdings	IPA: Community Care Ipa Llc,	Email:
Medical Group-Sd	Imperial Health Holdings	Medical Group(s):
	Medical Group-Sd	IPA: Community Care Ipa Llc,
		Imperial Health Holdings
		Medical Group-Sd
<b>MAA CHIP, FHARAK</b>	<b>MAA CHIP, FHARAK, MD</b>	<b>SACAMAY, TAGUMPAY E</b>
Provider ID: 84000	Provider ID: 84000	Provider ID: 262201
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
BALBOA NEPHROLOGY MED	BALBOA NEPHROLOGY MED	IMPERIAL HEALTH HOLDINGS
GRP INC	GRP INC	MEDICAL GROUP-SD
655 EUCLID AVE STE 303	655 EUCLID AVE STE 303	655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950-2975	NATIONAL CITY, CA 91950-2975	NATIONAL CITY, CA 91950-2975
Phone: (619) 475-4900	Phone: (619) 475-4900	Phone: (619) 475-4900
Fax:	Fax: (619) 475-8373	Fax: (619) 475-8373
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
475-4900	475-4900	475-4900
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A117604	License number: A117604	License number: A62631
NPI: 1245518414	NPI: 1245518414	NPI: 1407851041
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Spanish	Spanish	Spanish, Tagalog
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Scripps	Hospital Affiliation: Scripps	Hospital Affiliation: Paradise
Mercy Hospital Chula Vista,	Mercy Hospital Chula Vista,	Valley Hospital
Paradise Valley Hospital, Sharp	Paradise Valley Hospital, Sharp	
Chula Vista Med Ctr	Chula Vista Med Ctr	
Medi-Cal Open Panel: No		

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          No          ☯ Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          No          ☯ Accessibility: W          Hours: M-SA 9AM-5PM          Website: www.balboacare.com          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Min/Max Age: None          American Sign Language (ASL): No          ☯ Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
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### SACAMAY, TAGUMPAY E

Provider ID: 26710  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 655 EUCLID AVE STE 303  
 NATIONAL CITY, CA 91950-2975  
 Phone: (619) 475-4900  
 Fax:  
 After Hours Phone: (619) 475-4900  
 Provider Gender: Male  
 License number: A62631  
 NPI: 1407851041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital

### SACAMAY, TAGUMPAY E , MD

Provider ID: 26710  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 655 EUCLID AVE STE 303  
 NATIONAL CITY, CA 91950-2975  
 Phone: (619) 475-4900  
 Fax: (619) 475-8373  
 After Hours Phone: (619) 475-4900  
 Provider Gender: Male  
 License number: A62631  
 NPI: 1407851041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital  
 Medi-Cal Open Panel: Yes

### OBSTETRICS / GYNECOLOGY

### CARSON, LATISA S

Provider ID: 295917  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 502 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950-2995  
 Phone: (619) 475-9744  
 Fax: (619) 475-4450  
 After Hours Phone: (619) 475-9744  
 Provider Gender: Female  
 License number: A72235  
 NPI: 1245229129  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

<p>Hospital Affiliation: Sharp Chula Vista Med Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL): No          Accessibility:  No          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p>Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL): No          Accessibility:  No          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Rady Childrens Health Network</p>	<p>Hospital Affiliation: Sharp Chula Vista Med Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  No          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Rady Childrens Health Network</p>
<p><b>DEL ROSARIO, GELEN R</b>          Provider ID: 206092          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          502 EUCLID AVE STE 300          NATIONAL CITY, CA          91950-2950          Phone: (619) 475-1261          Fax: (619) 475-1267          After Hours Phone: (619) 475-1261          Provider Gender: Female          License number: A113471          NPI: 1255643474          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish, Tagalog          Cultural Competency: No          Hospital Affiliation: Sharp Chula Vista Med Ctr</p>	<p><b>DEL ROSARIO, GELEN R</b>          Provider ID: 257478          Board Certified Specialty: No          BLUE SHIELD PROMISE HEALTH PLAN DIRECT          502 EUCLID AVE STE 300          NATIONAL CITY, CA          91950-2950          Phone: (619) 475-1261          Fax: (619) 475-1267          After Hours Phone: (619) 475-1261          Provider Gender: Female          License number: A113471          NPI: 1255643474          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish, Tagalog          Cultural Competency: No</p>	<p><b>DEL ROSARIO, GELEN R , MD</b>          Provider ID: 269247          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          502 EUCLID AVE STE 300          NATIONAL CITY, CA          91950-2950          Phone: (619) 475-1261          Fax: (619) 475-1267          After Hours Phone: (619) 475-1261          Provider Gender: Female          License number: A113471          NPI: 1255643474          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish, Tagalog</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	Portuguese, Spanish	<i>Hospital Affiliation:</i> Paradise Valley Hospital, Sharp Chula Vista Med Ctr
<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr
<i>Medi-Cal Open Panel:</i> Yes	Vista Med Ctr, Paradise Valley Hospital	<i>Medi-Cal Open Panel:</i> No
<i>Min/Max Age:</i> 16/999		<i>Min/Max Age:</i> None
<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i> No
<i>Accessibility:</i>	<i>Min/Max Age:</i> None	<i>Accessibility:</i> W
<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-SA 9AM-5PM
<i>Website:</i>	<i>Accessibility:</i> W	<i>Website:</i> southbayobgyn.net
<i>Email:</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Website:</i> southbayobgyn.net	<i>Medical Group(s):</i>
<i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Rady Childrens Health Network	<i>Email:</i>	<i>IPA:</i>
	<i>Medical Group(s):</i>	
	<i>IPA:</i>	
	<b>WANG, AI WEI</b>	<b>ABDALLAH, WALID F , MD</b>
	<i>Provider ID:</i> 26930	<i>Provider ID:</i> 266063
<b>HARDER, ELMER W</b>	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
<i>Provider ID:</i> 26687	SOUTH BAY OB GYN MED GRP INC	COMMUNITY CARE IPA LLC
<i>Board Certified Specialty:</i> No	655 EUCLID AVE STE 409	1520 E PLAZA BLVD
SOUTH BAY OB GYN MED GRP INC	NATIONAL CITY, CA 91950-2981	NATIONAL CITY, CA 91950-3616
655 EUCLID AVE STE 409	<i>Phone:</i> (619) 267-8313	<i>Phone:</i> (619) 425-7755
NATIONAL CITY, CA 91950-2981	<i>Fax:</i> (619) 472-2008	<i>Fax:</i> (619) 425-2138
<i>Phone:</i> (619) 267-8313	<i>After Hours Phone:</i> (619) 267-8313	<i>After Hours Phone:</i> (619) 425-7755
<i>Fax:</i>	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male
<i>After Hours Phone:</i> (619) 267-8313	<i>License number:</i> A91882	<i>License number:</i> A146829
<i>Provider Gender:</i> Male	<i>NPI:</i> 1548339534	<i>NPI:</i> 1871912717
<i>License number:</i> A38000	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1215014428	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	Chinese, Mandarin, Spanish	Spanish
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
		<i>Hospital Affiliation:</i> Good

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### OPHTHALMOLOGY

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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Samaritan Hospital Los Angeles, Childrens Hosp Of Los Angeles  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL): No*  
*Accessibility:*  
*Hours: M-F 8AM-5PM, SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **CARRABY, ARNETT, MD**

*Provider ID: 268383*  
*Board Certified Specialty: No*  
 COMMUNITY CARE IPA LLC  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950-3616  
*Phone: (619) 425-7755*  
*Fax: (619) 425-2138*  
*After Hours Phone: (619) 425-7755*  
*Provider Gender: Male*  
*License number: G47836*  
*NPI: 1366530792*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese*  
*Cultural Competency: No*  
*Hospital Affiliation: El Centro Regional Medical Center,*

Pioneers Memorial Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL): No*  
*Accessibility:*  
*Hours: M-F 8AM-5PM, SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **CHANG, TOM S , MD**

*Provider ID: 270365*  
*Board Certified Specialty: No*  
 COMMUNITY CARE IPA LLC  
 2240 E PLAZA BLVD  
 NATIONAL CITY, CA 91950-5164  
*Phone: (800) 898-2020*  
*Fax: (844) 897-3788*  
*After Hours Phone: (800) 898-2020*  
*Provider Gender: Male*  
*License number: A69909*  
*NPI: 1609848969*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Arabic, Armenian, Cantonese, Korean, Mandarin, Spanish, Tagalog, Vietnamese*  
*Cultural Competency: No*  
*Hospital Affiliation: San Gabriel*

Valley Med Ctr, Providence Little Co Of Mary Med Ctr Torrance, Methodist Hosp Of Southern California, Hollywood Presbyterian Med Ctr, Riverside Community Hosp, Desert Regional Med Ctr  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL): No*  
*Accessibility:*  
*Hours: M-F 8AM-5PM, SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **EHEGOYEN, JULIO C , MD**

*Provider ID: 268352*  
*Board Certified Specialty: No*  
 COMMUNITY CARE IPA LLC  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950-3616  
*Phone: (619) 425-7755*  
*Fax: (619) 425-2138*  
*After Hours Phone: (619) 425-7755*  
*Provider Gender: Male*  
*License number: A121431*  
*NPI: 1770801540*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Spanish, Tagalog	NPI: 1477879823	Phone: (619) 472-1010
Cultural Competency: No	Provider English Spoken: Yes	Fax: (619) 479-5233
Hospital Affiliation: Ucsd	Provider Language(s) Spoken:	After Hours Phone: (619)
Medical Ctr, Ucsd La Jolla John	French, German, Spanish	472-1010
Sally Thornton, Paradise Valley	Cultural Competency: No	Provider Gender: Female
Hospital, Scripps Mercy	Hospital Affiliation: Scripps	License number: A134761
Hospital, Scripps Mercy	Mercy Hospital Chula Vista,	NPI: 1477879823
Hospital Chula Vista, Scripps	Adventist Health And Rideout,	Provider English Spoken: Yes
Memorial Hospital	Grossmont Hospital, Desert	Provider Language(s) Spoken:
Medi-Cal Open Panel: Yes	Regional Med Ctr, Paradise	French, German, Spanish
Min/Max Age: 0/999	Valley Hospital, Scripps Mercy	Cultural Competency: No
American Sign Language (ASL):	Hospital, Sharp Memorial	Hospital Affiliation: Scripps
No	Hospital	Mercy Hospital Chula Vista,
♿ Accessibility:	Medi-Cal Open Panel: Yes	Adventist Health And Rideout,
Hours: M-F 8AM-5PM, SA	Min/Max Age: None	Grossmont Hospital, Desert
9AM-5PM	American Sign Language (ASL):	Regional Med Ctr, Paradise
Website:	No	Valley Hospital, Scripps Mercy
Email:	♿ Accessibility:	Hospital, Sharp Memorial
Medical Group(s):	Hours: M-F 8AM-5PM, SA	Hospital
IPA: Community Care Ipa Llc	9AM-5PM	Medi-Cal Open Panel: Yes
	Website:	Min/Max Age: 0/999
<b>GOLLOGLY, HEIDRUN E</b>	Email:	American Sign Language (ASL):
Provider ID: 125022	Medical Group(s):	No
Board Certified Specialty: No	IPA: Community Care Ipa Llc,	♿ Accessibility:
IMPERIAL HEALTH HOLDINGS	Imperial Health Holdings	Hours: M-F 8AM-5PM, SA
MEDICAL GROUP-SD	Medical Group-Sd	9AM-5PM
655 EUCLID AVE STE 302	<b>GOLLOGLY, HEIDRUN E , MD</b>	Website:
NATIONAL CITY, CA 91950-2973	Provider ID: 269126	Email:
Phone: (619) 472-1010	Board Certified Specialty: No	Medical Group(s):
Fax: (619) 479-5233	COMMUNITY CARE IPA LLC	IPA: Community Care Ipa Llc,
After Hours Phone: (619)	655 EUCLID AVE STE 302	Imperial Health Holdings
472-1010	NATIONAL CITY, CA 91950-2973	Medical Group-Sd
Provider Gender: Female		<b>HAIGHT, BRUCE T , MD</b>
License number: A134761		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>Provider ID: 269113  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  655 EUCLID AVE STE 302  NATIONAL CITY, CA 91950-2973  Phone: (800) 898-2020  Fax: (844) 897-3788  After Hours Phone: (800) 898-2020  Provider Gender: Male  License number: G41117  NPI: 1427029628  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: No  Hospital Affiliation: Grossmont Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Ihp Of Southern California</p>	<p>1520 E PLAZA BLVD  NATIONAL CITY, CA 91950-3616  Phone: (619) 425-7755  Fax: (619) 425-2138  After Hours Phone: (619) 425-7755  Provider Gender: Female  License number: A155828  NPI: 1063850808  Provider English Spoken: Yes  Provider Language(s) Spoken: Farsi, Spanish  Cultural Competency: No  Hospital Affiliation: Hemet Valley Med Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Phone: (619) 472-1010  Fax: (619) 479-5233  After Hours Phone: (619) 472-1010  Provider Gender: Male  License number: G84672  NPI: 1225189418  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Imperial Health Holdings Medical Group-Sd</p>
<p><b>KHANDAN, SARA, MD</b>  Provider ID: 268351  Board Certified Specialty: No  COMMUNITY CARE IPA LLC</p>	<p><b>KOWNACKI, JOHN</b>  Provider ID: 262427  Board Certified Specialty: No  IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  655 EUCLID AVE STE 302  NATIONAL CITY, CA 91950-2973</p>	<p><b>MANI, MAJID, MD</b>  Provider ID: 268295  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  1520 E PLAZA BLVD  NATIONAL CITY, CA 91950-3616  Phone: (619) 425-7755  Fax: (619) 425-2138  After Hours Phone: (619) 425-7755</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider Gender:* Male  
*License number:* A60640  
*NPI:* 1043261373  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MANI, NASRIN, MD**

*Provider ID:* 269201  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950-3616

*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Female  
*License number:* A40473  
*NPI:* 1023061314  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

### **MCGRAW, JOSEPH P , MD**

*Provider ID:* 269700  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2240 E PLAZA BLVD STE F

NATIONAL CITY, CA 91950-5165  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Male  
*License number:* A155228  
*NPI:* 1588624852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MCGRAW, JOSEPH P , MD**

*Provider ID:* 269701  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2240 E PLAZA BLVD STE G  
 NATIONAL CITY, CA 91950-5165

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 898-2020	Phone: (619) 470-2700	Phone: (619) 470-2700
Fax: (844) 897-3788	Fax: (619) 236-7822	Fax: (619) 236-7822
After Hours Phone: (800) 898-2020	After Hours Phone: (619) 470-2700	After Hours Phone: (619) 470-2700
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A155228	License number: G52627	License number: G52627
NPI: 1588624852	NPI: 1982636031	NPI: 1982636031
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese	Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Grossmont Hospital	Hospital Affiliation: Medi-Cal Open Panel: Yes	Hospital Affiliation: Medi-Cal Open Panel: Yes
Medi-Cal Open Panel: Yes	Min/Max Age: 0/999	Min/Max Age: 0/999
Min/Max Age: 0/999	American Sign Language (ASL): No	American Sign Language (ASL): No
American Sign Language (ASL): No	♿ Accessibility: Hours: M-SA 9AM-5PM	♿ Accessibility: Hours: M-SA 9AM-5PM
♿ Accessibility: Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM	Website:	Website:
Website:	Email:	Email:
Email:	Medical Group(s):	Medical Group(s):
Medical Group(s):	IPA: Community Care Ipa Llc, Imperial Health Holdings	IPA: Community Care Ipa Llc, Imperial Health Holdings
IPA: Community Care Ipa Llc	Medical Group-Sd	Medical Group-Sd

### **MILLER, DOUGLAS G**

Provider ID: 262444  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 2240 E PLAZA BLVD STE G  
 NATIONAL CITY, CA 91950-5165

### **MILLER, DOUGLAS G**

Provider ID: 262445  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 2240 E PLAZA BLVD STE F  
 NATIONAL CITY, CA 91950-5165

### **MILLER, DOUGLAS G , MD**

Provider ID: 268954  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2240 E PLAZA BLVD STE G  
 NATIONAL CITY, CA 91950-5165

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 470-2700

Fax: (619) 236-7822

After Hours Phone: (619)  
470-2700

Provider Gender: Male

License number: G52627

NPI: 1982636031

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **MILLER, DOUGLAS G , MD**

Provider ID: 268955

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

2240 E PLAZA BLVD STE F

NATIONAL CITY, CA 91950-5165

Phone: (619) 470-2700

Fax: (619) 236-7822

After Hours Phone: (619)  
470-2700

Provider Gender: Male

License number: G52627

NPI: 1982636031

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **MORRISON-REYES, JOSHUA A**

Provider ID: 108014

Board Certified Specialty: No

WEST COAST EYE CARE

ASSOCS

2240 E PLAZA BLVD STE F AND  
G

NATIONAL CITY, CA 91950-5165

Phone: (619) 697-4600

Fax: (619) 464-5526

After Hours Phone: (619)  
697-4600

Provider Gender: Male

License number: A125435

NPI: 1235366782

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Memorial

Hospital, Sharp Memorial

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M 7:30AM-4:30PM, TU

8AM-5PM, W 8:30AM-5PM, TH

8AM-6PM, F 8AM-4PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### **MORRISON-REYES, JOSHUA A**

Provider ID: 121358

Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950-2973 Phone: (619) 472-1010 Fax: (619) 479-5233 After Hours Phone: (619) 472-1010 Provider Gender: Male License number: A125435 NPI: 1235366782 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 5/100 American Sign Language (ASL): No ♿ Accessibility: Hours: M,TU,TH 8:30AM-6PM, W,F 8:30AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Provider ID: 262324 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 2220 E PLAZA BLVD STE H NATIONAL CITY, CA 91950-5162 Phone: (619) 470-2700 Fax: After Hours Phone: (619) 470-2700 Provider Gender: Male License number: A125435 NPI: 1235366782 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	<b>MORRISON-REYES, JOSHUA A , MD</b> Provider ID: 269180 Board Certified Specialty: No COMMUNITY CARE IPA LLC 655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950-2973 Phone: (619) 472-1010 Fax: (619) 479-5233 After Hours Phone: (619) 472-1010 Provider Gender: Male License number: A125435 NPI: 1235366782 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M,TU,TH 8:30AM-6PM, W,F 8:30AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc,
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Imperial Health Holdings Medical Group-Sd	9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc
<b>MORRISON-REYES, JOSHUA A , MD</b> Provider ID: 269181 Board Certified Specialty: No COMMUNITY CARE IPA LLC 2240 E PLAZA BLVD STE F AND G NATIONAL CITY, CA 91950-5165 Phone: (619) 697-4600 Fax: (619) 464-5526 After Hours Phone: (619) 697-4600 Provider Gender: Male License number: A125435 NPI: 1235366782 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM, SA	<b>MOSS, JASON M , MD</b> Provider ID: 268290 Board Certified Specialty: No COMMUNITY CARE IPA LLC 1520 E PLAZA BLVD NATIONAL CITY, CA 91950-3616 Phone: (619) 425-7755 Fax: (619) 425-2138 After Hours Phone: (619) 425-7755 Provider Gender: Male License number: A130529 NPI: 1386961423 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas Medi-Cal Open Panel: Yes Min/Max Age: 0/999	<b>PAPASTERGIOU, GEORGIOS, MD</b> Provider ID: 268327 Board Certified Specialty: No COMMUNITY CARE IPA LLC 1520 E PLAZA BLVD NATIONAL CITY, CA 91950-3616 Phone: (619) 425-7755 Fax: (619) 425-2138 After Hours Phone: (619) 425-7755 Provider Gender: Male License number: A127706 NPI: 1790054393 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic, Farsi, French, Greek, Italian, Spanish Cultural Competency: No Hospital Affiliation: El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital Medi-Cal Open Panel: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 0/999          American Sign Language (ASL):          No          Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Ihp Of Southern California,          Imperial Health Holdings          Medical Group-Sd</p>	<p>Hospital Affiliation: Grossmont          Hospital, Paradise Valley          Hospital, Scripps Memorial          Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Imperial Health Holdings          Medical Group-Sd</p>	<p>Arabic, Gujarati, Spanish,          Tagalog, Vietnamese          Cultural Competency: No          Hospital Affiliation: Grossmont          Hospital, Paradise Valley          Hospital, Scripps Memorial          Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Imperial Health Holdings          Medical Group-Sd</p>
<p><b>PATEL, GITANE</b>          Provider ID: 262320          Board Certified Specialty: No          IMPERIAL HEALTH HOLDINGS          MEDICAL GROUP-SD          2240 E PLAZA BLVD STE F AND          G          NATIONAL CITY, CA 91950-5165          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800)          898-2020          Provider Gender: Male          License number: A108603          NPI: 1710171434          Provider English Spoken: Yes          Provider Language(s) Spoken:          Arabic, Gujarati, Spanish,          Tagalog, Vietnamese          Cultural Competency: No</p>	<p><b>PATEL, GITANE, MD</b>          Provider ID: 268742          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          2240 E PLAZA BLVD STE F AND          G          NATIONAL CITY, CA 91950-5165          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800)          898-2020          Provider Gender: Male          License number: A108603          NPI: 1710171434          Provider English Spoken: Yes          Provider Language(s) Spoken:</p>	<p><b>PATEL, SARJAN H</b>          Provider ID: 262404          Board Certified Specialty: No          IMPERIAL HEALTH HOLDINGS          MEDICAL GROUP-SD          2240 E PLAZA BLVD STE F AND          G          NATIONAL CITY, CA 91950-5165          Phone: (800) 898-2020          Fax: (844) 897-3788          After Hours Phone: (800)          898-2020          Provider Gender: Male</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>License number: A114976  NPI: 1316199326  Provider English Spoken: Yes  Provider Language(s) Spoken: Gujarati, Hindi, Spanish, Tagalog, Vietnamese  Cultural Competency: No  Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Phone: (800) 898-2020  Fax: (844) 897-3788  After Hours Phone: (800) 898-2020  Provider Gender: Male  License number: A114976  NPI: 1316199326  Provider English Spoken: Yes  Provider Language(s) Spoken: Gujarati, Hindi, Spanish, Tagalog, Vietnamese  Cultural Competency: No  Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>COMMUNITY CARE IPA LLC  1520 E PLAZA BLVD  NATIONAL CITY, CA 91950-3616  Phone: (619) 425-7755  Fax: (619) 425-2138  After Hours Phone: (619) 425-7755  Provider Gender: Male  License number: A155296  NPI: 1609135623  Provider English Spoken: Yes  Provider Language(s) Spoken: Arabic, Spanish  Cultural Competency: No  Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>
<p><b>PATEL, SARJAN H , MD</b>  Provider ID: 268800  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  2240 E PLAZA BLVD STE F AND G  NATIONAL CITY, CA 91950-5165</p>	<p><b>PEAIRS, JAMES J , MD</b>  Provider ID: 268366  Board Certified Specialty: No</p>	<p><b>PONS, MAURICIO E , MD</b>  Provider ID: 268353  Board Certified Specialty: No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>COMMUNITY CARE IPA LLC 1520 E PLAZA BLVD NATIONAL CITY, CA 91950-3616 Phone: (619) 425-7755 Fax: (619) 425-2138 After Hours Phone: (619) 425-7755 Provider Gender: Male License number: A87650 NPI: 1376723759 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California</p> <p><b>PRABHU, SUJATA P</b> Provider ID: 262394</p>	<p>Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 2240 E PLAZA BLVD STE F AND G NATIONAL CITY, CA 91950-5165 Phone: (800) 898-2020 Fax: (844) 897-3788 After Hours Phone: (800) 898-2020 Provider Gender: Female License number: A115965 NPI: 1982872552 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese Cultural Competency: No Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc,</p>	<p>Imperial Health Holdings Medical Group-Sd <b>PRABHU, SUJATA P</b> Provider ID: 262397 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950-2973 Phone: (619) 472-1010 Fax: (619) 479-5233 After Hours Phone: (619) 472-1010 Provider Gender: Female License number: A115965 NPI: 1982872552 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese Cultural Competency: No Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	♿ <i>Accessibility:</i>	<i>Min/Max Age:</i> 0/999
<i>Medical Group(s):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>American Sign Language (ASL):</i>
<i>IPA:</i> Community Care Ipa Llc,	9AM-5PM	No
Imperial Health Holdings	<i>Website:</i>	♿ <i>Accessibility:</i>
Medical Group-Sd	<i>Email:</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<b>PRABHU, SUJATA P , MD</b>	<i>Medical Group(s):</i>	9AM-5PM
<i>Provider ID:</i> 268921	<i>IPA:</i> Community Care Ipa Llc,	<i>Website:</i>
<i>Board Certified Specialty:</i> No	Imperial Health Holdings	<i>Email:</i>
COMMUNITY CARE IPA LLC	Medical Group-Sd	<i>Medical Group(s):</i>
2240 E PLAZA BLVD STE F AND	<b>RAJSBAUM, MARTIN, MD</b>	<i>IPA:</i> Community Care Ipa Llc
G	<i>Provider ID:</i> 268294	<b>RICE, LAWRENCE S</b>
NATIONAL CITY, CA 91950-5165	<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 262226
<i>Phone:</i> (800) 898-2020	COMMUNITY CARE IPA LLC	<i>Board Certified Specialty:</i> No
<i>Fax:</i> (844) 897-3788	1520 E PLAZA BLVD	IMPERIAL HEALTH HOLDINGS
<i>After Hours Phone:</i> (800)	NATIONAL CITY, CA 91950-3616	MEDICAL GROUP-SD
898-2020	<i>Phone:</i> (619) 425-7755	655 EUCLID AVE STE 302
<i>Provider Gender:</i> Female	<i>Fax:</i> (619) 425-2138	NATIONAL CITY, CA 91950-2973
<i>License number:</i> A115965	<i>After Hours Phone:</i> (619)	<i>Phone:</i> (800) 898-2020
<i>NPI:</i> 1982872552	425-7755	<i>Fax:</i> (844) 897-3788
<i>Provider English Spoken:</i> Yes	<i>Provider Gender:</i> Male	<i>After Hours Phone:</i> (800)
<i>Provider Language(s) Spoken:</i>	<i>License number:</i> A42670	898-2020
Spanish, Tagalog, Telugu,	<i>NPI:</i> 1912999400	<i>Provider Gender:</i> Male
Vietnamese	<i>Provider English Spoken:</i> Yes	<i>License number:</i> C31021
<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>	<i>NPI:</i> 1922060805
<i>Hospital Affiliation:</i> Paradise	Arabic, Russian, Spanish,	<i>Provider English Spoken:</i> Yes
Valley Hospital, Alvarado	Tagalog	<i>Provider Language(s) Spoken:</i>
Community Hospital, Scripps	<i>Cultural Competency:</i> No	Spanish
Memorial Hospital, Grossmont	<i>Hospital Affiliation:</i> Sharp Chula	<i>Cultural Competency:</i> No
Hospital	Vista Med Ctr, Scripps Memorial	<i>Hospital Affiliation:</i> Grossmont
<i>Medi-Cal Open Panel:</i> Yes	Hospital Encinitas, Scripps	Hospital, Alvarado Hospital Llc,
<i>Min/Max Age:</i> 0/999	Mercy Hospital, Scripps Mercy	Rady Childrens Hospital San
<i>American Sign Language (ASL):</i>	Hospital Chula Vista	Diego
No	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:  No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:  No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Regional Medical Center            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:  No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>
<p><b>RICE, LAWRENCE S , MD</b>            Provider ID: 269039            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            655 EUCLID AVE STE 302            NATIONAL CITY, CA 91950-2973            Phone: (800) 898-2020            Fax: (844) 897-3788            After Hours Phone: (800) 898-2020            Provider Gender: Male            License number: C31021            NPI: 1922060805            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Rady Childrens Hospital San Diego</p>	<p><b>SASSANI, PATRICK P , MD</b>            Provider ID: 268285            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            1520 E PLAZA BLVD            NATIONAL CITY, CA 91950-3616            Phone: (619) 425-7755            Fax: (619) 425-2138            After Hours Phone: (619) 425-7755            Provider Gender: Male            License number: A150205            NPI: 1033411061            Provider English Spoken: Yes            Provider Language(s) Spoken: Arabic, Spanish, Tagalog            Cultural Competency: No            Hospital Affiliation: Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, El Centro</p>	<p><b>SKAF, AYHAM R , MD</b>            Provider ID: 268279            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            1520 E PLAZA BLVD            NATIONAL CITY, CA 91950-3616            Phone: (619) 425-7755            Fax: (619) 425-2138            After Hours Phone: (619) 425-7755            Provider Gender: Male            License number: A120584            NPI: 1285888628            Provider English Spoken: Yes            Provider Language(s) Spoken: Arabic, Spanish            Cultural Competency: No            Hospital Affiliation: El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital</p>

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Ihp Of Southern California

### TREGER, PAUL L

Provider ID: 262420

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

655 EUCLID AVE STE 302

NATIONAL CITY, CA 91950-2973

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)

472-1010

Provider Gender: Male

License number: G26803

NPI: 1447311899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### TREGER, PAUL L , MD

Provider ID: 268812

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

655 EUCLID AVE STE 302

NATIONAL CITY, CA 91950-2973

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)

472-1010

Provider Gender: Male

License number: G26803

NPI: 1447311899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### WAINESS, REID M , MD

Provider ID: 254760

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

2240 E PLAZA BLVD STE F

NATIONAL CITY, CA 91950-5165

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)

898-2020

Provider Gender: Male

License number: A108766

NPI: 1396935979

Provider English Spoken: Yes

Provider Language(s) Spoken:

Armenian, Hebrew, Mandarin,

Spanish, Vietnamese, Yue

Chinese

Cultural Competency: No

Hospital Affiliation: San Gabriel

Valley Med Ctr, Desert Regional

Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 5/99

American Sign Language (ASL):

No

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>
<p><b>WASSERSTROM, JEFFREY P ,            MD</b>  <i>Provider ID:</i> 129187  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            655 EUCLID AVE STE 302            NATIONAL CITY, CA 91950-2973  <i>Phone:</i> (619) 472-1010  <i>Fax:</i> (619) 479-5233  <i>After Hours Phone:</i> (619)            472-1010  <i>Provider Gender:</i> Male  <i>License number:</i> G54813  <i>NPI:</i> 1710922687  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp            Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5PM, SA</p>	<p><b>WASSERSTROM, JEFFREY P</b>  <i>Provider ID:</i> 262174  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD            655 EUCLID AVE STE 302            NATIONAL CITY, CA 91950-2973  <i>Phone:</i> (619) 472-1010  <i>Fax:</i> (619) 479-5233  <i>After Hours Phone:</i> (619)            472-1010  <i>Provider Gender:</i> Male  <i>License number:</i> G54813  <i>NPI:</i> 1710922687  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp            Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5PM, SA</p>	<p><b>ZABANEH, ALEXANDER I</b>  <i>Provider ID:</i> 262169  <i>Board Certified Specialty:</i> Yes            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD            655 EUCLID AVE STE 302            NATIONAL CITY, CA 91950-2973  <i>Phone:</i> (619) 472-1010  <i>Fax:</i> (619) 479-5233  <i>After Hours Phone:</i> (619)            472-1010  <i>Provider Gender:</i> Male  <i>License number:</i> A154697  <i>NPI:</i> 1346687233  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista, Paradise            Valley Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No</p>

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>♿ <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
<hr/>		
<p><b>ZABANEH, ALEXANDER I , MD</b>  <i>Provider ID:</i> 269121  <i>Board Certified Specialty:</i> Yes  COMMUNITY CARE IPA LLC  655 EUCLID AVE STE 302  NATIONAL CITY, CA 91950-2973  <i>Phone:</i> (619) 472-1010  <i>Fax:</i> (619) 479-5233  <i>After Hours Phone:</i> (619) 472-1010  <i>Provider Gender:</i> Male  <i>License number:</i> A154697  <i>NPI:</i> 1346687233  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i></p>	<p><b>PEDIATRICS</b></p>	<p><b>BAILONY, MOHAMMED T</b>  <i>Provider ID:</i> 274980  <i>Board Certified Specialty:</i> Yes  COMMUNITY CARE IPA LLC  655 EUCLID AVE STE 205  NATIONAL CITY, CA 91950-2967  <i>Phone:</i> (619) 470-1945  <i>Fax:</i> (619) 475-5048  <i>After Hours Phone:</i> (619) 470-1945  <i>Provider Gender:</i> Male  <i>License number:</i> A34406  <i>NPI:</i> 1376625913  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Paradise Valley Hospital, Sharp Chula Vista</p>
<p><b>LERIAS, NICHOLAS P</b>  <i>Provider ID:</i> 130009  <i>Board Certified Specialty:</i> No  OPERATION SAMAHAN INC  2835 HIGHLAND AVE STE A  NATIONAL CITY, CA 91950-7406  <i>Phone:</i> (844) 200-2426  <i>Fax:</i>  <i>After Hours Phone:</i> (844) 200-2426  <i>Provider Gender:</i> Male  <i>License number:</i> 20A14561  <i>NPI:</i> 1952749301  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No</p>		

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: None	♿ Accessibility:	No
American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 9AM-5PM	♿ Accessibility:
♿ Accessibility:	Website:	Hours: M-F 9AM-5PM, SA 9AM-5PM
Hours: M-SA 9AM-5PM	Email:	Website:
Website:	Medical Group(s):	Email:
Email:	IPA: Community Care Ipa Llc	Medical Group(s):
Medical Group(s):		IPA: Community Care Ipa Llc
IPA:		
	<b>PODIATRIST</b>	
		<b>ATMAR, AKMAL</b>
		Provider ID: 269784
		Board Certified Specialty: No
		COMMUNITY CARE IPA LLC
		2345 E 8TH ST STE 105
		NATIONAL CITY, CA
		91950-2866
		Phone: (929) 287-4511
		Fax: (877) 671-6835
		After Hours Phone: (929) 287-4511
		Provider Gender: Male
		License number: DPM5295
		NPI: 1558656637
		Provider English Spoken: Yes
		Provider Language(s) Spoken: Farsi, Urdu
		Cultural Competency: No
		Hospital Affiliation: Paradise Valley Hospital
		Medi-Cal Open Panel: Yes
		Min/Max Age: 0/999
		American Sign Language (ASL): No
		♿ Accessibility:
<b>PHYSICIANS ASSISTANT</b>	<b>AHMED, AISHA</b>	
	Provider ID: 243131	
	Board Certified Specialty: No	
	COMMUNITY CARE IPA LLC	
	1428 HIGHLAND AVE	
	NATIONAL CITY, CA	
	91950-4624	
	Phone: (844) 200-2426	
	Fax: (858) 578-4417	
	After Hours Phone: (844) 200-2426	
	Provider Gender: Female	
	License number: DPM5369	
	NPI: 1316326382	
	Provider English Spoken: Yes	
	Provider Language(s) Spoken: Hindi, Spanish, Urdu	
	Cultural Competency: No	
	Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista	
	Medi-Cal Open Panel: Yes	
	Min/Max Age: 0/999	
	American Sign Language (ASL): No	
<b>MACASADIA, MARITES N</b>		
Provider ID: 268787		
Board Certified Specialty: No		
COMMUNITY CARE IPA LLC		
610 EUCLID AVE STE 302		
NATIONAL CITY, CA		
91950-2953		
Phone: (619) 527-7700		
Fax: (619) 527-3226		
After Hours Phone: (619) 527-7700		
Provider Gender: Female		
License number: PA15254		
NPI: 1093743015		
Provider English Spoken: Yes		
Provider Language(s) Spoken:		
Cultural Competency: No		
Hospital Affiliation:		
Medi-Cal Open Panel: Yes		
Min/Max Age: 0/999		
American Sign Language (ASL): No		

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **CHISHOLM, JOHN A**

Provider ID: 121607  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
610 EUCLID AVE STE 301  
NATIONAL CITY, CA  
91950-2953  
Phone: (619) 427-3481  
Fax: (619) 618-0222  
After Hours Phone: (619)  
427-3481  
Provider Gender: Male  
License number: DPM3431  
NPI: 1396740072  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Paradise  
Valley Hospital, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital, Scripps  
Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **CHISHOLM, JOHN A**

Provider ID: 268441  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
610 EUCLID AVE STE 301  
NATIONAL CITY, CA  
91950-2953  
Phone: (619) 427-3481  
Fax: (619) 618-0222  
After Hours Phone: (619)  
427-3481  
Provider Gender: Male  
License number: DPM3431  
NPI: 1396740072  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Paradise  
Valley Hospital, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital, Scripps  
Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **DAVIDSON, JOHN A**

Provider ID: 129542  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
610 EUCLID AVE STE 301  
NATIONAL CITY, CA  
91950-2953  
Phone: (619) 427-3481  
Fax: (619) 420-7807  
After Hours Phone: (619)  
427-3481  
Provider Gender: Male  
License number: DPM5418  
NPI: 1689069874  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: Yes

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-TH 9AM-4:30PM, F 9AM-12PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SANICOLAS, MARIA THERESA**

#### **P**

Provider ID: 204840  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 610 EUCLID AVE STE 304  
 NATIONAL CITY, CA  
 91950-2953  
 Phone: (619) 470-6800  
 Fax: (866) 232-7229  
 After Hours Phone: (619) 470-6800  
 Provider Gender: Female  
 License number: DPM4303  
 NPI: 1891893962  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital  
 Medi-Cal Open Panel: Yes

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-TH 8AM-5PM, F 8AM-12PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

### **XU, DIXON H**

Provider ID: 295832  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 610 EUCLID AVE STE 301  
 NATIONAL CITY, CA  
 91950-2953  
 Phone: (619) 427-3841  
 Fax: (833) 378-1885  
 After Hours Phone: (619) 427-3841  
 Provider Gender: Male  
 License number: DPM5596  
 NPI: 1598296600  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California

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### **PULMONARY DISEASES**

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### **LIM, ROSEMARIE S**

Provider ID: 262224  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 610 EUCLID AVE STE 202  
 NATIONAL CITY, CA  
 91950-2952  
 Phone: (619) 472-2665  
 Fax: (619) 479-9468  
 After Hours Phone: (619) 472-2665  
 Provider Gender: Female  
 License number: A51827  
 NPI: 1841303419  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese, Mandarin, Spanish, Tagalog

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>NPI:</i> 1033222708	<i>Phone:</i> (858) 380-7730
<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital	<i>Provider English Spoken:</i> Yes	<i>Fax:</i> (619) 474-8662
<i>Medi-Cal Open Panel:</i> Yes	<i>Provider Language(s) Spoken:</i> Spanish, Tagalog	<i>After Hours Phone:</i> (858) 380-7730
<i>Min/Max Age:</i> 0/999	<i>Cultural Competency:</i> No	<i>Provider Gender:</i> Male
<i>American Sign Language (ASL):</i> No	<i>Hospital Affiliation:</i> Paradise Valley Hospital, Sharp Chula Vista Med Ctr	<i>License number:</i> PT294143
<i>Accessibility:</i> ⚠	<i>Medi-Cal Open Panel:</i> Yes	<i>NPI:</i> 1447765508
<i>Hours:</i> M-F 8:30AM-4:30PM, SA 9AM-5PM	<i>Min/Max Age:</i> None	<i>Provider English Spoken:</i> Yes
<i>Website:</i>	<i>American Sign Language (ASL):</i> No	<i>Provider Language(s) Spoken:</i>
<i>Email:</i>	<i>Accessibility:</i> ⚠	<i>Cultural Competency:</i> No
<i>Medical Group(s):</i>	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Hospital Affiliation:</i>
<i>IPA:</i> Imperial Health Holdings Medical Group-Sd	<i>Website:</i>	<i>Medi-Cal Open Panel:</i> Yes
	<i>Email:</i>	<i>Min/Max Age:</i> 0/999
	<i>Medical Group(s):</i>	<i>American Sign Language (ASL):</i> No
	<i>IPA:</i> Imperial Health Holdings Medical Group-Sd	<i>Accessibility:</i> ⚠
		<i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM
		<i>Website:</i>
		<i>Email:</i>
		<i>Medical Group(s):</i>
		<i>IPA:</i> Community Care Ipa Llc

### SAZON, DOTTIE A

*Provider ID:* 66295  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 655 EUCLID AVE STE 206  
 NATIONAL CITY, CA  
 91950-2967  
*Phone:* (619) 267-3188  
*Fax:* (619) 267-3388  
*After Hours Phone:* (619) 267-3188  
*Provider Gender:* Female  
*License number:* A48932

### REGISTERED PHYSICAL THERAPIST

### DIEP, HUY M

*Provider ID:* 269130  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1626 SWEETWATER RD STE A  
 NATIONAL CITY, CA  
 91950-7645

### KARANDE, PRACHI

*Provider ID:* 287102  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950-3168  
*Phone:* (619) 482-3000  
*Fax:* (619) 482-3001  
*After Hours Phone:* (619) 482-3000  
*Provider Gender:* Female

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

License number: PT300083  
 NPI: 1699357525  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 7AM-6PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **NOVENCIDO, ANDREW**

Provider ID: 286784  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950-3168  
 Phone: (619) 482-3000  
 Fax: (619) 695-0050  
 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Male  
 License number: PT295915  
 NPI: 1447723937  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 7AM-6PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SURGERY NEUROLOGICAL**

### **YOO, FRANK K , MD**

Provider ID: 257372  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2345 E 8TH ST STE 110  
 NATIONAL CITY, CA 91950-2861  
 Phone: (858) 909-9033  
 Fax: (858) 429-4009  
 After Hours Phone: (858)  
 909-9033  
 Provider Gender: Male  
 License number: G86513  
 NPI: 1295774545  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean, Spanish, Telugu,  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps

Memorial Hospital, Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr, Palomar  
 Health, Alvarado Hospital Llc,  
 Paradise Valley Hospital,  
 Southwest Healthcare System  
 Wildomar, Southwest  
 Healthcare System Murrieta,  
 Scripps Mercy Hospital, Scripps  
 Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **OCEANSIDE**

### **ANESTHESIOLOGY PAIN MANAGEMENT**

### **COHEN, ZACHARY C**

Provider ID: 295927  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA

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## D. Directorio de proveedores de atención especializada

3142 VISTA WAY STE 207  
 OCEANSIDE, CA 92056-3628  
 Phone: (760) 610-0522  
 Fax: (760) 610-0523  
 After Hours Phone: (760)  
 610-0522  
 Provider Gender: Male  
 License number: A146733  
 NPI: 1598021982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital,  
 Palomar Health  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### **FISHER, CASEY J**

Provider ID: 269184  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 3142 VISTA WAY STE 207  
 OCEANSIDE, CA 92056-3628  
 Phone: (760) 610-0522  
 Fax: (760) 610-0523  
 After Hours Phone: (760)  
 610-0522  
 Provider Gender: Male  
 License number: A118592  
 NPI: 1275780686  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital, Palomar  
 Health, Scripps Mercy Hospital  
 Chula Vista, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### **FISHER, CASEY J**

Provider ID: 295636

Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 3142 VISTA WAY STE 207  
 OCEANSIDE, CA 92056-3628  
 Phone: (760) 610-0522  
 Fax: (760) 610-0523  
 After Hours Phone: (760)  
 610-0522  
 Provider Gender: Male  
 License number: A118592  
 NPI: 1275780686  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital, Palomar  
 Health, Scripps Mercy Hospital  
 Chula Vista, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

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## D. Directorio de proveedores de atención especializada

<b>CARDIOLOGY</b>	8AM-5PM	9AM-5PM
<p><b>MOUSSAVIAN, MEHRAN</b>  <i>Provider ID: 290777</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CALIFORNIA</b>            605 CROUCH ST            OCEANSIDE, CA 92054-4415  <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 566-1501</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Provider Gender: Male</i>  <i>License number: 20A7241</i>  <i>NPI: 1689788234</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Farsi, Spanish</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility:</i>  <i>Hours: M-F,SU 8AM-8PM, SA</i></p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i></p> <p><b>PARIKH, MILIND D</b>  <i>Provider ID: 291596</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CALIFORNIA</b>            605 CROUCH ST            OCEANSIDE, CA 92054-4415  <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 566-1501</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Provider Gender: Male</i>  <i>License number: 20A13745</i>  <i>NPI: 1194161406</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Gujarati, Hindi, Spanish</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility:</i>  <i>Hours: M-F 8AM-5PM, SA</i></p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i></p> <hr/> <p style="text-align: center;"><b>CERTIFIED NURSE PRACTITIONER</b></p> <hr/> <p><b>BALDWIN, ANDREA M</b>  <i>Provider ID: 294937</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CALIFORNIA</b>            818 PIER VIEW WAY            OCEANSIDE, CA 92054-2803  <i>Phone: (760) 631-5000</i>  <i>Fax: (760) 414-3892</i>  <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Female</i>  <i>License number: NP95005907</i>  <i>NPI: 1497202121</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 2/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility:</i>  <i>Hours: M,TU,TH,F 8AM-5PM, W</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

8AM-7PM, SA 9AM-6PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	Medical Group(s): IPA: Ihp Of Southern California  <b>BROMAN, GRETCHEN L</b> Provider ID: 280192 Board Certified Specialty: No COMMUNITY CARE IPA LLC 818 PIER VIEW WAY OCEANSIDE, CA 92054-2803 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Provider Gender: Female License number: NP95007885 NPI: 1922421288 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/0 American Sign Language (ASL): No ♿ Accessibility: Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc  <b>CHAMBERLIN, KALIANA, NPA</b> Provider ID: 273018 Board Certified Specialty: No	COMMUNITY CARE IPA LLC 517 N HORNE ST OCEANSIDE, CA 92054-2518 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Provider Gender: Female License number: NP95013030 NPI: 1457995706 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc  <b>CHIRIBOGA, MEGAN ELISE P</b> Provider ID: 295492 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 4700 N RIVER RD OCEANSIDE, CA 92057-6043
<b>BATAC, NADINE M</b> Provider ID: 295827 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 3231 WARING CT STE K OCEANSIDE, CA 92056-4510 Phone: (760) 607-5350 Fax: (760) 607-5365 After Hours Phone: (760) 607-5350 Provider Gender: Female License number: NP21763 NPI: 1942657937 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email:		

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: NP95020845  
 NPI: 1942931589  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **GORDON, CAITLIN R**

Provider ID: 246043  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3998 VISTA WAY STE A  
 OCEANSIDE, CA 92056-4514  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female

License number: NP23078  
 NPI: 1063842078  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Ucsd Medical Ctr,  
 Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HEAD, KRISTIN N**

Provider ID: 268660  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760)  
 547-1020  
 Provider Gender: Female  
 License number: NP20264

NPI: 1699078923  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KELLY, KATHERINE M**

Provider ID: 290312  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 2210 MESA DR STE 5  
 OCEANSIDE, CA 92054-3701  
 Phone: (760) 757-5841  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 757-5841  
 Provider Gender: Female  
 License number: NM235997  
 NPI: 1801134275  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Spanish	American Sign Language (ASL):	Hours: M,TU,TH,F 8AM-5PM, W 10AM-7PM, SA 9AM-4PM
Cultural Competency: No	No	Website:
Hospital Affiliation:	♿ Accessibility:	Email:
Medi-Cal Open Panel: Yes	Hours: M-F 8AM-5PM, SA 8AM-12PM	Medical Group(s):
Min/Max Age: 0/999	Website:	IPA: Ihp Of Southern California
American Sign Language (ASL):	Email:	
No	Medical Group(s):	<b>MONTGOMERY, KEITH ALLEN</b>
♿ Accessibility:	IPA: Rady Childrens Health Network	Provider ID: 295286
Hours: M-SA 9AM-5PM		Board Certified Specialty: No
Website:		IHP OF SOUTHERN CALIFORNIA
Email:	<b>MONTGOMERY, KEITH ALLEN</b>	818 PIER VIEW WAY
Medical Group(s):	Provider ID: 295285	OCEANSIDE, CA 92054-2803
IPA: Ihp Of Southern California	Board Certified Specialty: No	Phone: (760) 631-5000
	IHP OF SOUTHERN CALIFORNIA	Fax: (760) 414-3892
<b>LIPMAN, RACHEL E</b>	517 N HORNE ST	After Hours Phone: (760) 631-5000
Provider ID: 265113	OCEANSIDE, CA 92054-2518	Provider Gender: Male
Board Certified Specialty: No	Phone: (760) 631-5000	License number: NP95008198
RADY CHILDRENS HEALTH NETWORK	Fax: (760) 414-3892	NPI: 1790978617
3605 VISTA WAY BLDG B	After Hours Phone: (760) 631-5000	Provider English Spoken: Yes
OCEANSIDE, CA 92056-4565	Provider Gender: Male	Provider Language(s) Spoken:
Phone: (760) 547-1010	License number: NP95008198	Cultural Competency: No
Fax: (760) 547-1011	NPI: 1790978617	Hospital Affiliation:
After Hours Phone: (760) 547-1010	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
Provider Gender: Female	Provider Language(s) Spoken:	Min/Max Age: 6/999
License number: NP95000707	Cultural Competency: No	American Sign Language (ASL):
NPI: 1871933879	Hospital Affiliation:	No
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	♿ Accessibility:
Provider Language(s) Spoken:	Min/Max Age: 6/999	Hours: M,TU,TH,F 8AM-5PM, W 10AM-7PM, SA 9AM-4PM
Cultural Competency: No	American Sign Language (ASL):	Website:
Hospital Affiliation:	No	Email:
Medi-Cal Open Panel: No	♿ Accessibility:	
Min/Max Age: 0/18		

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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s):            IPA: Ihp Of Southern California</p> <p><b>MONTGOMERY, KEITH ALLEN</b>            Provider ID: 295287            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            4700 N RIVER RD            OCEANSIDE, CA 92057-6043            Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Provider Gender: Male            License number: NP95008198            NPI: 1790978617            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 6/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M,TU,TH,F 8AM-5PM, W 10AM-7PM, SA 9AM-4PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p> <p><b>PRITZKER, JOELY R , NPA</b>            Provider ID: 239772</p>	<p>Board Certified Specialty: No            COMMUNITY CARE IPA LLC            4700 N RIVER RD            OCEANSIDE, CA 92057-6043            Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Provider Gender: Female            License number: NP95000955            NPI: 1619384351            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 12/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-4PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>RAMIREZ, ERIN K</b>            Provider ID: 262344            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3605 VISTA WAY BLDG B</p>	<p>OCEANSIDE, CA 92056-4565            Phone: (760) 547-1010            Fax: (760) 547-1011            After Hours Phone: (760) 547-1010            Provider Gender: Female            License number: NP95000183            NPI: 1912310020            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>SANTIAGO, AMANDA C , NPA</b>            Provider ID: 242607            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            4700 N RIVER RD            OCEANSIDE, CA 92057-6043</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
License number: NP95007724  
NPI: 1619488731  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-4PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SIMMONS, SUZANNE M**

Provider ID: 296058  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
619 CROUCH ST  
OCEANSIDE, CA 92054-4460

Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
License number: NP95016129  
NPI: 1245733450  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California

### **TAYLOR, CHRISTOPHER**

Provider ID: 295503  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518

Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Male  
License number: NP95020584  
NPI: 1851747166  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-2PM, SA  
9AM-4PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California

### **TAYLOR, CHRISTOPHER**

Provider ID: 295505  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000

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## D. Directorio de proveedores de atención especializada

<p>Provider Gender: Male  License number: NP95020584  NPI: 1851747166  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 12/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-2PM, SA  9AM-4PM  Website:  Email:  Medical Group(s):  IPA: Ihp Of Southern California</p>	<p>Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 12/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-2PM, SA  9AM-4PM  Website:  Email:  Medical Group(s):  IPA: Ihp Of Southern California</p>	<p>Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-8PM, SA  8AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p> <hr/> <p style="text-align: center;"><b>CERTIFIED REGISTERED NURSE  MIDWIFE</b></p> <hr/> <p><b>ALSTON, VICKIE S</b>  Provider ID: 257566  Board Certified Specialty: No  BLUE SHIELD PROMISE  HEALTH PLAN DIRECT  2210 MESA DR STE 5  OCEANSIDE, CA 92054-3701  Phone: (760) 757-5841  Fax: (760) 736-8740  After Hours Phone: (760)  757-5841  Provider Gender: Female  License number: NM993  NPI: 1932209905  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999</p>
<p><b>TAYLOR, CHRISTOPHER</b>  Provider ID: 295506  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  818 PIER VIEW WAY  OCEANSIDE, CA 92054-2803  Phone: (760) 631-5000  Fax: (760) 414-3892  After Hours Phone: (760)  631-5000  Provider Gender: Male  License number: NP95020584  NPI: 1851747166  Provider English Spoken: Yes</p>	<p><b>WILLIAMS, VERONICA</b>  Provider ID: 291525  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  605 CROUCH ST  OCEANSIDE, CA 92054-4415  Phone: (760) 736-6767  Fax: (760) 736-8740  After Hours Phone: (760)  736-6767  Provider Gender: Female  License number: NP95017374  NPI: 1033361241  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes</p>	

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No</p> <p>♿ Accessibility: 8AM-5PM</p> <p>Hours: M,TU 8AM-7PM, W-SA 8AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Blue Shield Promise Health Plan Direct</p> <p><b>SCHROEDER, MARY L</b></p> <p>Provider ID: 290688</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>2210 MESA DR STE 5</p> <p>OCEANSIDE, CA 92054-3701</p> <p>Phone: (760) 757-5841</p> <p>Fax: (760) 736-8740</p> <p>After Hours Phone: (760) 757-5841</p> <p>Provider Gender: Female</p> <p>License number: NP14856</p> <p>NPI: 1164431664</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Tri City Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p>	<p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ihp Of Southern California</p> <p><b>SCHROEDER, MARY L</b></p> <p>Provider ID: 290688</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>2210 MESA DR STE 5</p> <p>OCEANSIDE, CA 92054-3701</p> <p>Phone: (760) 757-5841</p> <p>Fax: (760) 736-8740</p> <p>After Hours Phone: (760) 757-5841</p> <p>Provider Gender: Female</p> <p>License number: NM1617</p> <p>NPI: 1164431664</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Tri City Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p>	<p>Medical Group(s):</p> <p>IPA: Ihp Of Southern California</p> <p><b>SCHROEDER, MARY L</b></p> <p>Provider ID: 290688</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>2210 MESA DR STE 5</p> <p>OCEANSIDE, CA 92054-3701</p> <p>Phone: (760) 757-5841</p> <p>Fax: (760) 736-8740</p> <p>After Hours Phone: (760) 757-5841</p> <p>Provider Gender: Female</p> <p>License number: RN557074</p> <p>NPI: 1164431664</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Tri City Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ihp Of Southern California</p> <p><b>ZAMORA-FLYR, MARIA M</b></p> <p>Provider ID: 290642</p>
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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 818 PIER VIEW WAY OCEANSIDE, CA 92054-2803 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000 <i>Provider Gender:</i> Female <i>License number:</i> NM1634 <i>NPI:</i> 1194938647 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ihp Of Southern California</p> <p><b>ZAMORA-FLYR, MARIA M</b> <i>Provider ID:</i> 290643 <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 4700 N RIVER RD</p>	<p>OCEANSIDE, CA 92057-6043 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000 <i>Provider Gender:</i> Female <i>License number:</i> NM1634 <i>NPI:</i> 1194938647 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ihp Of Southern California</p> <p><b>ZAMORA-FLYR, MARIA M</b> <i>Provider ID:</i> 290644 <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 517 N HORNE ST OCEANSIDE, CA 92054-2518</p>	<p><i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000 <i>Provider Gender:</i> Female <i>License number:</i> NM1634 <i>NPI:</i> 1194938647 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ihp Of Southern California</p> <hr/> <p style="text-align: center;"><b>CHIROPRACTOR</b></p> <hr/> <p><b>ANDREWS, BRAD R</b> <i>Provider ID:</i> 290542 <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 619 CROUCH ST OCEANSIDE, CA 92054-4460</p>
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## D. Directorio de proveedores de atención especializada

Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 Provider Gender: Male  
 License number: DC32479  
 NPI: 1750791745  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese  
 Cultural Competency: No  
 Hospital Affiliation: No  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### JU, NATHANIEL

Provider ID: 290221  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Male

License number: DC32054  
 NPI: 1972883882  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese  
 Cultural Competency: No  
 Hospital Affiliation: No  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### DERMATOLOGY

### AGUIRRE, KRISTEN R , MD

Provider ID: 243076  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax: (760) 828-9138  
 After Hours Phone: (760) 757-7546  
 Provider Gender: Female  
 License number: A135075  
 NPI: 1205255288  
 Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: No  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California

### AGUIRRE, KRISTEN R

Provider ID: 295851  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax: (760) 828-9138  
 After Hours Phone: (760) 757-7546  
 Provider Gender: Female  
 License number: A135075  
 NPI: 1205255288  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish

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## D. Directorio de proveedores de atención especializada

<p>Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California</p> <p><b>ANGRA, KUNAL, MD</b> Provider ID: 276058 Board Certified Specialty: No COMMUNITY CARE IPA LLC 3629 VISTA WAY OCEANSIDE, CA 92056-4522 Phone: (760) 757-7546 Fax: (760) 828-9138 After Hours Phone: (760) 757-7546 Provider Gender: Male License number: A161745 NPI: 1871988147 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999</p>	<p>American Sign Language (ASL): No Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>GILBOA, RUTH, MD</b> Provider ID: 269414 Board Certified Specialty: No COMMUNITY CARE IPA LLC 3629 VISTA WAY OCEANSIDE, CA 92056-4522 Phone: (760) 757-7546 Fax: (760) 828-9138 After Hours Phone: (760) 757-7546 Provider Gender: Female License number: A46557 NPI: 1205873197 Provider English Spoken: Yes Provider Language(s) Spoken: Swedish Cultural Competency: No Hospital Affiliation: Tri City Hospital West, Scripps Memorial Hospital Encinitas Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No</p>	<p>Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>KIM, JESSICA Y</b> Provider ID: 247630 Board Certified Specialty: No COMMUNITY CARE IPA LLC 3629 VISTA WAY OCEANSIDE, CA 92056-4522 Phone: (760) 757-7546 Fax: (760) 828-9140 After Hours Phone: (760) 757-7546 Provider Gender: Female License number: 20A17031 NPI: 1245663228 Provider English Spoken: Yes Provider Language(s) Spoken: French, Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website:</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Ihp Of Southern California</p> <p><b>KIM, JESSICA Y</b>          Provider ID: 295979          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          3629 VISTA WAY          OCEANSIDE, CA 92056-4522          Phone: (760) 757-7546          Fax: (760) 828-9140          After Hours Phone: (760)          757-7546          Provider Gender: Female          License number: 20A17031          NPI: 1245663228          Provider English Spoken: Yes          Provider Language(s) Spoken:          French, Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):</p>	<p>IPA: Community Care Ipa Llc,          Ihp Of Southern California</p> <p><b>ROSS, ANDREW L</b>          Provider ID: 108447          Board Certified Specialty: No          DERMATOLOGY SPECIALISTS          INC A SURGICAL MED GRP          3629 VISTA WAY          OCEANSIDE, CA 92056-4522          Phone: (760) 757-7546          Fax:          After Hours Phone: (760)          757-7546          Provider Gender: Male          License number: A140430          NPI: 1700140738          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>ROSS, ANDREW L , MD</b>          Provider ID: 269333          Board Certified Specialty: No</p>	<p>COMMUNITY CARE IPA LLC          3629 VISTA WAY          OCEANSIDE, CA 92056-4522          Phone: (760) 757-7546          Fax: (760) 828-9138          After Hours Phone: (760)          757-7546          Provider Gender: Male          License number: A140430          NPI: 1700140738          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>SAMADY, JOSEPH A , MD</b>          Provider ID: 269327          Board Certified Specialty: Yes          COMMUNITY CARE IPA LLC          3629 VISTA WAY          OCEANSIDE, CA 92056-4522</p>
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## D. Directorio de proveedores de atención especializada

Phone: (760) 757-7546	Provider Gender: Male	Cultural Competency: No
Fax: (760) 828-9138	License number: A71411	Hospital Affiliation: Rady
After Hours Phone: (760) 757-7546	NPI: 1013954908	Childrens Hospital San Diego,
Provider Gender: Male	Provider English Spoken: Yes	Childrens Hospital Of Orange
License number: A71411	Provider Language(s) Spoken:	County
NPI: 1013954908	Cultural Competency: No	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Hospital Affiliation:	Min/Max Age: 0/18
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	American Sign Language (ASL):
Cultural Competency: No	Min/Max Age: None	No
Hospital Affiliation:	American Sign Language (ASL):	♿ Accessibility:
Medi-Cal Open Panel: Yes	No	Hours: M-F 8AM-5PM, SA
Min/Max Age: 0/999	♿ Accessibility: W	9AM-5PM
American Sign Language (ASL):	Hours: M-SA 9AM-5PM	Website:
No	Website:	Email:
♿ Accessibility:	Email:	Medical Group(s):
Hours: M-F 8AM-5PM, SA	Medical Group(s):	IPA: Rady Childrens Health
9AM-5PM	IPA: Community Care Ipa Llc	Network
Website:	<b>SCHAIRER, DAVID O</b>	<b>THIELE, JENS, MD</b>
Email:	Provider ID: 264682	Provider ID: 269412
Medical Group(s):	Board Certified Specialty: No	Board Certified Specialty: No
IPA: Community Care Ipa Llc	RADY CHILDRENS HEALTH	COMMUNITY CARE IPA LLC
	NETWORK	3629 VISTA WAY
	3605 VISTA WAY STE 172	OCEANSIDE, CA 92056-4522
	OCEANSIDE, CA 92056-4565	Phone: (760) 757-7546
	Phone: (760) 547-1020	Fax: (760) 828-9138
	Fax: (760) 547-1021	After Hours Phone: (760)
	After Hours Phone: (760)	757-7546
	547-1020	Provider Gender: Male
	Provider Gender: Male	License number: A103862
	License number: A148597	NPI: 1659562650
	NPI: 1619311164	Provider English Spoken: Yes
	Provider English Spoken: Yes	Provider Language(s) Spoken:
	Provider Language(s) Spoken:	Spanish

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## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **THIELE, JENS**

Provider ID: 41713  
 Board Certified Specialty: No  
 DERMATOLOGY SPECIALISTS  
 INC A SURGICAL MED GRP  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax:  
 After Hours Phone: (760)  
 757-7546  
 Provider Gender: Male  
 License number: A103862  
 NPI: 1659562650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **VENKAT, ARUN P , MD**

Provider ID: 269345  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax: (760) 828-9138  
 After Hours Phone: (760)  
 757-7546  
 Provider Gender: Male  
 License number: A125103  
 NPI: 1952436354  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **VENKAT, ARUN P**

Provider ID: 71978  
 Board Certified Specialty: No  
 DERMATOLOGY SPECIALISTS  
 INC A SURGICAL MED GRP  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax:  
 After Hours Phone: (760)  
 757-7546  
 Provider Gender: Male  
 License number: A125103  
 NPI: 1952436354  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **WONG, DARRYL S , MD**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 269368 Board Certified Specialty: Yes COMMUNITY CARE IPA LLC 3629 VISTA WAY OCEANSIDE, CA 92056-4522 Phone: (760) 757-7546 Fax: (760) 828-9138 After Hours Phone: (760) 757-7546 Provider Gender: Male License number: G70557 NPI: 1952342693 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Tri City Hospital West Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>	<p>3629 VISTA WAY OCEANSIDE, CA 92056-4522 Phone: (760) 757-7546 Fax: After Hours Phone: (760) 757-7546 Provider Gender: Male License number: G70557 NPI: 1952342693 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Tri City Hospital West Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>	<p>OCEANSIDE, CA 92056-4565 Phone: (760) 547-1020 Fax: (760) 547-1021 After Hours Phone: (760) 547-1020 Provider Gender: Male License number: G69193 NPI: 1700926698 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland Medi-Cal Open Panel: Yes Min/Max Age: 0/25 American Sign Language (ASL): No ♿ Accessibility: Hours: SA,SU 1PM-10PM, M-F 4PM-10PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<hr/> <b>EMERGENCY MEDICINE</b> <hr/>		
<p><b>WONG, DARRYL S</b> Provider ID: 47164 Board Certified Specialty: No DERMATOLOGY SPECIALISTS INC A SURGICAL MED GRP</p>	<p><b>BELLOMO, THOMAS N</b> Provider ID: 205603 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3605 VISTA WAY STE 172</p>	<p><b>CHOW, BYRON C</b> Provider ID: 206097 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>

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## D. Directorio de proveedores de atención especializada

3605 VISTA WAY STE 172 OCEANSIDE, CA 92056-4565 Phone: (760) 547-1020 Fax: (760) 547-1021 After Hours Phone: (760) 547-1020 Provider Gender: Male License number: A78116 NPI: 1619907607 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	OCEANSIDE, CA 92056-4565 Phone: (760) 547-1020 Fax: (760) 547-1021 After Hours Phone: (760) 547-1020 Provider Gender: Female License number: G83666 NPI: 1740296268 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Phone: (760) 547-1020 Fax: (760) 547-1021 After Hours Phone: (760) 547-1020 Provider Gender: Female License number: A75176 NPI: 1790856557 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>KEARNEY, LAUREN K</b> Provider ID: 206223 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3605 VISTA WAY STE 172	<b>LOVEJOY, AMY E</b> Provider ID: 206109 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056-4565	<b>PARIKH, PAYAL</b> Provider ID: 205869 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056-4565

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## D. Directorio de proveedores de atención especializada

<p>Phone: (760) 547-1020            Fax: (760) 547-1021            After Hours Phone: (760) 547-1020            Provider Gender: Female            License number: 20A10898            NPI: 1871757989            Provider English Spoken: Yes            Provider Language(s) Spoken: Gujarati, Spanish            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Kaiser Foundation Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>PARKER, SHERINE B</b>            Provider ID: 205787            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3605 VISTA WAY STE 172</p>	<p>OCEANSIDE, CA 92056-4565            Phone: (760) 547-1020            Fax: (760) 547-1021            After Hours Phone: (760) 547-1020            Provider Gender: Female            License number: G81658            NPI: 1477626513            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Glendale Adventist Med Ctr, Glendale Memorial Hosp And Health Ctr, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Valley Childrens Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>RILEY-HAGAN, MARGARET</b>            Provider ID: 205987            Board Certified Specialty: No            RADY CHILDRENS HEALTH</p>	<p>NETWORK            3605 VISTA WAY STE 172            OCEANSIDE, CA 92056-4565            Phone: (760) 547-1020            Fax: (760) 547-1021            After Hours Phone: (760) 547-1020            Provider Gender: Female            License number: A49609            NPI: 1548352388            Provider English Spoken: Yes            Provider Language(s) Spoken: French, Spanish            Cultural Competency: No            Hospital Affiliation: Palomar Medical Center, Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>ROSE, OLGA D</b>            Provider ID: 205956            Board Certified Specialty: No            RADY CHILDRENS HEALTH</p>
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## D. Directorio de proveedores de atención especializada

### NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)  
547-1020

Provider Gender: Female

License number: A143536

NPI: 1740560044

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Russian

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Rady Childrens

Hospital San Diego, Sharp

Memorial Hospital, Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### FAMILY PRACTICE SPORTS

### MEDICINE

#### KAUFMAN, ELIZABETH A

Provider ID: 285904

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020

Fax:

After Hours Phone: (760)  
547-1020

Provider Gender: Female

License number: A135037

NPI: 1942644679

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Scripps Green Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

### Network

### FAMILY PRACTICE

#### SALAMANCA, OMAR

Provider ID: 295469

Board Certified Specialty: No  
IHP OF SOUTHERN

CALIFORNIA

605 CROUCH ST

OCEANSIDE, CA 92054-4415

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

License number: A151605

NPI: 1083000947

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Kern

Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 14/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
8AM-4:30PM

Website:

Email:

Medical Group(s):

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## D. Directorio de proveedores de atención especializada

<p>IPA: Ihp Of Southern California</p> <p><b>VIDAL, MONICA M</b>          Provider ID: 293350          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          818 PIER VIEW WAY          OCEANSIDE, CA 92054-2803          Phone: (844) 308-5003          Fax: (760) 414-3763          After Hours Phone: (844) 308-5003          Provider Gender: Female          License number: 20A8949          NPI: 1871791749          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>VIDAL, MONICA M</b>          Provider ID: 293352</p>	<p>Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          517 N HORNE ST          OCEANSIDE, CA 92054-2518          Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760) 631-5000          Provider Gender: Female          License number: 20A8949          NPI: 1871791749          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>VIDAL, MONICA M</b>          Provider ID: 293353          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA</p>	<p>4700 N RIVER RD          OCEANSIDE, CA 92057-6043          Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760) 631-5000          Provider Gender: Female          License number: 20A8949          NPI: 1871791749          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <hr/> <p style="text-align: center;"><b>GASTROENTEROLOGY</b></p> <hr/> <p><b>CHIAO, HELLEN, MD</b>          Provider ID: 128127          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          3923 WARING RD STE A          OCEANSIDE, CA 92056-4499</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 724-8782	OCEANSIDE, CA 92056-4499	Phone: (760) 724-8782
Fax: (760) 842-7801	Phone: (760) 724-8782	Fax:
After Hours Phone: (760) 724-8782	Fax: (760) 842-7801	After Hours Phone: (760) 724-8782
Provider Gender: Female	After Hours Phone: (760) 213-8088	Provider Gender: Male
License number: A127722	Provider Gender: Male	License number: G75223
NPI: 1154681435	License number: G75223	NPI: 1376512848
Provider English Spoken: Yes	NPI: 1376512848	Provider English Spoken: Yes
Provider Language(s) Spoken: Cantonese, Mandarin, Spanish	Provider English Spoken: Yes	Provider Language(s) Spoken: Cultural Competency: No
Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No	Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas	Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas	Medi-Cal Open Panel: No
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	Min/Max Age: None
Min/Max Age: 0/999	Min/Max Age: 0/999	American Sign Language (ASL): No
American Sign Language (ASL): No	American Sign Language (ASL): No	♿ Accessibility: Hours: M-SA 9AM-5PM
♿ Accessibility: Hours: M-F 8AM-4:30PM, SA 9AM-5PM	♿ Accessibility: Hours: M-TH 8AM-4:30PM, F,SA 9AM-5PM	Website: www.ncgastro.com
Website:	Website:	Email:
Email:	Email:	Medical Group(s):
Medical Group(s):	Medical Group(s):	IPA: Community Care Ipa Llc
IPA: Community Care Ipa Llc	IPA: Community Care Ipa Llc	<b>KROL, THOMAS C</b>
<b>DEVEREAUX, CHRISTOPHER E , MD</b>	<b>DEVEREAUX, CHRISTOPHER E</b>	Provider ID: 41549
Provider ID: 41551	Provider ID: 41551	Board Certified Specialty: No
Board Certified Specialty: No	Board Certified Specialty: No	NORTH CNTY
NORTH CNTY	NORTH CNTY	GASTROENTEROLOGY MED GRP INC
GASTROENTEROLOGY MED GRP INC	GASTROENTEROLOGY MED GRP INC	3923 WARING RD STE A
3923 WARING RD STE A	3923 WARING RD STE A	OCEANSIDE, CA 92056-4499
	OCEANSIDE, CA 92056-4499	

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## D. Directorio de proveedores de atención especializada

Phone: (760) 724-8782  
 Fax:  
 After Hours Phone: (760) 724-8782  
 Provider Gender: Male  
 License number: G43649  
 NPI: 1568431146  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website: www.ncgastro.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **KROL, THOMAS C , MD**

Provider ID: 41549  
 Board Certified Specialty: Yes  
 NORTH CNTY  
 GASTROENTEROLOGY MED  
 GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499

Phone: (760) 724-8782  
 Fax: (760) 842-7801  
 After Hours Phone: (760) 213-8088  
 Provider Gender: Male  
 License number: G43649  
 NPI: 1568431146  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-TH 8AM-4:30PM, F,SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SHAD, JAVAID A**

Provider ID: 41554  
 Board Certified Specialty: No  
 NORTH CNTY  
 GASTROENTEROLOGY MED  
 GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499

Phone: (760) 724-8782  
 Fax:  
 After Hours Phone: (760) 724-8782  
 Provider Gender: Male  
 License number: G86962  
 NPI: 1003885922  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website: www.ncgastro.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SHAD, JAVAID A , MD**

Provider ID: 41554  
 Board Certified Specialty: No  
 NORTH CNTY  
 GASTROENTEROLOGY MED  
 GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 724-8782  
 Fax: (760) 842-7801  
 After Hours Phone: (760) 724-8782  
 Provider Gender: Male  
 License number: G86962  
 NPI: 1003885922  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SHIM, MICHAEL, MD**

Provider ID: 41553  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499

Phone: (760) 724-8782  
 Fax: (760) 842-7801  
 After Hours Phone: (760) 724-8782  
 Provider Gender: Male  
 License number: A88942  
 NPI: 1851503353  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SHIM, MICHAEL**

Provider ID: 66003  
 Board Certified Specialty: No  
 NORTH CNTY  
 GASTROENTEROLOGY MED  
 GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499

Phone: (760) 724-8782  
 Fax:  
 After Hours Phone: (760) 724-8782  
 Provider Gender: Male  
 License number: A88942  
 NPI: 1851503353  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website: www.ncgastro.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **VIERNES, MATTHEW E , MD**

Provider ID: 41552  
 Board Certified Specialty: No  
 NORTH CNTY  
 GASTROENTEROLOGY MED  
 GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (760) 724-8782  
Fax: (760) 842-7801  
After Hours Phone: (760)  
213-8088  
Provider Gender: Male  
License number: A61516  
NPI: 1730158650  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr, Scripps Memorial  
Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-4:30PM, F,SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **VIERNES, MATTHEW E**

Provider ID: 41552  
Board Certified Specialty: No  
NORTH CNTY  
GASTROENTEROLOGY MED  
GRP INC  
3923 WARING RD STE A  
OCEANSIDE, CA 92056-4499

Phone: (760) 724-8782  
Fax:  
After Hours Phone: (760)  
724-8782  
Provider Gender: Male  
License number: A61516  
NPI: 1730158650  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr, Scripps Memorial  
Hospital Encinitas  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website: www.ncgastro.com  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

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### **GYNECOLOGIC ONCOLOGY**

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### **ESKANDER, RAMEZ N**

Provider ID: 282166  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4002 VISTA WAY  
OCEANSIDE, CA 92056-4506

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A102482  
NPI: 1144486929  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: University  
Of California Irvine Med Ctr,  
Earl And Lorraine Miller  
Childrens Hsp, Long Beach  
Memorial Med Ctr, Providence  
St Joseph Hospital, Providence  
St Jude Medical Center, Orange  
Coast Mem Med Ctr, Fountain  
Valley Regional Hosp And Med  
Ctr, Corona Regional Med Ctr,  
Ucsd La Jolla John Sally  
Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

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## D. Directorio de proveedores de atención especializada

INTERNAL MEDICINE	Medical Group-Sd	9AM-5PM
MATERNAL AND FETAL MEDICINE		Website:
		Email:
		Medical Group(s):
		IPA: Rady Childrens Health Network
<p><b>KYAW, NAING T</b>  <i>Provider ID:</i> 287739  <i>Board Certified Specialty:</i> No                      COMMUNITY CARE IPA LLC                      3300 VISTA WAY STE B                      OCEANSIDE, CA 92056-3633  <i>Phone:</i> (760) 967-9900  <i>Fax:</i> (760) 967-6769  <i>After Hours Phone:</i> (760) 967-9900  <i>Provider Gender:</i> Male  <i>License number:</i> A97469  <i>NPI:</i> 1689784308  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Burmese, Mandarin, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Tri City Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/120  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>                      IPA: Community Care Ipa Llc, Imperial Health Holdings</p>	<p><b>ADAMCZAK, JOANNA E</b>  <i>Provider ID:</i> 205631  <i>Board Certified Specialty:</i> No                      RADY CHILDRENS HEALTH NETWORK                      3605 VISTA WAY STE 172                      OCEANSIDE, CA 92056-4565  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> A116982  <i>NPI:</i> 1447428420  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>	<p><b>ADAMI, REBECCA R</b>  <i>Provider ID:</i> 272673  <i>Board Certified Specialty:</i> No                      RADY CHILDRENS HEALTH NETWORK                      3605 VISTA WAY STE 172                      OCEANSIDE, CA 92056-4565  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> A149389  <i>NPI:</i> 1992149447  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>

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## D. Directorio de proveedores de atención especializada

<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>CASELE, HOLLY L</b>  <i>Provider ID:</i> 205836  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>  3605 VISTA WAY STE 172  OCEANSIDE, CA 92056-4565  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> G87630  <i>NPI:</i> 1255348744  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18</p>	<p><b>MCCULLOUGH, DEIRDRE M</b>  <i>Provider ID:</i> 210035  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>  3605 VISTA WAY STE 172  OCEANSIDE, CA 92056-4565  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> C159758  <i>NPI:</i> 1639153018  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego</p>	<p><b>REIMERS, REBECCA M</b>  <i>Provider ID:</i> 294651  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>  3605 VISTA WAY STE 172  OCEANSIDE, CA 92056-4565  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> A176526  <i>NPI:</i> 1801207634  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18</p>

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>	<p>No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>	<p>Sharp Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>
<p><b>RICHARDSON, ALVIE C</b>          Provider ID: 264686          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          3605 VISTA WAY STE 172          OCEANSIDE, CA 92056-4565          Phone: (858) 966-6710          Fax: (858) 966-6711          After Hours Phone: (858) 966-6710          Provider Gender: Male          License number: C160063          NPI: 1154305977          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL):</p>	<p><b>SCHWENDEMANN, WADE D</b>          Provider ID: 205437          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          3605 VISTA WAY STE 172          OCEANSIDE, CA 92056-4565          Phone: (858) 966-6710          Fax: (858) 966-6711          After Hours Phone: (858) 966-6710          Provider Gender: Male          License number: A109228          NPI: 1477563302          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr,</p>	<p><b>TITH, TEVY</b>          Provider ID: 205390          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          3605 VISTA WAY STE 172          OCEANSIDE, CA 92056-4565          Phone: (858) 966-6710          Fax: (858) 966-6711          After Hours Phone: (858) 966-6710          Provider Gender: Female          License number: A103521          NPI: 1588816086          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego,</p>

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## D. Directorio de proveedores de atención especializada

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Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WESTERMANN, MELISSA L**

*Provider ID:* 255793  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A130149  
*NPI:* 1760730758  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WILLIAMS, KRISTIN M**

*Provider ID:* 206230  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565

*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A72985  
*NPI:* 1992847131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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## **NEPHROLOGY**

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

### **BARAGER, RICHARD R**

Provider ID: 262227  
Board Certified Specialty: Yes  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
3300 VISTA WAY STE B  
OCEANSIDE, CA 92056-3633  
Phone: (760) 967-9900  
Fax: (760) 967-6769  
After Hours Phone: (760)  
967-9900  
Provider Gender: Male  
License number: G52074  
NPI: 1508864448  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr, Scripps Memorial  
Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **BARAGER, RICHARD R , MD**

Provider ID: 65959  
Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC  
3300 VISTA WAY STE B  
OCEANSIDE, CA 92056-3633  
Phone: (760) 967-9900  
Fax: (760) 967-6769  
After Hours Phone: (760)  
967-9900  
Provider Gender: Male  
License number: G52074  
NPI: 1508864448  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr, Scripps Memorial  
Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **KHARADJIAN, TALAR B**

Provider ID: 279811  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3300 VISTA WAY STE B  
OCEANSIDE, CA 92056-3633  
Phone: (760) 967-9900  
Fax: (760) 967-6769  
After Hours Phone: (760)  
967-9900  
Provider Gender: Female  
License number: A161276  
NPI: 1770938201  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Armenian, Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc  
**KYAW, NAING T**  
Provider ID: 287738  
Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 3300 VISTA WAY STE B OCEANSIDE, CA 92056-3633 Phone: (760) 967-9900 Fax: (760) 967-6769 After Hours Phone: (760) 967-9900 Provider Gender: Male License number: A97469 NPI: 1689784308 Provider English Spoken: Yes Provider Language(s) Spoken: Burmese, Mandarin, Spanish Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 18/120 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>KYAW, NAING T</b> Provider ID: 68200 Board Certified Specialty: No</p>	<p>BALBOA NEPHROLOGY MED GRP INC 3300 VISTA WAY STE B OCEANSIDE, CA 92056-3633 Phone: (760) 967-9900 Fax: (760) 967-6769 After Hours Phone: (760) 967-9900 Provider Gender: Male License number: A97469 NPI: 1689784308 Provider English Spoken: Yes Provider Language(s) Spoken: Burmese, Mandarin, Spanish Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.balboacare.com Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>MATAYOSHI, AMY H</b> Provider ID: 262154 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS</p>	<p>MEDICAL GROUP-SD 3300 VISTA WAY STE B OCEANSIDE, CA 92056-3633 Phone: (760) 967-9900 Fax: (760) 967-6769 After Hours Phone: (760) 967-9900 Provider Gender: Female License number: A60790 NPI: 1417921982 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>MATAYOSHI, AMY H , MD</b> Provider ID: 54126 Board Certified Specialty: No BALBOA NEPHROLOGY MED</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

GRP INC  
 3300 VISTA WAY STE B  
 OCEANSIDE, CA 92056-3633  
 Phone: (760) 967-9900  
 Fax: (760) 967-6769  
 After Hours Phone: (760) 967-9900  
 Provider Gender: Female  
 License number: A60790  
 NPI: 1417921982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

GRP INC  
 3300 VISTA WAY STE B  
 OCEANSIDE, CA 92056-3633  
 Phone: (760) 967-9900  
 Fax: (760) 967-6769  
 After Hours Phone: (760) 967-9900  
 Provider Gender: Female  
 License number: A60790  
 NPI: 1417921982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website: www.balboacare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings  
 Medical Group-Sd

NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Female  
 License number: A80990  
 NPI: 1275604035  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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### NEUROLOGY CHILD

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### NEUROLOGY

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**MATAYOSHI, AMY H**  
 Provider ID: 54126  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED

**SAHAGIAN, MICHELLE L**  
 Provider ID: 206075  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

**JINDAL, ANUJA V**  
 Provider ID: 206266  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

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## D. Directorio de proveedores de atención especializada

<p>NETWORK 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056-4565 Phone: (760) 547-1020 Fax: (760) 547-1021 After Hours Phone: (760) 547-1020 Provider Gender: Female License number: A149444 NPI: 1194046581 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>4002 VISTA WAY OCEANSIDE, CA 92056-4506 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A149945 NPI: 1174758031 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>	<p>Phone: (760) 736-6767 Fax: (760) 736-8740 After Hours Phone: (760) 736-6767 Provider Gender: Female License number: A60958 NPI: 1477560142 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California</p>
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### OBSTETRICS / GYNECOLOGY

#### **BINDER, PRATIBHA S**

Provider ID: 273226  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

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#### **SCHWEIKERT, SUZANNE M**

Provider ID: 290422  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
2210 MESA DR STE 5  
OCEANSIDE, CA 92054-3701

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### OPHTHALMOLOGY

#### **ABBOUD, JEAN-PAUL J**

Provider ID: 214192  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH

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## D. Directorio de proveedores de atención especializada

**NETWORK**  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760)  
 547-1020  
 Provider Gender: Male  
 License number: A124825  
 NPI: 1760776728  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, French  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital,  
 Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **BANSAL, PREETI**

Provider ID: 205619  
 Board Certified Specialty: No

**RADY CHILDRENS HEALTH  
 NETWORK**  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (960) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (960)  
 547-1020  
 Provider Gender: Female  
 License number: A90890  
 NPI: 1871664631  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Grossmont Hospital, Sharp  
 Mary Birch Hosp For Women  
 And Newborns, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital, Tri City  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **BHATIA, SHAGUN K**

Provider ID: 267318  
 Board Certified Specialty: No  
**RADY CHILDRENS HEALTH  
 NETWORK**  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760)  
 547-1020  
 Provider Gender: Female  
 License number: A154902  
 NPI: 1104237353  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **MOLL, ANGELA M**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Provider ID:* 114919  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:*  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Female  
*License number:* A105472  
*NPI:* 1861648602  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health Network  
**MOLL, ANGELA M**  
*Provider ID:* 205509  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Female  
*License number:* A105472  
*NPI:* 1861648602  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Ucsf Benioff Children's Hospital Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
**MOVAGHAR, MANSOOR**  
*Provider ID:* 216416  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:*  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Male  
*License number:* A100897  
*NPI:* 1497792220  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **OHALLORAN, HENRY S**

Provider ID: 114922  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1020  
Fax:  
After Hours Phone: (760)  
547-1020  
Provider Gender: Male  
License number: A73282  
NPI: 1235287947  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy  
Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA: Rady Childrens Health  
Network

### **OHALLORAN, HENRY S**

Provider ID: 205887  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760)  
547-1020  
Provider Gender: Male  
License number: A73282  
NPI: 1235287947  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy  
Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA: Rady Childrens Health  
Network

### **PANSARA, MEGHA L**

Provider ID: 286601  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760)  
547-1020  
Provider Gender: Female  
License number: A143429  
NPI: 1184983728  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Gujarati, Spanish  
Cultural Competency: No  
Hospital Affiliation: Palomar  
Medical Center, Palomar Health  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health

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## D. Directorio de proveedores de atención especializada

Network

### ROBINSON, FANE L

Provider ID: 48365

Board Certified Specialty: No

SAN DIEGO RETINA

ASSOCIATES A MED CORP

3231 WARING CT STE S

OCEANSIDE, CA 92056-4510

Phone: (760) 631-6144

Fax:

After Hours Phone: (760)

631-6144

Provider Gender: Male

License number: A45990

NPI: 1295894368

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website: sdretina.com

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

Provider ID: 27195

Board Certified Specialty: No

SAN DIEGO RETINA

ASSOCIATES A MED CORP

3231 WARING CT STE S

OCEANSIDE, CA 92056-4510

Phone: (760) 631-6144

Fax:

After Hours Phone: (760)

631-6144

Provider Gender: Male

License number: G55641

NPI: 1255490330

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Sharp Memorial

Hospital, Tri City Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website: sdretina.com

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### BLISS, MORGAN R

Provider ID: 206086

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)

547-1020

Provider Gender: Female

License number: A134647

NPI: 1760707657

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

## OTOLARYNGOLOGY

### FRIESEN, TZYYNONG L

Provider ID: 244899

### SMITH, MARK D

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax:  
 After Hours Phone: (760)  
 547-1020  
 Provider Gender: Female  
 License number: A152327  
 NPI: 1952740177  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### JACOBS, ROBERT D

Provider ID: 39335  
 Board Certified Specialty: No  
 E N T ASSOCIATES MED GRP  
 3907 WARING RD STE 1  
 OCEANSIDE, CA 92056-4454

Phone: (760) 724-8749  
 Fax:  
 After Hours Phone: (760)  
 724-8749  
 Provider Gender: Male  
 License number: G52767  
 NPI: 1023028446  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Pomerado  
 Hospital, Palomar Medical  
 Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### LEUIN, SHELBY C

Provider ID: 206111  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760)  
 547-1020  
 Provider Gender: Female  
 License number: A112930  
 NPI: 1124230909  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### REISMAN, BRUCE K

Provider ID: 35206  
 Board Certified Specialty: No  
 E N T ASSOCIATES MED GRP  
 3907 WARING RD STE 1  
 OCEANSIDE, CA 92056-4454

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## D. Directorio de proveedores de atención especializada

Phone: (760) 724-8749  
 Fax:  
 After Hours Phone: (760) 724-8749  
 Provider Gender: Male  
 License number: G59056  
 NPI: 1699785014  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Palomar Medical Center, Palomar Health  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

---

### PEDIATRIC CARDIOLOGY

#### GROSSFELD, PAUL D

Provider ID: 205614  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 License number: A52799  
 NPI: 1225109085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

#### GROSSFELD, PAUL D

Provider ID: 51918  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 License number: A52799  
 NPI: 1225109085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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### PEDIATRIC DERMATOLOGY

#### EICHENFIELD, LAWRENCE F

Provider ID: 205332  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)  
547-1020

Provider Gender: Male

License number: G69132

NPI: 1477624138

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Ucsd  
Medical Ctr, Childrens Hospital  
Of Orange County, Childrens  
Hosp And Resrch Ctr At  
Oakland

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY

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### MEDICINE

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#### HORTON, LAURA A

Provider ID: 295702

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)  
547-1020

Provider Gender: Female

License number: NP21815

NPI: 1164608675

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 18/99

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

#### JOSHI, WEENA E

Provider ID: 262236

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)  
547-1020

Provider Gender: Female

License number: A91208

NPI: 1376862177

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Palomar Health

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

#### KANTHARIA, TINA H

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 206293  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>          3605 VISTA WAY STE 172          OCEANSIDE, CA 92056-4565  <i>Phone:</i> (760) 547-1020  <i>Fax:</i> (760) 547-1021  <i>After Hours Phone:</i> (760) 547-1020  <i>Provider Gender:</i> Female  <i>License number:</i> A126911  <i>NPI:</i> 1659632362  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><b>RADY CHILDRENS HEALTH NETWORK</b>          3605 VISTA WAY STE 172          OCEANSIDE, CA 92056-4565  <i>Phone:</i> (760) 547-1000  <i>Fax:</i> (760) 547-1021  <i>After Hours Phone:</i> (760) 547-1000  <i>Provider Gender:</i> Female  <i>License number:</i> A124814  <i>NPI:</i> 1083840920  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> SA,SU 1PM-10PM, M-F 4PM-10PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><b>RADY CHILDRENS HEALTH NETWORK</b>          3605 VISTA WAY STE 172          OCEANSIDE, CA 92056-4565  <i>Phone:</i> (858) 966-4032  <i>Fax:</i> (858) 966-6227  <i>After Hours Phone:</i> (858) 966-4032  <i>Provider Gender:</i> Female  <i>License number:</i> A95251  <i>NPI:</i> 1053469767  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
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### **PEDIATRIC ENDOCRINOLOGY**

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#### **VAIDYA, KAMALA**

*Provider ID:* 205813  
*Board Certified Specialty:* No

#### **MARINKOVIC, MAJA**

*Provider ID:* 206138  
*Board Certified Specialty:* No

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### **PEDIATRIC INFECTIOUS DISEASES**

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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

### CHRISTMAN, JAMESINA C

Provider ID: 259979

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565

Phone: (760) 547-1000

Fax: (760) 547-1021

After Hours Phone: (760)

547-1000

Provider Gender: Female

License number: A93574

NPI: 1538372032

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Childrens

Hosp Of Los Angeles, Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/19

American Sign Language (ASL):

No

♿ Accessibility:

Hours: SA,SU 1PM-10PM, M-F

4PM-10PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### UPASANI, VIDYADHAR V

Provider ID: 260954

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)

547-1020

Provider Gender: Male

License number: A97603

NPI: 1548417652

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### LENHART-PENDERGRASS, PATRICIA M

Provider ID: 294643

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)

547-1020

Provider Gender: Female

License number: A179331

NPI: 1144615659

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### PEDIATRIC PULMONOLOGY

### PEDIATRIC RHEUMATOLOGY

### PEDIATRIC ORTHOPEDICS

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

### CHIRASEVEENUPRAPUND, PETER

*Provider ID:* 205937  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (858) 547-1021  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Male  
*License number:* A68277  
*NPI:* 1467518209  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### PEDIATRICS

### WANG, EMILY J

*Provider ID:* 126806  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:*  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Female  
*License number:* A89393  
*NPI:* 1427142363  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Rady Childrens Hospital San  
 Diego, Scripps Memorial  
 Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
 Network

### PHYSICAL MEDICINE / REHABILITATION

### RICHARDSON, HENRY A

*Provider ID:* 295852  
*Board Certified Specialty:* No  
**IHP OF SOUTHERN CALIFORNIA**  
 3231 WARING CT STE K  
 OCEANSIDE, CA 92056-4510  
*Phone:* (760) 607-5350  
*Fax:* (760) 607-5365  
*After Hours Phone:* (760) 607-5350  
*Provider Gender:* Male  
*License number:* A105294  
*NPI:* 1407052459  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA

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## D. Directorio de proveedores de atención especializada

9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **RYAN, KYLE**

Provider ID: 275661  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 License number: A170177  
 NPI: 1447645742  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/25  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Rady Childrens Health Network  
**TAHAEI, SEYED A**  
 Provider ID: 295816  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 3231 WARING CT STE K  
 OCEANSIDE, CA 92056-4510  
 Phone: (760) 607-5350  
 Fax: (760) 607-5365  
 After Hours Phone: (760) 607-5350  
 Provider Gender: Male  
 License number: A133899  
 NPI: 1275845133  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M,TH 7AM-3:30PM, TU,W 8AM-5PM, F,SA  
 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

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### **PHYSICIANS ASSISTANT**

---

### **ANDERSON, JUSTIN**

Provider ID: 289120  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 License number: PA60229  
 NPI: 1366105074  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hosp Med Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:

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## D. Directorio de proveedores de atención especializada

<p>Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>CLARK, YVONNE L</b> Provider ID: 260064 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056-4565 Phone: (760) 547-1020 Fax: After Hours Phone: (760) 547-1020 Provider Gender: Female License number: PA20447 NPI: 1629302476 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p>IPA: Rady Childrens Health Network</p> <p><b>FLOCO, VIRGINIA A</b> Provider ID: 260684 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056-4565 Phone: (760) 547-1020 Fax: After Hours Phone: (760) 547-1020 Provider Gender: Female License number: PA20788 NPI: 1982798112 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p><b>KUPIS, ROBERT J</b> Provider ID: 291523 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 605 CROUCH ST OCEANSIDE, CA 92054-4415 Phone: (760) 736-6767 Fax: (760) 736-8740 After Hours Phone: (760) 736-6767 Provider Gender: Male License number: PA58266 NPI: 1285676353 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California</p> <p><b>LAZAR, ANITA A</b> Provider ID: 262303 Board Certified Specialty: No RADY CHILDRENS HEALTH</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NETWORK 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056-4565 Phone: (760) 547-1020 Fax: (760) 547-1021 After Hours Phone: (760) 547-1020 Provider Gender: Female License number: PA55984 NPI: 1609208198 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/99 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>MCCAULEY, KRISTINA R</b> Provider ID: 262242 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3605 VISTA WAY STE 172</p>	<p>OCEANSIDE, CA 92056-4565 Phone: (760) 547-1020 Fax: (760) 547-1021 After Hours Phone: (760) 547-1020 Provider Gender: Female License number: PA52100 NPI: 1063819944 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/99 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>NGUYEN, CECILIA</b> Provider ID: 289156 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056-4565</p>	<p>Phone: (760) 547-1020 Fax: (760) 547-1021 After Hours Phone: (760) 547-1020 Provider Gender: Female License number: PA57419 NPI: 1629636816 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>PADDOCK, DIANA L</b> Provider ID: 295969 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 2210 MESA DR STE 300 OCEANSIDE, CA 92054-3701</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (760) 736-6767	Phone: (760) 736-6767	Phone: (760) 547-1020
Fax: (760) 566-1501	Fax: (760) 556-1501	Fax: (760) 547-1021
After Hours Phone: (760) 736-6767	After Hours Phone: (760) 736-6767	After Hours Phone: (760) 547-1020
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: PA52175	License number: PA52175	License number: PA57182
NPI: 1447657804	NPI: 1447657804	NPI: 1902454051
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Cultural Competency: No
Cultural Competency: No	Cultural Competency: No	Hospital Affiliation: Ronald Reagan UCLA Med Ctr, Rady Childrens Hospital San Diego
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Medi-Cal Open Panel: No
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	Min/Max Age: 0/18
Min/Max Age: 0/999	Min/Max Age: 0/999	American Sign Language (ASL): No
American Sign Language (ASL): No	American Sign Language (ASL): No	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM
♿ Accessibility: Hours: M-SA 9AM-5PM	♿ Accessibility: Hours: M-SA 9AM-5PM	Website: Email: Medical Group(s):
Website: Email: Medical Group(s):	Website: Email: Medical Group(s):	IPA: Rady Childrens Health Network
IPA: Ihp Of Southern California, Ucsd Medical Group	IPA: Ihp Of Southern California, Ucsd Medical Group	

### **PADDOCK, DIANA L**

Provider ID: 295970  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 605 CROUCH ST  
 OCEANSIDE, CA 92054-4415

### **SANTELLANO-BARTSCH, ALEXANDRA N**

Provider ID: 294299  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565

### **THEPVONGSA, MELISSA**

Provider ID: 293151  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Provider Gender: Female  
 License number: PA59540  
 NPI: 1750964425  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### PODIATRIST

#### SPRINGER, DEWAIN N

Provider ID: 26711  
 Board Certified Specialty: No  
 NORTH COUNTY PODIATRY  
 CLINIC  
 2191 S EL CAMINO REAL STE 101  
 OCEANSIDE, CA 92054-6225

Phone: (760) 757-7171  
 Fax:  
 After Hours Phone: (760) 757-7171  
 Provider Gender: Male  
 License number: DPM3097  
 NPI: 1881709459  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M,F,SA 9AM-5PM,  
 TU-TH 8AM-3PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### RADIOLOGY DIAGNOSTIC

#### X-RAY

#### ALLEN, DERRICK R , MD

Provider ID: 268360  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3601 VISTA WAY  
 OCEANSIDE, CA 92056-4559

Phone: (760) 631-7505  
 Fax: (866) 558-4329  
 After Hours Phone: (760) 631-7505  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### ANDERSON, GREGORY S

Provider ID: 125988  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (858) 658-6500  
Fax:  
After Hours Phone: (858) 658-6500  
Provider Gender: Male  
License number: A90018  
NPI: 1841467099  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website: www.imaginghealthcare.com  
Email:  
Medical Group(s):  
IPA:

### **BAKER, LORI L**

Provider ID: 125997  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
3601 VISTA WAY STE 101  
OCEANSIDE, CA 92056-4559

Phone: (858) 658-6500  
Fax: (760) 631-7506  
After Hours Phone: (858) 658-6500  
Provider Gender: Female  
License number: G62517  
NPI: 1063465219  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website: www.imaginghealthcare.com  
Email:  
Medical Group(s):  
IPA:

### **BORSO, MAYA G**

Provider ID: 126014  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
3601 VISTA WAY STE 101  
OCEANSIDE, CA 92056-4559

Phone: (858) 658-6500  
Fax: (760) 631-7506  
After Hours Phone: (858) 658-6500  
Provider Gender: Female  
License number: A97134  
NPI: 1548473507  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website: www.imaginghealthcare.com  
Email:  
Medical Group(s):  
IPA:

### **CHOU, ERIC T**

Provider ID: 126012  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
3601 VISTA WAY STE 101  
OCEANSIDE, CA 92056-4559

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 658-6500  
 Fax: (760) 631-7506  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A96095  
 NPI: 1689627838  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **FIROOZNI, NILOFAR**

Provider ID: 126176  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559

Phone: (858) 658-6500  
 Fax:  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Female  
 License number: A109806  
 NPI: 1962521419  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Redlands  
 Community Hosp, Barstow  
 Community Hospital, Kindred  
 Hospital Riverside, Victor Valley  
 Global Med Ctr, Alvarado  
 Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **ZINK BRODY, GORDON C**

Provider ID: 126197  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC

3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
 Phone: (858) 658-6500  
 Fax: (760) 631-7506  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: G68636  
 NPI: 1689610362  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital,  
 Alvarado Hospital Llc, Oak  
 Valley Dist Hosp  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

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### **RADIOLOGY**

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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **DOEMENY, JOHN M**

Provider ID: 269751  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
 Phone: (760) 631-7505  
 Fax: (866) 558-4329  
 After Hours Phone: (760)  
 631-7505  
 Provider Gender: Male  
 License number: G50925  
 NPI: 1841243912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **FRANKE, MARK A**

Provider ID: 269636  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
 Phone: (760) 631-7505  
 Fax: (866) 558-4329  
 After Hours Phone: (760)  
 631-7505  
 Provider Gender: Male  
 License number: A118792  
 NPI: 1114246329  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Santa  
 Monica Ucla Med Ctr, Ronald  
 Reagan Ucla Med Ctr, Alvarado  
 Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MOFFIT, BRIAN J**

Provider ID: 269529  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3601 VISTA WAY STE 101 BLDG  
 A

OCEANSIDE, CA 92056-4559  
 Phone: (760) 631-7505  
 Fax: (866) 558-4329  
 After Hours Phone: (760)  
 631-7505  
 Provider Gender: Male  
 License number: G51551  
 NPI: 1508817305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **TENA, ROWENA G , MD**

Provider ID: 269823  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559

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## D. Directorio de proveedores de atención especializada

Phone: (760) 631-7505  
 Fax: (866) 558-4329  
 After Hours Phone: (760) 631-7505  
 Provider Gender: Female  
 License number: A69607  
 NPI: 1629029335  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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### **REGISTERED PHYSICAL THERAPIST**

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#### **ANDREW, MEAGAN S**

Provider ID: 269373  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

3142 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-3627  
 Phone: (951) 696-9353  
 Fax: (760) 630-5367  
 After Hours Phone: (951) 696-9353  
 Provider Gender: Female  
 License number: PT291748  
 NPI: 1366997702  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-6:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **FARRAR, COURTNEY L**

Provider ID: 295874  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 3231 WARING CT STE K  
 OCEANSIDE, CA 92056-4510

Phone: (760) 607-5350  
 Fax: (760) 607-5365  
 After Hours Phone: (760) 607-5350  
 Provider Gender: Male  
 License number: PT292062  
 NPI: 1124577952  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: Yes  
 Min/Max Age: 13/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

#### **LEE, MICHAEL E**

Provider ID: 269372  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2335 VISTA WAY  
 OCEANSIDE, CA 92054-5663  
 Phone: (760) 547-2666  
 Fax: (877) 298-4204  
 After Hours Phone: (760) 547-2666  
 Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

License number: PT43323	Hospital Affiliation:	Min/Max Age: 0/999
NPI: 1841656170	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Provider English Spoken: Yes	Min/Max Age: 0/999	No
Provider Language(s) Spoken:	American Sign Language (ASL):	♿ Accessibility:
Cultural Competency: No	No	Hours: M-F 8AM-5PM, SA
Hospital Affiliation:	♿ Accessibility:	9AM-5PM
Medi-Cal Open Panel: Yes	Hours: M-F 9AM-5PM, SA	Website:
Min/Max Age: 0/999	9AM-5PM	Email:
American Sign Language (ASL):	Website:	Medical Group(s):
No	Email:	IPA: Ucsd Medical Group
♿ Accessibility:	Medical Group(s):	
Hours: M-F 9AM-5PM, SA	IPA: Community Care Ipa Llc	<b>ONAITIS, MARK</b>
9AM-5PM		Provider ID: 210298
Website:	<b><u>SURGERY CARDIOVASCULAR</u></b>	Board Certified Specialty: No
Email:		UCSD MEDICAL GROUP
Medical Group(s):	<b>GRAMINS, DANIEL L</b>	4002 VISTA WAY
IPA: Community Care Ipa Llc	Provider ID: 210048	OCEANSIDE, CA 92056-4506
	Board Certified Specialty: No	Phone: (760) 726-2500
	UCSD MEDICAL GROUP	Fax:
	3998 VISTA WAY STE A	After Hours Phone: (760)
	OCEANSIDE, CA 92056-4514	726-2500
	Phone: (800) 926-8273	Provider Gender: Male
	Fax: (888) 539-8781	License number: C144886
	After Hours Phone: (800)	NPI: 1841310638
	926-8273	Provider English Spoken: Yes
	Provider Gender: Male	Provider Language(s) Spoken:
	License number: G79711	Cultural Competency: No
	NPI: 1164495750	Hospital Affiliation: Ucsd La
	Provider English Spoken: Yes	Jolla John Sally Thornton, Ucsd
	Provider Language(s) Spoken:	Medical Ctr, Tri City Medical Ctr
	Cultural Competency: No	Medi-Cal Open Panel: Yes
	Hospital Affiliation: Tri City	Min/Max Age: 0/999
	Medical Ctr, Ucsd Medical Ctr	American Sign Language (ASL):
	Medi-Cal Open Panel: Yes	No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SURGERY NEUROLOGICAL**

#### **NGUYEN, ANDREW D**

*Provider ID:* 244138  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4002 VISTA WAY  
 OCEANSIDE, CA 92056-4506  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A91563  
*NPI:* 1720216542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

#### **TUNG, HOWARD**

*Provider ID:* 244084  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4002 VISTA WAY  
 OCEANSIDE, CA 92056-4506  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* G58235  
*NPI:* 1538153341  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego,  
 Scripps Green Hospital, Tri City  
 Medical Ctr, Palomar Medical  
 Center, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

#### **YOO, FRANK K, MD**

*Provider ID:* 257373  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3998 VISTA WAY STE 108  
 OCEANSIDE, CA 92056-4515  
*Phone:* (858) 909-9033  
*Fax:* (858) 428-4009  
*After Hours Phone:* (858)  
 909-9033  
*Provider Gender:* Male  
*License number:* G86513  
*NPI:* 1295774545  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Korean, Spanish, Telugu,  
 Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr, Palomar  
 Health, Alvarado Hospital Llc,  
 Paradise Valley Hospital,  
 Southwest Healthcare System  
 Wildomar, Southwest

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Alvarado Hosp Med Ctr, Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
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### **SURGERY ORTHOPEDIC**

#### **ANDERSON, JUSTIN**

Provider ID: 289120  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760)  
547-1020  
Provider Gender: Male  
License number: PA60229  
NPI: 1366105074  
Provider English Spoken: Yes

#### **CIDAMBI, EMILY O**

Provider ID: 246469  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (858) 966-6789  
Fax: (858) 966-8519  
After Hours Phone: (858)  
966-6789  
Provider Gender: Female  
License number: A127390  
NPI: 1659634699  
Provider English Spoken: Yes  
Provider Language(s) Spoken:


#### **UPASANI, VIDYADHAR V**


Provider ID: 260954  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760)  
547-1020  
Provider Gender: Male  
License number: A97603  
NPI: 1548417652  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego


Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

Ucsd Medical Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital, Ucsf Benioff Children's Hospital Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, National Naval Med Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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### SURGERY PEDIATRIC

---

#### FAIRBANKS, TIMOTHY J

Provider ID: 205498  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 License number: A80244  
 NPI: 1407010556  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego,

#### KLING, KAREN M

Provider ID: 206129  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Female  
 License number: A53583  
 NPI: 1982775144  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

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### UROLOGY

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#### CHIANG, GEORGE


Provider ID: 205944  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 License number: A98687


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## D. Directorio de proveedores de atención especializada

NPI: 1093773954  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Northern Inyo Hosp  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

Provider Gender: Female  
 License number: A106447  
 NPI: 1801094115  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

POWAY, CA 92064  
 Phone: (858) 218-3000  
 Fax: (360) 462-2742  
 After Hours Phone: (858) 218-3000  
 Provider Gender: Female  
 License number: NP20022  
 NPI: 1295049229  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 13/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### MARIETTI SHEPHERD, SARAH R

**POWAY**

Provider ID: 265121  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020

**CERTIFIED NURSE  
 PRACTITIONER**

**JOHNSON, CHRISTINE M**  
 Provider ID: 295458  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 13010 POWAY RD

**INTERNAL MEDICINE**

### MANSOUR, DAVID H

Provider ID: 291544  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 13010 POWAY RD  
 POWAY, CA 92064

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## D. Directorio de proveedores de atención especializada

Phone: (858) 218-3000  
 Fax: (360) 462-2742  
 After Hours Phone: (858) 218-3000  
 Provider Gender: Male  
 License number: 20A19086  
 NPI: 1689164949  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 14/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### PODIATRIST

#### **NEGRON, RICARDO J , MD**

Provider ID: 274645  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 13010 POWAY RD  
 POWAY, CA 92064

Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Provider Gender: Male  
 License number: DPM5260  
 NPI: 1932548393  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Providence St Joseph Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California

### POWAY

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **COHEN, ZACHARY C , MD**

Provider ID: 268179  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

15611 POMERADO RD STE 505  
 POWAY, CA 92064-2437  
 Phone: (619) 825-8511  
 Fax: (858) 726-6291  
 After Hours Phone: (619) 825-8511  
 Provider Gender: Male  
 License number: A146733  
 NPI: 1598021982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Health  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-12:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California

#### **FISHER, CASEY J**

Provider ID: 204416  
 Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

COMMUNITY CARE IPA LLC  
 15725 POMERADO RD STE 218  
 POWAY, CA 92064-2060  
 Phone: (619) 825-8511  
 Fax:  
 After Hours Phone: (619)  
 825-8511  
 Provider Gender: Male  
 License number: A118592  
 NPI: 1275780686  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital, Palomar  
 Health, Scripps Mercy Hospital  
 Chula Vista, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-4PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### FISHER, CASEY J

Provider ID: 295635

Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 15725 POMERADO RD STE 210  
 POWAY, CA 92064-2059  
 Phone: (619) 825-8511  
 Fax: (619) 726-6291  
 After Hours Phone: (619)  
 825-8511  
 Provider Gender: Male  
 License number: A118592  
 NPI: 1275780686  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital, Palomar  
 Health, Scripps Mercy Hospital  
 Chula Vista, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### VERDOLIN, MICHAEL H , MD

Provider ID: 203330  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15725 POMERADO RD STE 218  
 POWAY, CA 92064-2060  
 Phone: (619) 825-8511  
 Fax: (858) 726-6291  
 After Hours Phone: (619)  
 825-8511  
 Provider Gender: Male  
 License number: A92149  
 NPI: 1477525657  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Italian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Sharp Chula  
 Vista Med Ctr, Sharp Coronado  
 Hosp And Healthcare Ctr,  
 Scripps Mercy Hospital Chula  
 Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-4PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

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## D. Directorio de proveedores de atención especializada

IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### CARDIOLOGY

#### **BALOUCHE, MARYAM**

Provider ID: 269384  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15615 POMERADO RD  
 POWAY, CA 92064-2405  
 Phone: (760) 743-0546  
 Fax:  
 After Hours Phone: (760) 743-0546  
 Provider Gender: Female  
 License number: A121988  
 NPI: 1215201108  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

#### **BAYAT, HAMED, MD**

Provider ID: 269450  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3110  
 Fax: (858) 592-0627  
 After Hours Phone: (858) 675-3110  
 Provider Gender: Male  
 License number: A61356  
 NPI: 1356344196  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

#### **CHEN, ANDREW K , MD**

Provider ID: 269315  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3100  
 Fax: (858) 613-2937  
 After Hours Phone: (858) 675-3100  
 Provider Gender: Male  
 License number: A120866  
 NPI: 1134357007  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Green Hospital, Palomar Health, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **MULVIHILL, DANIEL F , MD**

Provider ID: 54301  
 Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

<p>COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 580 POWAY, CA 92064-2438 Phone: (858) 592-2696 Fax: (858) 592-0627 After Hours Phone: (858) 592-2696 Provider Gender: Male License number: G55384 NPI: 1124021969 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Palomar Health, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>SERRY, ROD D , MD</b> Provider ID: 269471 Board Certified Specialty: No COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 400 POWAY, CA 92064-2437</p>	<p>Phone: (858) 592-2696 Fax: (760) 743-8837 After Hours Phone: (858) 592-2696 Provider Gender: Male License number: A76061 NPI: 1912945130 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Portuguese, Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Palomar Health, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>VANICHSARN, CHRISTOPHER T , MD</b> Provider ID: 274775 Board Certified Specialty: No COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 400 POWAY, CA 92064-2437</p>	<p>Phone: (858) 592-2696 Fax: (858) 592-0627 After Hours Phone: (858) 592-2696 Provider Gender: Male License number: A129210 NPI: 1851658173 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <hr/> <p><b>CARDIOVASCULAR DISEASE</b></p> <p><b>ZAKOV, KAMEN N , MD</b> Provider ID: 122539 Board Certified Specialty: Yes COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 400 POWAY, CA 92064-2437</p>
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## D. Directorio de proveedores de atención especializada

Phone: (858) 675-3110  
 Fax: (858) 613-2937  
 After Hours Phone: (858) 675-3110  
 Provider Gender: Male  
 License number: G31706  
 NPI: 1518933613  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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### **CERTIFIED BEHAVIORAL ANALYST MASTERS**

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#### **MASON, DIANA**

Provider ID: 118103  
 Board Certified Specialty: No  
 INCLUDE AUTISM INC  
 15318 POMERADO RD  
 POWAY, CA 92064-2436

Phone: (858) 603-5840  
 Fax: (619) 432-0048  
 After Hours Phone: (858) 603-5840  
 Provider Gender: Female  
 License number: BCBA23279  
 NPI: 1285172858  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### **SALUCCI, CRISTIANA**

Provider ID: 107369  
 Board Certified Specialty: No  
 INCLUDE AUTISM INC  
 15318 POMERADO RD  
 POWAY, CA 92064-2436  
 Phone: (858) 603-9835  
 Fax: (619) 432-0048  
 After Hours Phone: (858) 603-9835  
 Provider Gender: Female  
 License number: BCBA11621760

NPI: 1093199671  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

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### **CERTIFIED NURSE PRACTITIONER**

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#### **MCCONNIN, COMMERINA T**

Provider ID: 280943  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 15615 POMERADO RD  
 POWAY, CA 92064-2405  
 Phone: (858) 613-4143  
 Fax: (858) 613-4539  
 After Hours Phone: (858) 613-4143  
 Provider Gender: Female  
 License number: NP7195  
 NPI: 1154653459

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## D. Directorio de proveedores de atención especializada

<p>Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>	<p>Hospital Affiliation: No          Medi-Cal Open Panel: No          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>	<p>No          ♿ Accessibility:          Hours: M-F 8AM-6PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>
<p><b>MCELHOSE, JESSICA J</b>          Provider ID: 281020          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          15615 POMERADO RD          POWAY, CA 92064-2405          Phone: (858) 613-4143          Fax: (858) 613-4539          After Hours Phone: (858)          613-4143          Provider Gender: Female          License number: NP95012326          NPI: 1013196310          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No</p>	<p><b>MEYERS, JUDITH S , NPA</b>          Provider ID: 257040          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          15611 POMERADO RD STE 400          POWAY, CA 92064-2437          Phone: (858) 675-3100          Fax:          After Hours Phone: (858)          675-3100          Provider Gender: Female          License number: NP95010314          NPI: 1538637194          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):</p>	<p><b>NINCHAK, VIOLA M</b>          Provider ID: 285897          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          15611 POMERADO RD STE 505          POWAY, CA 92064-2437          Phone: (760) 631-3000          Fax: (760) 631-3007          After Hours Phone: (760)          631-3000          Provider Gender: Female          License number: NP95010549          NPI: 1275007403          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Scripps          Mercy Hospital Chula Vista          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc</p> <p><b>WOLFE, AMANDA S</b>  <i>Provider ID:</i> 243582  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            15525 POMERADO RD STE B1            POWAY, CA 92064-2425  <i>Phone:</i> (858) 457-8333  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 457-8333  <i>Provider Gender:</i> Female  <i>License number:</i> NP23837  <i>NPI:</i> 1063813475  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p>IPA: Rady Childrens Health Network</p> <p><b>WRIGHT, KIMBERLY D , NPA</b>  <i>Provider ID:</i> 256378  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            15611 POMERADO RD STE 400            POWAY, CA 92064-2437  <i>Phone:</i> (858) 675-3200  <i>Fax:</i> (858) 673-1587  <i>After Hours Phone:</i> (858) 675-3200  <i>Provider Gender:</i> Female  <i>License number:</i> NP95006947  <i>NPI:</i> 1811400708  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc</p> <hr/> <p style="text-align: center;"><b>DERMATOLOGY</b></p> <hr/> <p style="text-align: center;"><b>ARMSTRONG, PATRICK A , MD</b></p>	<p><i>Provider ID:</i> 269732  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            15611 POMERADO RD STE 400            POWAY, CA 92064-2437  <i>Phone:</i> (858) 675-3100  <i>Fax:</i> (858) 385-7855  <i>After Hours Phone:</i> (858) 675-3100  <i>Provider Gender:</i> Male  <i>License number:</i> A137103  <i>NPI:</i> 1588008775  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Providence Mission Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc</p> <p><b>CALAME, ANTOANELLA</b>  <i>Provider ID:</i> 109343  <i>Board Certified Specialty:</i> No            COMPASS            DERMATOPATHOLOGY INC</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

15725 POMERADO RD STE 102  
POWAY, CA 92064-2057  
Phone: (858) 397-5755  
Fax:  
After Hours Phone: (858)  
397-5755  
Provider Gender: Female  
License number: A84455  
NPI: 1285817569  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Romanian  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Yuma  
Regional Medical Center  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
<https://www.skymd.com/>  
Email:  
Medical Group(s):  
IPA:

### **JOU, PAUL C , MD**

Provider ID: 269479  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE 400  
POWAY, CA 92064-2437  
Phone: (858) 675-3140  
Fax: (858) 385-7855  
After Hours Phone: (858)  
675-3140  
Provider Gender: Male  
License number: A148966  
NPI: 1356608319  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SHEWMAKE, STEPHEN W , MD**

Provider ID: 88451  
Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 400  
POWAY, CA 92064-2437

Phone: (858) 675-3140  
Fax: (858) 385-7855  
After Hours Phone: (858)  
675-3140  
Provider Gender: Male  
License number: G36481  
NPI: 1912973868  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

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### **FAMILY PRACTICE**

---

### **FLINN, SCOTT D , MD**

Provider ID: 270054  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 400  
POWAY, CA 92064-2437

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 675-3100	Provider Gender: Female	Spanish, Tagalog
Fax: (858) 613-2938	License number: A124150	Cultural Competency: No
After Hours Phone: (858) 675-3100	NPI: 1669769717	Hospital Affiliation: Palomar Health
Provider Gender: Male	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
License number: G68423	Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: 0/999
NPI: 1184694598	Hospital Affiliation: Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Provider English Spoken: Yes	Min/Max Age: 0/999	♿ Accessibility: P, EB, IB, E, R
Provider Language(s) Spoken: Cultural Competency: No	American Sign Language (ASL): No	Hours: M-F 9AM-8PM, SA 9AM-5PM
Hospital Affiliation: Palomar Health	♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM	Website:
Medi-Cal Open Panel: Yes	Website: Email:	Email:
Min/Max Age: 0/999	Medical Group(s):	Medical Group(s):
American Sign Language (ASL): No	IPA: Community Care Ipa Llc	IPA: Community Care Ipa Llc
♿ Accessibility: P, EB, IB, E, R		
Hours: M-F 8AM-5PM, SA 9AM-5PM		
Website:	<b>WELLS, TODD D , MD</b>	<b>WHITE, KERI L , MD</b>
Email:	Provider ID: 129348	Provider ID: 269491
Medical Group(s):	Board Certified Specialty: No	Board Certified Specialty: No
IPA: Community Care Ipa Llc	COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC
	15611 POMERADO RD STE 400	15611 POMERADO RD STE 400
	POWAY, CA 92064-2437	POWAY, CA 92064-2437
	Phone: (858) 675-3200	Phone: (858) 675-3200
	Fax: (858) 613-2938	Fax: (858) 613-2938
	After Hours Phone: (858) 675-3200	After Hours Phone: (858) 675-3200
	Provider Gender: Male	Provider Gender: Female
	License number: A71920	License number: A73336
	NPI: 1952377806	NPI: 1295701159
	Provider English Spoken: Yes	Provider English Spoken: Yes
	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish
	Cultural Competency: No	Cultural Competency: No
	Hospital Affiliation:	Hospital Affiliation:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes	Min/Max Age: 0/999	American Sign Language (ASL):
Min/Max Age: 0/999	American Sign Language (ASL): No	
American Sign Language (ASL): No	♿ Accessibility: P, EB, IB, E, R, W	♿ Accessibility: P, EB, IB, E, R
No	Hours: M-F 8AM-5PM, SA	Hours: M-F 8AM-5PM, SA
♿ Accessibility: P, EB, IB, E, R	9AM-5PM	9AM-5PM
Hours: M-F 9AM-5PM, SA	Website:	Website:
9AM-5PM	Email:	Email:
Website:	Medical Group(s):	Medical Group(s):
Email:	IPA: Community Care Ipa Llc	IPA: Community Care Ipa Llc
Medical Group(s):		
IPA: Community Care Ipa Llc		

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### INTERNAL MEDICINE

---

#### GASTROENTEROLOGY

##### ZAKKO, MARAM F , MD

Provider ID: 270028  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3100  
 Fax: (858) 924-1775  
 After Hours Phone: (858) 675-3100  
 Provider Gender: Male  
 License number: A64346  
 NPI: 1972579068  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Armenian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health, Palomar Medical Center  
 Medi-Cal Open Panel: Yes

#### INTERNAL MEDICINE GERIATRIC MEDICINE

##### SCHWARTZ, MARTIN A , MD

Provider ID: 122531  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3100  
 Fax: (858) 618-1762  
 After Hours Phone: (858) 675-3100  
 Provider Gender: Male  
 License number: G39185  
 NPI: 1861606790  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Palomar Health, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None

##### GREENSTEIN, JOSHUA K

Provider ID: 113528  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 15708 POMERADO RD STE  
 N-205  
 POWAY, CA 92064-2066  
 Phone: (858) 558-8150  
 Fax:  
 After Hours Phone: (858) 558-8150  
 Provider Gender: Male  
 License number: A68100  
 NPI: 1104881457  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website: www.balboacare.com          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Imperial Health Holdings          Medical Group-Sd</p>	<p>No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>
<hr/> <p><b>NEONATAL / PERINATAL          MEDICINE</b></p> <hr/>		
<p><b>THAPER, MOHINDERPAL S ,          MD</b>          Provider ID: 270016          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          15611 POMERADO RD STE 575          POWAY, CA 92064-2438          Phone: (760) 489-1458          Fax: (760) 489-1246          After Hours Phone: (760)          489-1458          Provider Gender: Male          License number: A106869          NPI: 1295795037          Provider English Spoken: Yes          Provider Language(s) Spoken:          Hindi, Punjabi          Cultural Competency: No          Hospital Affiliation: Palomar          Health, Palomar Medical Center          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL):</p>	<p><b>TRESTMAN, KENNETH G , MD</b>          Provider ID: 269146          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          15611 POMERADO RD STE 400          POWAY, CA 92064-2437          Phone: (858) 675-3100          Fax:          After Hours Phone: (858)          675-3100          Provider Gender: Male          License number: G69663          NPI: 1346358793          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Palomar          Medical Center, Pomerado          Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility: P, EB, IB, E, R</p>	<p><b>FATAYERJI, NABIL I</b>          Provider ID: 205749          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          15615 POMERADO RD          POWAY, CA 92064-2405          Phone: (858) 613-4143          Fax: (858) 613-4539          After Hours Phone: (858)          613-4143          Provider Gender: Male          License number: A63224          NPI: 1649341405          Provider English Spoken: Yes          Provider Language(s) Spoken:          Arabic          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego,          Palomar Health, Southwest          Healthcare System Wildomar,          Southwest Healthcare System          Murrieta, Palomar Medical</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Center, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GOLEMBESKI, DAVID J**

*Provider ID:* 205891  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 15615 POMERADO RD  
 POWAY, CA 92064-2405  
*Phone:* (858) 613-4143  
*Fax:* (858) 613-4539  
*After Hours Phone:* (858) 613-4143  
*Provider Gender:* Male  
*License number:* G63111  
*NPI:* 1376614131  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Health, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SAUER, CHARLES W**

*Provider ID:* 206164  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 15615 POMERADO RD  
 POWAY, CA 92064-2405

*Phone:* (858) 613-4143  
*Fax:* (858) 613-4539  
*After Hours Phone:* (858) 613-4143  
*Provider Gender:* Male  
*License number:* 20A9535  
*NPI:* 1538388988  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Palomar Health, Scripps Memorial Hospital, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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## NEPHROLOGY

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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

### **BOISKIN, MARK M**

*Provider ID:* 40763  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 15708 POMERADO RD STE  
 N-205  
 POWAY, CA 92064-2066  
*Phone:* (858) 558-8150  
*Fax:*  
*After Hours Phone:* (858)  
 558-8150  
*Provider Gender:* Male  
*License number:* A52055  
*NPI:* 1437154143  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Afrikaans, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **BOISKIN, MARK M**

*Provider ID:* 40763  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 15708 POMERADO RD STE  
 N-205  
 POWAY, CA 92064-2066  
*Phone:* (858) 558-8150  
*Fax:* (858) 485-8703  
*After Hours Phone:* (858)  
 558-8150  
*Provider Gender:* Male  
*License number:* A52055  
*NPI:* 1437154143  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Afrikaans, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,

Imperial Health Holdings  
 Medical Group-Sd

### **GREENSTEIN, JOSHUA K**

*Provider ID:* 262223  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 15708 POMERADO RD STE  
 N-205  
 POWAY, CA 92064-2066  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760)  
 294-1660  
*Provider Gender:* Male  
*License number:* A68100  
*NPI:* 1104881457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
 Health, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Imperial Health Holdings  
Medical Group-Sd

### SHAPIRO, MARK H

Provider ID: 113537

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC

15708 POMERADO RD STE  
N-205

POWAY, CA 92064-2066

Phone: (858) 558-8150

Fax:

After Hours Phone: (858)  
558-8150

Provider Gender: Male

License number: G65280

NPI: 1912962275

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish, Swahili

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website: www.balboacare.com

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings  
Medical Group-Sd

### SHAPIRO, MARK H

Provider ID: 262183

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

15708 POMERADO RD STE  
N-205

POWAY, CA 92064-2066

Phone: (760) 294-1660

Fax: (760) 745-5016

After Hours Phone: (760)  
294-1660

Provider Gender: Male

License number: G65280

NPI: 1912962275

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish, Swahili

Cultural Competency: No

Hospital Affiliation: Palomar

Medical Center, Palomar Health

Medi-Cal Open Panel: No

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### NEUROLOGY

### BLUMENFELD, ANDREW M , MD

Provider ID: 268086

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE 505

POWAY, CA 92064-2437

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)

631-3000

Provider Gender: Male

License number: A47863

NPI: 1164459913

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **DELANEY, MICHAEL W , MD**

Provider ID: 269105  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15721 POMERADO RD  
 POWAY, CA 92064-2021  
 Phone: (760) 631-3000  
 Fax:  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Male  
 License number: C146015  
 NPI: 1710157920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Palomar  
 Health, Scripps Memorial  
 Hospital Encinitas, Tri City  
 Medical Ctr, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **DELANEY, MICHAEL W , MD**

Provider ID: 272331  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 505  
 POWAY, CA 92064-2437  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Male  
 License number: C146015  
 NPI: 1710157920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Pomerado  
 Hospital, Scripps Memorial  
 Hospital Encinitas, Tri City  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/200  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **WANG, CHUNYANG T , MD**

Provider ID: 268120  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 505  
 POWAY, CA 92064-2437  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Female  
 License number: A105660  
 NPI: 1386890770  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Mandarin, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr, Palomar  
 Health, Scripps Memorial  
 Hospital, Palomar Medical  
 Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM	American Sign Language (ASL): No	No	♿ Accessibility: P, EB, IB, E, R
Website:	No		Hours: M-F 9AM-5PM, SA 9AM-5PM
Email:	♿ Accessibility:		Website:
Medical Group(s):	Hours: M-TH 9AM-4:30PM, F 9AM-1PM, SA 9AM-5PM		Email:
IPA: Community Care Ipa Llc	Website:		Medical Group(s):
	Email:		IPA: Community Care Ipa Llc
	Medical Group(s):		
	IPA: Rady Childrens Health Network		
<b>OBSTETRICS / GYNECOLOGY</b>		<b>OTOLARYNGOLOGY</b>	
<b>COBB, DAMON C</b>	<b>OPHTHALMOLOGY</b>	<b>FITZGERALD, PATRICK J , MD</b>	
Provider ID: 206030		Provider ID: 70742	
Board Certified Specialty: No		Board Certified Specialty: Yes	
RADY CHILDRENS HEALTH NETWORK	<b>LOZIER, JEFFREY R , MD</b>	COMMUNITY CARE IPA LLC	
15706 POMERADO RD STE 110	Provider ID: 270187	15525 POMERADO RD STE C1	
POWAY, CA 92064-2032	Board Certified Specialty: Yes	POWAY, CA 92064-2425	
Phone: (858) 485-0130	COMMUNITY CARE IPA LLC	Phone: (858) 485-7870	
Fax: (858) 485-9424	15611 POMERADO RD STE 400	Fax: (858) 485-6473	
After Hours Phone: (858) 485-0130	POWAY, CA 92064-2437	After Hours Phone: (858) 485-7870	
Provider Gender: Male	Phone: (858) 675-3100	Provider Gender: Male	
License number: 20A11368	Fax: (858) 618-1523	License number: G80210	
NPI: 1851435598	After Hours Phone: (858) 675-3100	NPI: 1790882728	
Provider English Spoken: Yes	Provider Gender: Male	Provider English Spoken: Yes	
Provider Language(s) Spoken: Spanish	License number: G54719	Provider Language(s) Spoken: Cultural Competency: No	
Cultural Competency: No	NPI: 1225004450	Hospital Affiliation: Tri City Medical Ctr, Palomar Health, Palomar Medical Center	
Hospital Affiliation: Pomerado Hospital, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Palomar Medical Center, Rady Childrens Hospital San Diego	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	
Medi-Cal Open Panel: Yes	Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: None	
Min/Max Age: 16/999	Hospital Affiliation: Palomar Health	American Sign Language (ASL): No	
	Medi-Cal Open Panel: Yes		
	Min/Max Age: 0/999		
	American Sign Language (ASL): No		

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p>Murrieta, Palomar Medical            Center, Scripps Memorial            Hospital, Scripps Mercy            Hospital, Scripps Mercy            Hospital Chula Vista, Scripps            Memorial Hospital Encinitas,            Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Scripps Memorial Hospital            Encinitas, Palomar Health,            Southwest Healthcare System            Wildomar, Southwest            Healthcare System Murrieta,            Palomar Medical Center,            Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>
<b>PEDIATRICS</b>		
<p><b>FATAYERJI, NABIL I</b>  <i>Provider ID:</i> 52509  <i>Board Certified Specialty:</i> No            RADY CHILDRENS            SPECIALISTS SAN DIEGO MED            FNDTN            15615 POMERADO RD            POWAY, CA 92064-2405  <i>Phone:</i> (858) 613-4143  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            613-4143  <i>Provider Gender:</i> Male  <i>License number:</i> A63224  <i>NPI:</i> 1649341405  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Palomar Health, Southwest            Healthcare System Wildomar,            Southwest Healthcare System</p>	<p><b>GOLEMBESKI, DAVID J</b>  <i>Provider ID:</i> 52531  <i>Board Certified Specialty:</i> No            RADY CHILDRENS            SPECIALISTS SAN DIEGO MED            FNDTN            15615 POMERADO RD            POWAY, CA 92064-2405  <i>Phone:</i> (858) 613-4143  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            613-4143  <i>Provider Gender:</i> Male  <i>License number:</i> G63111  <i>NPI:</i> 1376614131</p>	<p><b>SAUER, CHARLES W</b>  <i>Provider ID:</i> 52545  <i>Board Certified Specialty:</i> No            RADY CHILDRENS            SPECIALISTS SAN DIEGO MED            FNDTN            15615 POMERADO RD            POWAY, CA 92064-2405</p>

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## D. Directorio de proveedores de atención especializada

Phone: (858) 613-4143  
 Fax: (858) 613-4539  
 After Hours Phone: (858) 613-4143  
 Provider Gender: Male  
 License number: 20A9535  
 NPI: 1538388988  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital  
 Encinitas, Palomar Medical  
 Center, Scripps Mercy Hospital  
 Chula Vista, Palomar Health,  
 Scripps Memorial Hospital,  
 Southwest Healthcare System  
 Murrieta, Southwest Healthcare  
 System Wildomar  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**BULLOCK, ANDREW C**  
 Provider ID: 257589  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 15644 POMERADO RD STE 204  
 POWAY, CA 92064-2419  
 Phone: (619) 379-6579  
 Fax: (619) 501-3846  
 After Hours Phone: (619)  
 379-6579  
 Provider Gender: Male  
 License number: 20A6842  
 NPI: 1295743045  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Fataleka, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care  
 Ipa Llc

**BULLOCK, ANDREW C**  
 Provider ID: 268442  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15644 POMERADO RD STE 204  
 POWAY, CA 92064-2419  
 Phone: (619) 379-6579  
 Fax: (619) 501-3846  
 After Hours Phone: (619)  
 379-6579  
 Provider Gender: Male  
 License number: 20A6842  
 NPI: 1295743045  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Fataleka, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care  
 Ipa Llc

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**PHYSICAL MEDICINE /  
 REHABILITATION**

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## D. Directorio de proveedores de atención especializada

PHYSICIANS ASSISTANT	COMMUNITY CARE IPA LLC	Phone: (760) 631-3000
<b>CHATFIELD, ALEXANDRA J</b>	13525 MIDLAND RD STE F	Fax: (760) 631-3016
Provider ID: 276715	POWAY, CA 92064-4772	After Hours Phone: (760)
Board Certified Specialty: No	Phone: (858) 486-9100	631-3000
COMMUNITY CARE IPA LLC	Fax: (858) 486-9101	Provider Gender: Female
15611 POMERADO RD STE 525	After Hours Phone: (858)	License number: PA21008
POWAY, CA 92064-2439	486-9100	NPI: 1073826210
Phone: (858) 485-0050	Provider Gender: Female	Provider English Spoken: Yes
Fax: (858) 673-5187	License number: PA21499	Provider Language(s) Spoken:
After Hours Phone: (858)	NPI: 1598056392	Cultural Competency: No
485-0050	Provider English Spoken: Yes	Hospital Affiliation:
Provider Gender: Female	Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes
License number: PA57107	Spanish	Min/Max Age: 0/999
NPI: 1215584628	Cultural Competency: No	American Sign Language (ASL):
Provider English Spoken: Yes	Hospital Affiliation:	No
Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes	♿ Accessibility:
Cultural Competency: No	Min/Max Age: 0/999	Hours: M,TU,TH-SA 9AM-5PM,
Hospital Affiliation:	American Sign Language (ASL):	W 9AM-2:30PM
Medi-Cal Open Panel: Yes	No	Website:
Min/Max Age: 0/999	♿ Accessibility:	Email:
American Sign Language (ASL):	Hours: M-TH 8:30AM-5PM, F	Medical Group(s):
No	8:30AM-4PM, SA 9AM-5PM	IPA: Community Care Ipa Llc
♿ Accessibility:	Website:	<b>HUANG, STEPHANIE K , NPA</b>
Hours: M-F 8AM-5PM, SA	Email:	Provider ID: 269352
9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA: Community Care Ipa Llc	COMMUNITY CARE IPA LLC
Email:	<b>HUANG, STEPHANIE K , NPA</b>	15721 POMERADO RD
Medical Group(s):	Provider ID: 268025	POWAY, CA 92064-2021
IPA: Community Care Ipa Llc	Board Certified Specialty: No	Phone: (760) 631-3000
<b>GRINDLE, SILVIA S</b>	COMMUNITY CARE IPA LLC	Fax: (760) 631-3016
Provider ID: 269926	15611 POMERADO RD STE 505	After Hours Phone: (760)
Board Certified Specialty: No	POWAY, CA 92064-2437	631-3000
		Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>License number: PA21008  NPI: 1073826210  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M,TU,TH-SA 9AM-5PM,  W 9AM-2:30PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Palomar  Medical Center, Palomar Health  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 9AM-6PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Medical Center  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility: P, EB, IB, E, R  Hours: M-F 9AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>
<hr/> <p><b>PULMONARY DISEASES</b></p> <hr/>		
<p><b>BENDER, FRANK D , MD</b>  Provider ID: 270195  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  15611 POMERADO RD STE 580  POWAY, CA 92064-2438  Phone: (858) 592-2696  Fax: (858) 592-0627  After Hours Phone: (858)  592-2696  Provider Gender: Male  License number: G33933  NPI: 1912015363  Provider English Spoken: Yes</p>	<p><b>OTOSHI, JAMES S , MD</b>  Provider ID: 274767  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  15611 POMERADO RD STE 400  POWAY, CA 92064-2437  Phone: (858) 592-2696  Fax: (858) 592-0627  After Hours Phone: (858)  592-2696  Provider Gender: Male  License number: G27763  NPI: 1679681027  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Palomar</p>	<p><b>POPPER, STEVEN T , MD</b>  Provider ID: 129606  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  15611 POMERADO RD STE 400  POWAY, CA 92064-2437  Phone: (858) 675-3100  Fax: (858) 613-2937  After Hours Phone: (858)  675-3100  Provider Gender: Male  License number: A127156  NPI: 1679849012  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Palomar  Medical Center, Kaiser  Foundation Hospital Bellflower,  Scripps Mercy Hospital</p>

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **RADIOLOGY DIAGNOSTIC**

#### **X-RAY**

#### **ALLEN, DERRICK R**

Provider ID: 125995  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
 Phone: (858) 658-6500  
 Fax: (858) 487-4764  
 After Hours Phone: (858)  
 658-6500  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy

#### **ALLEN, DERRICK R , MD**

Provider ID: 268359  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
 Phone: (858) 487-9729  
 Fax: (866) 558-4329  
 After Hours Phone: (858)  
 487-9729  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

#### **ANDERSON, GREGORY S**

Provider ID: 125986  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
 Phone: (858) 658-6500  
 Fax:  
 After Hours Phone: (858)  
 658-6500  
 Provider Gender: Male  
 License number: A90018  
 NPI: 1841467099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

No	No	No
🔗 Accessibility: W	🔗 Accessibility: W	🔗 Accessibility: W
Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-SA 9AM-5PM	Hours: M-SA 9AM-5PM
Website: www.imaginghealthcare.com	Website: www.imaginghealthcare.com	Website: www.imaginghealthcare.com
Email:	Email:	Email:
Medical Group(s):	Medical Group(s):	Medical Group(s):
IPA:	IPA:	IPA:
<b>BAKER, LORI L</b>	<b>BORSO, MAYA G</b>	<b>BUCKLEY, DAVID W</b>
Provider ID: 125994	Provider ID: 126007	Provider ID: 243262
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
IHS RADIOLOGY MEDICAL GROUP INC	IHS RADIOLOGY MEDICAL GROUP INC	COMMUNITY CARE IPA LLC
12620 MONTE VISTA RD STE A	12620 MONTE VISTA RD STE A	12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531	POWAY, CA 92064-2531	POWAY, CA 92064-2531
Phone: (858) 658-6500	Phone: (858) 658-6500	Phone: (858) 487-9729
Fax: (858) 487-4764	Fax: (858) 487-4764	Fax: (866) 558-4329
After Hours Phone: (858) 658-6500	After Hours Phone: (858) 658-6500	After Hours Phone: (858) 487-9729
Provider Gender: Female	Provider Gender: Female	Provider Gender: Male
License number: G62517	License number: A97134	License number: G57383
NPI: 1063465219	NPI: 1548473507	NPI: 1982657060
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Spanish
Hospital Affiliation: Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista	Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
Medi-Cal Open Panel: No	Medi-Cal Open Panel: No	Medi-Cal Open Panel: Yes
Min/Max Age: None	Min/Max Age: None	Min/Max Age: 0/999
American Sign Language (ASL):	American Sign Language (ASL):	American Sign Language (ASL):
		No
		🔗 Accessibility:

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **CHOU, ERIC T**

Provider ID: 126015  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 658-6500  
Fax: (858) 487-4764  
After Hours Phone: (858)  
658-6500  
Provider Gender: Male  
License number: A96095  
NPI: 1689627838  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

Website:  
www.imaginghealthcare.com  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **COOPER, JAMES A**

Provider ID: 126043  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 658-6500  
Fax: (858) 487-4764  
After Hours Phone: (858)  
658-6500  
Provider Gender: Male  
License number: A62473  
NPI: 1497708622  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: East Los  
Angeles Doctors Hsp, Memorial  
Hosp Of Gardena Inc, Riverside  
Community Hosp, Palmdale  
Regional Medical Center,  
Barstow Community Hospital,  
Kindred Hospital South Bay,  
Loma Linda University Med Ctr  
Murrieta, Coast Plaza Hospital,  
Community Hospital Of  
Huntington Park, Foothill

Regional Medical Center  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
www.imaginghealthcare.com  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FIROOZANIA, NILOFAR**

Provider ID: 126174  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 658-6500  
Fax:  
After Hours Phone: (858)  
658-6500  
Provider Gender: Female  
License number: A109806  
NPI: 1962521419  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Redlands  
Community Hosp, Barstow  
Community Hospital, Kindred  
Hospital Riverside, Victor Valley

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Global Med Ctr, Alvarado Hospital Llc Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:	Reagan UCLA Med Ctr, Alvarado Hospital Llc Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA: Community Care Ipa Llc	Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:
<b>FRANKE, MARK A</b> Provider ID: 126055 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 12620 MONTE VISTA RD STE A POWAY, CA 92064-2531 Phone: (858) 658-6500 Fax: After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A118792 NPI: 1114246329 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Santa Monica UCLA Med Ctr, Ronald	<b>HARMAN, SCOTT A</b> Provider ID: 126068 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 12620 MONTE VISTA RD STE A POWAY, CA 92064-2531 Phone: (858) 658-6500 Fax: (858) 487-4764 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G57284 NPI: 1124071311 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Alvarado Hospital Llc Medi-Cal Open Panel: No	<b>JOHNSON, JOHN O</b> Provider ID: 126080 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 12620 MONTE VISTA RD STE A POWAY, CA 92064-2531 Phone: (858) 658-6500 Fax: (858) 487-4764 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G59632 NPI: 1073565792 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No ♿ <i>Accessibility: W</i> <i>Hours: M-SA 9AM-5PM</i> <i>Website:</i> www.imaginghealthcare.com <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i>	<i>Hours: M-SA 9AM-5PM</i> <i>Website:</i> www.imaginghealthcare.com <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i>	<i>Website:</i> www.imaginghealthcare.com <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i>
<b>LIZERBRAM, ERIC K</b> <i>Provider ID: 126093</i> <i>Board Certified Specialty: No</i> IHS RADIOLOGY MEDICAL GROUP INC 12620 MONTE VISTA RD STE A POWAY, CA 92064-2531 <i>Phone: (858) 658-6500</i> <i>Fax: (858) 487-4764</i> <i>After Hours Phone: (858)</i> 658-6500 <i>Provider Gender: Male</i> <i>License number: G74959</i> <i>NPI: 1598718926</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency: No</i> <i>Hospital Affiliation: Scripps</i> Mercy Hospital, Scripps Mercy Hospital Chula Vista <i>Medi-Cal Open Panel: No</i> <i>Min/Max Age: None</i> <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility: W</i>	<b>LUBISICH, JOHN P</b> <i>Provider ID: 126099</i> <i>Board Certified Specialty: No</i> IHS RADIOLOGY MEDICAL GROUP INC 12620 MONTE VISTA RD STE A POWAY, CA 92064-2531 <i>Phone: (858) 658-6500</i> <i>Fax: (858) 487-4764</i> <i>After Hours Phone: (858)</i> 658-6500 <i>Provider Gender: Male</i> <i>License number: G77575</i> <i>NPI: 1194863902</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency: No</i> <i>Hospital Affiliation: Alvarado</i> Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista <i>Medi-Cal Open Panel: No</i> <i>Min/Max Age: None</i> <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility: W</i> <i>Hours: M-SA 9AM-5PM</i>	<b>NALBANDIAN, ALLEN B</b> <i>Provider ID: 29391</i> <i>Board Certified Specialty: No</i> VALLEY RADIOLOGY CONSULTANTS MED GRP INC 15725 POMERADO RD STE 101 POWAY, CA 92064-2057 <i>Phone: (858) 485-6500</i> <i>Fax:</i> <i>After Hours Phone: (858)</i> 485-6500 <i>Provider Gender: Male</i> <i>License number: A54742</i> <i>NPI: 1619938099</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency: No</i> <i>Hospital Affiliation: Scripps</i> Green Hospital, Ucsd Medical Ctr, Palomar Health, Palomar Medical Center <i>Medi-Cal Open Panel: No</i> <i>Min/Max Age: None</i> <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility: W</i> <i>Hours: M-SA 9AM-5PM</i> <i>Website:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Hours: M-F 8AM-7PM, SA</i>	<i>American Sign Language (ASL):</i>
<i>Medical Group(s):</i>	<i>9AM-5PM</i>	<i>No</i>
<i>IPA:</i>	<i>Website:</i>	<i>♿ Accessibility: W</i>
<b>OLOUGHLIN, BRIAN J</b>	<i>www.imaginghealthcare.com</i>	<i>Hours: M-SA 9AM-5PM</i>
<i>Provider ID: 126126</i>	<i>Email:</i>	<i>Website:</i>
<i>Board Certified Specialty: No</i>	<i>Medical Group(s):</i>	<i>www.imaginghealthcare.com</i>
<b>IHS RADIOLOGY MEDICAL</b>	<i>IPA:</i>	<i>Email:</i>
<b>GROUP INC</b>	<b>SCHECHTER, MARK S</b>	<i>Medical Group(s):</i>
<i>12620 MONTE VISTA RD STE A</i>	<i>Provider ID: 126138</i>	<i>IPA:</i>
<i>POWAY, CA 92064-2531</i>	<i>Board Certified Specialty: No</i>	<b>SCHWARTZBERG, ROSS E</b>
<i>Phone: (858) 658-6500</i>	<b>IHS RADIOLOGY MEDICAL</b>	<i>Provider ID: 126145</i>
<i>Fax:</i>	<b>GROUP INC</b>	<i>Board Certified Specialty: No</i>
<i>After Hours Phone: (858)</i>	<i>12620 MONTE VISTA RD STE A</i>	<b>IHS RADIOLOGY MEDICAL</b>
<i>658-6500</i>	<i>POWAY, CA 92064-2531</i>	<b>GROUP INC</b>
<i>Provider Gender: Male</i>	<i>Phone: (858) 658-6500</i>	<i>12620 MONTE VISTA RD STE A</i>
<i>License number: A120064</i>	<i>Fax: (858) 487-4764</i>	<i>POWAY, CA 92064-2531</i>
<i>NPI: 1972709087</i>	<i>After Hours Phone: (858)</i>	<i>Phone: (858) 658-6500</i>
<i>Provider English Spoken: Yes</i>	<i>658-6500</i>	<i>Fax: (858) 487-4764</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Gender: Male</i>	<i>After Hours Phone: (858)</i>
<i>Cultural Competency: No</i>	<i>License number: G42390</i>	<i>658-6500</i>
<i>Hospital Affiliation: Scripps</i>	<i>NPI: 1942253018</i>	<i>Provider Gender: Male</i>
<i>Memorial Hospital, Scripps</i>	<i>Provider English Spoken: Yes</i>	<i>License number: G72997</i>
<i>Mercy Hospital, Scripps Mercy</i>	<i>Provider Language(s) Spoken:</i>	<i>NPI: 1215976766</i>
<i>Hospital Chula Vista, Scripps</i>	<i>Cultural Competency: No</i>	<i>Provider English Spoken: Yes</i>
<i>Memorial Hospital Encinitas,</i>	<i>Hospital Affiliation: Scripps</i>	<i>Provider Language(s) Spoken:</i>
<i>Scripps Green Hospital, Santa</i>	<i>Mercy Hospital, El Centro</i>	<i>Cultural Competency: No</i>
<i>Monica UCLA Med Ctr, Alvarado</i>	<i>Regional Medical Center, Selma</i>	<i>Hospital Affiliation: Alvarado</i>
<i>Hospital Llc</i>	<i>Community Hospital, Adventist</i>	<i>Hospital Llc, Grossmont</i>
<i>Medi-Cal Open Panel: No</i>	<i>Med Ctr Reedley, Scripps Mercy</i>	<i>Hospital</i>
<i>Min/Max Age: None</i>	<i>Hospital Chula Vista, Adventist</i>	<i>Medi-Cal Open Panel: No</i>
<i>American Sign Language (ASL):</i>	<i>Medical Center</i>	<i>Min/Max Age: None</i>
<i>No</i>	<i>Medi-Cal Open Panel: No</i>	<i>American Sign Language (ASL):</i>
<i>♿ Accessibility: W</i>	<i>Min/Max Age: None</i>	<i>No</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

🗎 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SNYDER, WILLIAM C**

Provider ID: 126152  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
 Phone: (858) 658-6500  
 Fax: (866) 558-4329  
 After Hours Phone: (858)  
 658-6500  
 Provider Gender: Male  
 License number: A65059  
 NPI: 1477505162  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado  
 Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

🗎 Accessibility: W  
 Hours: M-SA 9AM-5PM

Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **SPOTO, GARY P**

Provider ID: 126158  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
 Phone: (858) 658-6500  
 Fax: (858) 487-4764  
 After Hours Phone: (858)  
 658-6500  
 Provider Gender: Male  
 License number: G58131  
 NPI: 1659332062  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

🗎 Accessibility: W

Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **SUNG, RAYMOND Y**

Provider ID: 29394  
 Board Certified Specialty: No  
 VALLEY RADIOLOGY  
 CONSULTANTS MED GRP INC  
 15725 POMERADO RD STE 101  
 POWAY, CA 92064-2057  
 Phone: (858) 485-6500  
 Fax: (760) 520-8520  
 After Hours Phone: (858)  
 485-6500  
 Provider Gender: Male  
 License number: A63965  
 NPI: 1023079365  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado  
 Hospital, Scripps Green  
 Hospital, Palomar Medical  
 Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

🗎 Accessibility: W  
 Hours: M-SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Website:

Email:

Medical Group(s):

IPA:

### TENA, ROWENA G

Provider ID: 126164

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL  
GROUP INC

12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531

Phone: (858) 658-6500

Fax: (858) 487-4764

After Hours Phone: (858)  
658-6500

Provider Gender: Female

License number: A69607

NPI: 1629029335

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Vibra

Hospital Of San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

www.imaginghealthcare.com

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### TOBIN, MICHAEL L

Provider ID: 126217

Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC

12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531

Phone: (858) 658-6500

Fax: (858) 487-4764

After Hours Phone: (858)  
658-6500

Provider Gender: Male

License number: A45908

NPI: 1730132150

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

www.imaginghealthcare.com

Email:

Medical Group(s):

IPA:

### TSUKADA, GLENN H

Provider ID: 126202

Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC

12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531

Phone: (858) 658-6500

Fax: (858) 487-4764

After Hours Phone: (858)  
658-6500

Provider Gender: Male

License number: A60235

NPI: 1710938394

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital, Grossmont  
Hospital, Scripps Mercy  
Hospital, Ucsd Medical Ctr,  
Scripps Mercy Hospital Chula  
Vista, Scripps Memorial

Hospital Encinitas, Scripps  
Green Hospital, Alvarado

Hospital Llc, Pomerado  
Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No	Medi-Cal Open Panel: No	Min/Max Age: 0/999
♿ Accessibility: W	Min/Max Age: None	American Sign Language (ASL):
Hours: M-SA 9AM-5PM	American Sign Language (ASL): No	No
Website:	No	♿ Accessibility:
www.imaginghealthcare.com	♿ Accessibility: W	Hours: M-SA 9AM-5PM
Email:	Hours: M-SA 9AM-5PM	Website:
Medical Group(s):	Website:	Email:
IPA:	www.imaginghealthcare.com	Medical Group(s):
	Email:	IPA: Community Care Ipa Llc
	Medical Group(s):	
	IPA:	
<b>ZINK BRODY, GORDON C</b>		<b>FRANKE, MARK A</b>
Provider ID: 126195		Provider ID: 269634
Board Certified Specialty: No		Board Certified Specialty: No
IHS RADIOLOGY MEDICAL		COMMUNITY CARE IPA LLC
GROUP INC		12620 MONTE VISTA RD STE A
12620 MONTE VISTA RD STE A		POWAY, CA 92064-2531
POWAY, CA 92064-2531		Phone: (858) 487-9729
Phone: (858) 658-6500		Fax: (866) 558-4329
Fax: (858) 487-4764		After Hours Phone: (858)
After Hours Phone: (858)		487-9729
658-6500		Provider Gender: Male
Provider Gender: Male		License number: A118792
License number: G68636		NPI: 1114246329
NPI: 1689610362		Provider English Spoken: Yes
Provider English Spoken: Yes		Provider Language(s) Spoken:
Provider Language(s) Spoken:		Cultural Competency: No
Cultural Competency: No		Hospital Affiliation: Santa
Hospital Affiliation: Scripps		Monica Ucla Med Ctr, Ronald
Memorial Hospital, Scripps		Reagan Ucla Med Ctr, Alvarado
Mercy Hospital, Scripps Mercy		Hospital Llc
Hospital Chula Vista, Scripps		Medi-Cal Open Panel: Yes
Memorial Hospital Encinitas,		Min/Max Age: 0/999
Scripps Green Hospital,		American Sign Language (ASL):
Alvarado Hospital Llc, Oak		No
Valley Dist Hosp		

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### RADIOLOGY

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#### DOEMENY, JOHN M

Provider ID: 269749  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 487-9729  
Fax: (866) 558-4329  
After Hours Phone: (858)  
487-9729  
Provider Gender: Male  
License number: G50925  
NPI: 1841243912  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: Yes

12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 487-9729  
Fax: (866) 558-4329  
After Hours Phone: (858)  
487-9729  
Provider Gender: Male  
License number: A118792  
NPI: 1114246329  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa  
Monica Ucla Med Ctr, Ronald  
Reagan Ucla Med Ctr, Alvarado  
Hospital Llc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
<p><b>MOFFIT, BRIAN J</b>  <i>Provider ID:</i> 269528  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            12620 MONTE VISTA RD STE A            POWAY, CA 92064-2531  <i>Phone:</i> (858) 487-9729  <i>Fax:</i> (866) 558-4329  <i>After Hours Phone:</i> (858)            487-9729  <i>Provider Gender:</i> Male  <i>License number:</i> G51551  <i>NPI:</i> 1508817305  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>	<p><b>SCHWARTZBERG, ROSS E</b>  <i>Provider ID:</i> 245627  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            12620 MONTE VISTA RD STE A            POWAY, CA 92064-2531  <i>Phone:</i> (858) 487-9729  <i>Fax:</i> (866) 558-4329  <i>After Hours Phone:</i> (858)            487-9729  <i>Provider Gender:</i> Male  <i>License number:</i> G72997  <i>NPI:</i> 1215976766  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Alvarado            Hospital Llc, Grossmont            Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i></p>	<p><b>TENA, ROWENA G , MD</b>  <i>Provider ID:</i> 269825  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            12620 MONTE VISTA RD STE A            POWAY, CA 92064-2531  <i>Phone:</i> (858) 487-9729  <i>Fax:</i> (866) 558-4329  <i>After Hours Phone:</i> (858)            487-9729  <i>Provider Gender:</i> Female  <i>License number:</i> A69607  <i>NPI:</i> 1629029335  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista, Vibra            Hospital Of San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc

### **REGISTERED PHYSICAL THERAPIST**

#### **BLACKBURN, GARY L**

Provider ID: 269448

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

15525 POMERADO RD STE D4

POWAY, CA 92064-2426

Phone: (858) 674-1600

Fax: (858) 618-1523

After Hours Phone: (858)

674-1600

Provider Gender: Male

License number: PT28897

NPI: 1487769352

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### **CHAN, ORIANA**

Provider ID: 129858

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

15525 POMERADO RD STE D4

POWAY, CA 92064-2426

Phone: (858) 674-1600

Fax:

After Hours Phone: (858)

674-1600

Provider Gender: Female

License number: PT293406

NPI: 1023533155

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **RHEUMATOLOGY**

#### **RAO, SOUMYA G , MD**

Provider ID: 46060

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

15611 POMERADO RD STE 400

POWAY, CA 92064-2437

Phone: (858) 675-3150

Fax: (858) 924-1775

After Hours Phone: (858)

675-3150

Provider Gender: Female

License number: A99911

NPI: 1033388616

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Kannada, Russian,

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Sharp Chula

Vista Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### **REDDY, SMITHA C , MD**

Provider ID: 269402

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

15725 POMERADO RD STE 117

POWAY, CA 92064-2058

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 312-1717          Fax: (858) 435-0207          After Hours Phone: (858) 312-1717          Provider Gender: Female          License number: A85072          NPI: 1750534715          Provider English Spoken: Yes          Provider Language(s) Spoken: Hindi, Kannada, Telugu          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital, Palomar Health, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital, Scripps Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-TH 8AM-4PM, F,SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>COMMUNITY CARE IPA LLC          15611 POMERADO RD STE 400          POWAY, CA 92064-2437          Phone: (858) 613-8900          Fax: (858) 618-1523          After Hours Phone: (858) 613-8900          Provider Gender: Male          License number: C52136          NPI: 1407803687          Provider English Spoken: Yes          Provider Language(s) Spoken: Armenian, Italian, Spanish, Vietnamese          Cultural Competency: No          Hospital Affiliation: Pomerado Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E, R          Hours: M-F 8:30AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc</p>	<p>BLUE SHIELD PROMISE          HEALTH PLAN DIRECT          15611 POMERADO RD STE 400          POWAY, CA 92064-2437          Phone: (858) 613-8900          Fax: (858) 618-1523          After Hours Phone: (858) 613-8900          Provider Gender: Male          License number: C52136          NPI: 1407803687          Provider English Spoken: Yes          Provider Language(s) Spoken: Armenian, Italian, Spanish, Vietnamese          Cultural Competency: No          Hospital Affiliation: Palomar Health          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E, R          Hours: M-F 8:30AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc</p>
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### SURGERY ORTHOPEDIC

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#### **BALIKIAN, PHILIP, MD**

Provider ID: 119552  
 Board Certified Specialty: Yes

#### **BALIKIAN, PHILIP**

Provider ID: 257485  
 Board Certified Specialty: Yes

#### **BRIED, JAMES M, MD**

Provider ID: 269500

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 525 POWAY, CA 92064-2439 Phone: (858) 675-3100 Fax: (858) 618-1523 After Hours Phone: (858) 675-3100 Provider Gender: Male License number: G62595 NPI: 1891809257 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Palomar Health Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>COHEN, BRAD S</b> Provider ID: 257489 Board Certified Specialty: No BLUE SHIELD PROMISE HEALTH PLAN DIRECT</p>	<p>15611 POMERADO RD STE 525 POWAY, CA 92064-2439 Phone: (858) 485-0050 Fax: (858) 485-5071 After Hours Phone: (858) 485-0050 Provider Gender: Male License number: A62550 NPI: 1164536538 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Palomar Health, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc</p> <p><b>COHEN, BRAD S , MD</b> Provider ID: 269449 Board Certified Specialty: No COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 525 POWAY, CA 92064-2439</p>	<p>Phone: (858) 485-0050 Fax: (858) 485-5071 After Hours Phone: (858) 485-0050 Provider Gender: Male License number: A62550 NPI: 1164536538 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Palomar Health, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc</p> <p><b>OWSLEY, KEVIN C , MD</b> Provider ID: 269325 Board Certified Specialty: No COMMUNITY CARE IPA LLC 15611 POMERADO RD STE 525 POWAY, CA 92064-2439</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 485-0050  
 Fax: (858) 485-1476  
 After Hours Phone: (858) 485-0050  
 Provider Gender: Male  
 License number: A98739  
 NPI: 1992714406  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health, Marina Del Rey Hospital, Palomar Medical Center, Adventist Health White Memorial  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **PALANCA, ARIEL A , MD**

Provider ID: 269861  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 525  
 POWAY, CA 92064-2439

Phone: (858) 485-0050  
 Fax: (760) 743-4779  
 After Hours Phone: (858) 485-0050  
 Provider Gender: Female  
 License number: A114257  
 NPI: 1629203971  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **UROLOGY**

### **DICKS, BRIAN M , MD**

Provider ID: 270141  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 12630 MONTE VISTA RD STE 103  
 POWAY, CA 92064-2526

Phone: (858) 451-1772  
 Fax: (858) 429-7927  
 After Hours Phone: (858) 451-1772  
 Provider Gender: Male  
 License number: A100413  
 NPI: 1144425687  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Palomar Health, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital, Kaiser Foundation Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc


### **NEUSTEIN, PAUL, MD**


Provider ID: 42034  
 Board Certified Specialty: No  
 GENESIS HEALTHCARE


Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

**PARTNERS PC**  
 15644 POMERADO RD STE 206  
 POWAY, CA 92064-2419  
 Phone: (858) 485-0554  
 Fax: (858) 429-7933  
 After Hours Phone: (858) 485-0554  
 Provider Gender: Male  
 License number: G42225  
 NPI: 1578529731  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hebrew, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Doctors Hsp Of Modesto, Palomar Health, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M 8:30AM-5PM, TU-TH 8:30AM-4:30PM, F 8:30AM-2PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

12630 MONTE VISTA RD STE 103  
 POWAY, CA 92064-2526  
 Phone: (858) 451-1772  
 Fax: (858) 429-7927  
 After Hours Phone: (858) 451-1772  
 Provider Gender: Male  
 License number: A112013  
 NPI: 1801003694  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**LOVERN, JENNIFER K**  
 Provider ID: 290933  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 220 ROTANZI ST  
 RAMONA, CA 92065-2583  
 Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Provider Gender: Female  
 License number: DC29074  
 NPI: 1235469396  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Italian  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### PE, MARK- RALLY L , MD

Provider ID: 269348  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

### RAMONA

### CHIROPRACTOR

### PHYSICIANS ASSISTANT

### PADDOCK, DIANA L

Provider ID: 295971

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 220 ROTANZI ST  
 RAMONA, CA 92065-2583  
*Phone:* (760) 736-6767  
*Fax:* (760) 533-1501  
*After Hours Phone:* (760) 736-6767  
*Provider Gender:* Female  
*License number:* PA52175  
*NPI:* 1447657804  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California, Ucsd Medical Group

---

**REGISTERED PHYSICAL  
THERAPIST**

---

**PFEIFER, JANAYA M**  
*Provider ID:* 269584  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 850 MAIN ST STE 105  
 RAMONA, CA 92065-1968  
*Phone:* (760) 789-1424  
*Fax:*  
*After Hours Phone:* (760) 789-1424  
*Provider Gender:* Female  
*License number:* PT292928  
*NPI:* 1699172593  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**STUDLEY, DAKOTA L**  
*Provider ID:* 270595  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 850 MAIN ST STE 105  
 RAMONA, CA 92065-1968

*Phone:* (760) 789-1424  
*Fax:*  
*After Hours Phone:* (760) 789-1424  
*Provider Gender:* Female  
*License number:* PT294388  
*NPI:* 1972003101  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**SAN DIEGO**

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**ADOLESCENT MEDICINE**

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**BARNEY, ANGELA M**  
*Provider ID:* 294705  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-8493  
 Fax: (858) 966-8818  
 After Hours Phone: (858) 966-8493  
 Provider Gender: Female  
 License number: A161687  
 NPI: 1477948115  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KUMAR, MAYA M**

Provider ID: 259637  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8110 BIRMINGHAM WAY STE 2  
 SAN DIEGO, CA 92123-2758

Phone: (858) 966-8493  
 Fax: (858) 966-8818  
 After Hours Phone: (858) 966-8493  
 Provider Gender: Female  
 License number: A126520  
 NPI: 1184066367  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego, Ucsd La  
 Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KUMAR, MAYA M**

Provider ID: 262274  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8493  
 Fax: (858) 966-8818  
 After Hours Phone: (858) 966-8493  
 Provider Gender: Female  
 License number: A126520  
 NPI: 1184066367  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **TITCHEN, KANANI E**

Provider ID: 259139  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8110 BIRMINGHAM WAY FL 2  
 SAN DIEGO, CA 92123-2758

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## D. Directorio de proveedores de atención especializada

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Phone: (858) 966-8493  
Fax: (858) 966-8818  
After Hours Phone: (858) 966-8493  
Provider Gender: Female  
License number: A163273  
NPI: 1184981797  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **TITCHEN, KANANI E**

Provider ID: 259140  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-8493  
Fax: (858) 966-8818  
After Hours Phone: (858) 966-8493  
Provider Gender: Female  
License number: A163273  
NPI: 1184981797  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

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### **ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY**

---

### **HONG, KIMBERLY N**

Provider ID: 246311  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (858) 657-8530  
Fax:  
After Hours Phone: (858) 657-8530  
Provider Gender: Female  
License number: A156242  
NPI: 1346515442  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **JASKI, BRIAN E**

Provider ID: 53743  
Board Certified Specialty: No  
SAN DIEGO CARDIAC CTR MED  
GRP INC  
3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123-4203

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (858) 244-6800

Fax:

After Hours Phone: (858)  
244-6800

Provider Gender: Male

License number: G55011

NPI: 1194706242

Provider English Spoken: Yes

Provider Language(s) Spoken:  
French

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Sharp Chula  
Vista Med Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **RAISSI SHABARI, FARSHAD**

Provider ID: 110747

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Male

License number: A99160

NPI: 1124295027

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Farsi, French

Cultural Competency: No

Hospital Affiliation: Pioneers  
Memorial Hospital, El Centro  
Regional Medical Center, Ucsd  
La Jolla John Sally Thornton,  
Ucsd Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **RAISSI SHABARI, FARSHAD**

Provider ID: 120351

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

Phone: (619) 543-5743

Fax:

After Hours Phone: (619)  
543-5743

Provider Gender: Male

License number: A99160

NPI: 1124295027

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Farsi, French

Cultural Competency: No

Hospital Affiliation: Pioneers  
Memorial Hospital, El Centro  
Regional Medical Center, Ucsd  
La Jolla John Sally Thornton,  
Ucsd Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

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### **ALLERGY IMMUNOLOGY**

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### **ACEVES, SEEMA S**

Provider ID: 205624

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-5961  
 Fax: (858) 966-6791  
 After Hours Phone: (858)  
 966-5961  
 Provider Gender: Female  
 License number: A74305  
 NPI: 1366511628  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ACEVES, SEEMA S**

Provider ID: 51868  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-4003  
 Fax:  
 After Hours Phone: (858)  
 966-4003  
 Provider Gender: Female  
 License number: A74305  
 NPI: 1366511628  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ALKATIB, RHONDA E**

Provider ID: 291226  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2655 CAMINO DEL RIO N STE  
 425  
 SAN DIEGO, CA 92108-1691

Phone: (619) 286-6687  
 Fax: (619) 286-6695  
 After Hours Phone: (619)  
 286-6687  
 Provider Gender: Female  
 License number: A163910  
 NPI: 1417363086  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado  
 Hosp Med Ctr, Sharp Memorial  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **BRODERICK, LORI**

Provider ID: 206080  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2  
 NORTH  
 SAN DIEGO, CA 92123-4232

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5961  
 Fax: (858) 966-6791  
 After Hours Phone: (858) 966-5961  
 Provider Gender: Female  
 License number: A106397  
 NPI: 1417152232  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CHOI, SUN**

Provider ID: 273213  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122-1013

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A150029  
 NPI: 1306252101  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **CHOI, SUN**

Provider ID: 273214  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A150029  
 NPI: 1306252101  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **COLLINS, CATHLEEN A**

Provider ID: 118896  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5961

Fax:

After Hours Phone: (858)  
966-5961

Provider Gender: Female

License number: A122537

NPI: 1205128089

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Lucile Salter

Packard Childrens Hosp,

Stanford Health Care, Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **COLLINS, CATHLEEN A**

Provider ID: 285133

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

License number: A122537

NPI: 1205128089

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Lucile Salter

Packard Childrens Hosp,

Stanford Health Care, Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SU 12AM-11:59PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **EBBELING, WILLIAM L**

Provider ID: 268259

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY STE 2

SAN DIEGO, CA 92123-4232

Phone: (858) 966-5961

Fax:

After Hours Phone: (858)  
966-5961

Provider Gender: Male

License number: C50225

NPI: 1205808284

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Fresno

Community Hospital, Rady

Childrens Hospital San Diego, St

Agnes Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **HOFFMAN, HAROLD M**

Provider ID: 51892

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-4003

Fax:

After Hours Phone: (858)  
966-4003

Provider Gender: Male

License number: A53101

NPI: 1326074261

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **JAMES, CHRISTINE K**

Provider ID: 284917

Board Certified Specialty: No

UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122-1013

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A172774

NPI: 1144589979

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LAUBACH, SUSAN S**

Provider ID: 53683

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

5776 RUFFIN RD

SAN DIEGO, CA 92123-1013

Phone: (858) 292-4900

Fax:

After Hours Phone: (858)  
292-4900

Provider Gender: Female

License number: A114061

NPI: 1366656209

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital,

Childrens Hosp And Resrch Ctr

At Oakland

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **NIGRELLI, SAMANTHA**

Provider ID: 291212

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 2

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-5961  
 Fax: (858) 966-6791  
 After Hours Phone: (858) 966-5961  
 Provider Gender: Female  
 License number: NP95013551  
 NPI: 1114541760  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **NIGRELLI, SAMANTHA**

Provider ID: 291213  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123-1013

Phone: (858) 292-1144  
 Fax: (858) 268-5145  
 After Hours Phone: (858) 292-1144  
 Provider Gender: Female  
 License number: NP95013551  
 NPI: 1114541760  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **REDDY, SUMANA**

Provider ID: 262116  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 6699 ALVARADO RD STE 2301  
 SAN DIEGO, CA 92120-5241

Phone: (619) 588-4074  
 Fax: (619) 588-4004  
 After Hours Phone: (619) 588-4074  
 Provider Gender: Female  
 License number: C52581  
 NPI: 1053300251  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cambodian, Hindi, Spanish, Telugu  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M 1PM-6PM, TU-TH, SA 9AM-5PM, F 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **REDDY, SUMANA, MD**

Provider ID: 65617  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6699 ALVARADO RD STE 2301  
 SAN DIEGO, CA 92120-5241

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 588-4074	SAN DIEGO, CA 92122-1010	Phone: (858) 657-5350
Fax: (619) 588-4004	Phone: (858) 657-5350	Fax:
After Hours Phone: (619) 588-4074	Fax:	After Hours Phone: (858) 657-5350
Provider Gender: Female	After Hours Phone: (858) 657-5350	Provider Gender: Male
License number: C52581	Provider Gender: Male	License number: A75551
NPI: 1053300251	License number: A75551	NPI: 1285654889
Provider English Spoken: Yes	NPI: 1285654889	Provider English Spoken: Yes
Provider Language(s) Spoken: Cambodian, Hindi, Spanish, Telugu	Provider English Spoken: Yes	Provider Language(s) Spoken: Cultural Competency: No
Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
Hospital Affiliation: Grossmont Hospital	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	Medi-Cal Open Panel: No
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	Min/Max Age: None
Min/Max Age: 0/999	Min/Max Age: 0/999	American Sign Language (ASL): No
American Sign Language (ASL): No	American Sign Language (ASL): No	♿ Accessibility: Hours: M-SA 9AM-5PM
♿ Accessibility: Hours: M 1PM-6PM, TU-TH,SA 9AM-5PM, F 9AM-5PM	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	Website:
Website:	Website:	Email:
Email:	Email:	Medical Group(s):
Medical Group(s):	Medical Group(s):	IPA: Ucsd Medical Group
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	IPA: Ucsd Medical Group	<b>WALTERS, KRISTEN M</b>
<b>RIEDL, MARC A</b>	<b>RIEDL, MARC A</b>	Provider ID: 109072
Provider ID: 255768	Provider ID: 84585	Board Certified Specialty: No
Board Certified Specialty: Yes	Board Certified Specialty: Yes	RADY CHILDRENS
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	SPECIALISTS SAN DIEGO MED FNDTN
8899 UNIVERSITY CENTER LN	8899 UNIVERSITY CENTER LN	5776 RUFFIN RD
STE 230	STE 350	SAN DIEGO, CA 92123-1013
	SAN DIEGO, CA 92122-1010	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (858) 292-1144  
 Fax:  
 After Hours Phone: (858) 292-1144  
 Provider Gender: Female  
 License number: A129955  
 NPI: 1437442308  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **ANESTHESIOLOGY PAIN MANAGEMENT**

**ABDULHADI, HUSSEIN M**  
 Provider ID: 262146  
 Board Certified Specialty: Yes  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 6645 ALVARADO RD STE 253  
 SAN DIEGO, CA 92120-5208

Phone: (619) 326-0326  
 Fax: (619) 326-0101  
 After Hours Phone: (619) 326-0326  
 Provider Gender: Male  
 License number: A61032  
 NPI: 1629004890  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

**CASTELLANOS, JOEL**  
 Provider ID: 243553  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A154199  
 NPI: 1700296514  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**STEINER, ALICJA**  
 Provider ID: 262105  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 2100 5TH AVE STE 200  
 SAN DIEGO, CA 92101-2102

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 948-8464	Phone: (858) 571-3630	Phone: (800) 926-8273
Fax: (619) 501-4806	Fax: (858) 430-3146	Fax:
After Hours Phone: (619) 948-8464	After Hours Phone: (858) 571-3630	After Hours Phone: (800) 926-8273
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: A69227	License number: A119066	License number: A130925
NPI: 1851309314	NPI: 1447499199	NPI: 1427315118
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Polish, Russian	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
Cultural Competency: No	Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Memorial Hospital	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
Hospital Affiliation:	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Medi-Cal Open Panel: Yes	Min/Max Age: 18/999	Min/Max Age: 0/999
Min/Max Age: 0/999	American Sign Language (ASL): No	American Sign Language (ASL): No
American Sign Language (ASL): No	Accessibility:	Accessibility:
Accessibility:	Hours: M-TH 8:30AM-4:30PM, F 8:30AM-4PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
Hours: M-F 8AM-4:30PM, SA 9AM-5PM	Website:	Website:
Website:	Email:	Email:
Email:	Medical Group(s):	Medical Group(s):
Medical Group(s):	IPA: Ihp Of Southern California	IPA: Ucsd Medical Group
IPA: Imperial Health Holdings Medical Group-Sd		

### ANESTHESIOLOGY

#### LEE, INSUN

Provider ID: 295921  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 5395 RUFFIN RD STE 204  
 SAN DIEGO, CA 92123-1338

### OSWALD, JESSICA C

Provider ID: 239600  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

### TRIVEDI, SURAJ S

Provider ID: 246749  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 926-8273          Fax:          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A122196          NPI: 1699057885          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A153819          NPI: 1801258264          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A112325          NPI: 1427255967          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>
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### **TZENG, ERIC**

Provider ID: 284577  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

### **CARDIAC ELECTROPHYSIOLOGY**

### **HAN, FREDERICK T**

Provider ID: 210012  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607

### **HAN, FREDERICK T**

Provider ID: 210099  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

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## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 926-8273          Fax:          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A112325          NPI: 1427255967          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A125237          NPI: 1154633709          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Arrowhead Regional Medical Center, Loma Linda University Med Ctr, Riverside County Regional Med Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Male          License number: A150246          NPI: 1346470408          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>
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### CARDIOLOGY

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#### **ALANI, ANAS A**

Provider ID: 201252  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

#### **ALSHAWABKEH, LAITH**

Provider ID: 118271  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

#### **BASSI, HARJOT K**

Provider ID: 109154  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDRN  
 3020 CHILDRENS WAY

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax:  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Female  
 License number: A137189  
 NPI: 1891025565  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **BOCK, MATTHEW J**

Provider ID: 280463  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: A112611  
 NPI: 1356514624  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Loma Linda  
 University Med Ctr, Loma Linda  
 University Childrens Hospital,  
 Rady Childrens Hospital San  
 Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/99  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **BORQUEZ, ALEJANDRO A**

Provider ID: 284120  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Female  
 License number: A138091  
 NPI: 1114277787  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CASTELLANOS, LUIS R**

Provider ID: 211764  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST FL 3  
 SAN DIEGO, CA 92103-2108

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## D. Directorio de proveedores de atención especializada

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Phone: (858) 657-8530

Fax: (619) 543-2287

After Hours Phone: (858)  
657-8530

Provider Gender: Male

License number: A89654

NPI: 1013059286

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr, Pioneers Memorial  
Hospital, El Centro Regional  
Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A89654

NPI: 1013059286

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr, Pioneers Memorial  
Hospital, El Centro Regional  
Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Male

License number: A124924

NPI: 1407146947

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Loma Linda

University Childrens Hospital,  
Loma Linda University Med Ctr,  
Rady Childrens Hospital San  
Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **CASTELLANOS, LUIS R**

Provider ID: 211765

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

### **CHAU, PETER**

Provider ID: 271427

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

### **COTTER, BRUNO R**

Provider ID: 64554

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

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## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6248

Fax:

After Hours Phone: (619)  
543-6248

Provider Gender: Male

License number: A67069

NPI: 1205886389

Provider English Spoken: Yes

Provider Language(s) Spoken:  
French, German

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### DUMMER, KIRSTEN B

Provider ID: 127310

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

3020 CHILDRENS WAY # 5008

MC

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax:

After Hours Phone: (858)  
966-5855

Provider Gender: Female

License number: C156520

NPI: 1780642280

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### DUMMER, KIRSTEN B

Provider ID: 260595

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Female

License number: C156520

NPI: 1780642280

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### DUONG, THAO T

Provider ID: 238975

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

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## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: A142202            NPI: 1205272945            Provider English Spoken: Yes            Provider Language(s) Spoken: Vietnamese            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:  Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>GOLDING, IAN F</b>            Provider ID: 210823            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223</p>	<p>Phone: (858) 966-5855            Fax: (858) 966-7903            After Hours Phone: (858) 966-5855            Provider Gender: Male            License number: C157929            NPI: 1962974956            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:  Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>GOLLAPUDI, RAGHAVA R , MD</b>            Provider ID: 270060            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            7901 FROST ST            SAN DIEGO, CA 92123-2701            Phone: (858) 637-4700            Fax: (858) 637-4701            After Hours Phone: (858) 637-4700</p>	<p>Provider Gender: Male            License number: A73392            NPI: 1467429191            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Chula Vista Med Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:  Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>GOLLAPUDI, RAGHAVA R , MD</b>            Provider ID: 270061            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            6402 EL CAJON BLVD STE 102            SAN DIEGO, CA 92115-2645            Phone: (619) 582-4490            Fax: (619) 582-4737            After Hours Phone: (619) 582-4490</p>
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## D. Directorio de proveedores de atención especializada

*Provider Gender:* Male  
*License number:* A73392  
*NPI:* 1467429191  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **GREENBERG, BARRY H**

*Provider ID:* 64568  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619) 543-6248

*Provider Gender:* Male  
*License number:* G29316  
*NPI:* 1093773137  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HO, GORDON**

*Provider ID:* 127036  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A117703  
*NPI:* 1346516069

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **JUSTINO, HENRI**

*Provider ID:* 284123  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* C173773  
*NPI:* 1518036821  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Directorio de proveedores de atención especializada

<p>Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>KIM, PAUL J</b> Provider ID: 121303 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: A109213 NPI: 1417104837 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John</p>	<p>Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>KIM, PAUL J</b> Provider ID: 244996 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A109213 NPI: 1417104837 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL):</p>	<p>No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>KING, KEVIN R</b> Provider ID: 122219 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: A151729 NPI: 1437440427 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Website:</i>	<i>Medical Group(s):</i>	<i>IPA: Ihp Of Southern California</i>
<i>Email:</i>	<i>IPA: Rady Childrens Health</i>	<b>MIZZELL, ANNA M</b>
<i>Medical Group(s):</i>	<i>Network</i>	<i>Provider ID: 214020</i>
<i>IPA:</i>	<b>LY, NANCY L</b>	<i>Board Certified Specialty: No</i>
<b>LEHNERT SCHUCHARDT, ELEANOR L</b>	<i>Provider ID: 295687</i>	<i>UCSD MEDICAL GROUP</i>
<i>Provider ID: 262250</i>	<i>Board Certified Specialty: No</i>	<i>16950 VIA TAZON</i>
<i>Board Certified Specialty: No</i>	<i>IHP OF SOUTHERN</i>	<i>SAN DIEGO, CA 92127-1607</i>
<i>RADY CHILDRENS HEALTH</i>	<i>CALIFORNIA</i>	<i>Phone: (800) 926-8273</i>
<i>NETWORK</i>	<i>4844 UNIVERSITY AVE STE A</i>	<i>Fax:</i>
<i>3020 CHILDRENS WAY</i>	<i>SAN DIEGO, CA 92105-8021</i>	<i>After Hours Phone: (800)</i>
<i>SAN DIEGO, CA 92123-4223</i>	<i>Phone: (619) 434-4288</i>	<i>926-8273</i>
<i>Phone: (858) 966-5855</i>	<i>Fax: (619) 434-4315</i>	<i>Provider Gender: Female</i>
<i>Fax: (858) 966-7903</i>	<i>After Hours Phone: (619)</i>	<i>License number: A112810</i>
<i>After Hours Phone: (858)</i>	<i>434-4288</i>	<i>NPI: 1851561021</i>
<i>966-5855</i>	<i>Provider Gender: Female</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Gender: Female</i>	<i>License number: A125595</i>	<i>Provider Language(s) Spoken:</i>
<i>License number: A156946</i>	<i>NPI: 1295007144</i>	<i>Cultural Competency: No</i>
<i>NPI: 1760707210</i>	<i>Provider English Spoken: Yes</i>	<i>Hospital Affiliation: Ucsd</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Medical Ctr</i>
<i>Provider Language(s) Spoken:</i>	<i>Spanish, Vietnamese</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>	<i>Min/Max Age: 0/999</i>
<i>Hospital Affiliation: Rady</i>	<i>Hospital Affiliation: Sharp Chula</i>	<i>American Sign Language (ASL):</i>
<i>Childrens Hospital San Diego</i>	<i>Vista Med Ctr</i>	<i>No</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>♿ Accessibility:</i>
<i>Min/Max Age: 0/99</i>	<i>Min/Max Age: 0/999</i>	<i>Hours: M-F 8AM-5PM, SA</i>
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	<i>9AM-5PM</i>
<i>No</i>	<i>No</i>	<i>Website:</i>
<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>	<i>Email:</i>
<i>Hours: M-F 8AM-5PM, SA</i>	<i>Hours: M-F 8AM-5PM, SA</i>	<i>Medical Group(s):</i>
<i>9AM-5PM</i>	<i>9AM-5PM</i>	<i>IPA: Ucsd Medical Group</i>
<i>Website:</i>	<i>Website:</i>	<b>MOHAMEDALI, BURHAN, MD</b>
<i>Email:</i>	<i>Email:</i>	<i>Provider ID: 245577</i>
	<i>Medical Group(s):</i>	<i>Board Certified Specialty: No</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

COMMUNITY CARE IPA LLC  
 292 EUCLID AVE STE 210  
 SAN DIEGO, CA 92114-3629  
 Phone: (619) 616-2100  
 Fax: (619) 616-2104  
 After Hours Phone: (619)  
 616-2100  
 Provider Gender: Male  
 License number: A125669  
 NPI: 1831393289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Swahili  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### MOORE, JOHN W

Provider ID: 205343  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY FL 1

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax: (858) 571-7903  
 After Hours Phone: (858)  
 966-5855  
 Provider Gender: Male  
 License number: G71756  
 NPI: 1831203124  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ronald  
 Reagan Ucla Med Ctr, Childrens  
 Hospital Of Orange County,  
 Rady Childrens Hospital San  
 Diego, Grossmont Hospital,  
 Childrens Hosp And Resrch Ctr  
 At Oakland, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### MOUSSAVIAN, MEHRAN, MD

Provider ID: 242264  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 292 EUCLID AVE STE 210  
 SAN DIEGO, CA 92114-3629  
 Phone: (619) 616-2100  
 Fax: (619) 616-2104  
 After Hours Phone: (619)  
 616-2100  
 Provider Gender: Male  
 License number: 20A7241  
 NPI: 1689788234  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Tri City Medical  
 Ctr, Sharp Memorial Hospital,  
 Alvarado Hospital Llc,  
 Grossmont Hospital, Scripps  
 Mercy Hospital, Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/120  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

	<i>Email:</i>	Network
<b>MOUSSAVIAN, MEHRAN</b> <i>Provider ID:</i> 295958 <i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 292 EUCLID AVE STE 210 SAN DIEGO, CA 92114-3629 <i>Phone:</i> (619) 616-2100 <i>Fax:</i> (619) 616-2104 <i>After Hours Phone:</i> (619) 616-2100 <i>Provider Gender:</i> Male <i>License number:</i> 20A7241 <i>NPI:</i> 1689788234 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Farsi, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i>	Email: <i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Ihp Of Southern California  <b>MUELLER, DANA M</b> <i>Provider ID:</i> 245535 <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 <i>Phone:</i> (858) 966-5855 <i>Fax:</i> <i>After Hours Phone:</i> (858) 966-5855 <i>Provider Gender:</i> Female <i>License number:</i> A131157 <i>NPI:</i> 1184915712 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-SU 12AM-11:59PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Rady Childrens Health	<b>NARAYANAN, MEENA R , MD</b> <i>Provider ID:</i> 247695 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 292 EUCLID AVE STE 210 SAN DIEGO, CA 92114-3629 <i>Phone:</i> (619) 616-2100 <i>Fax:</i> (619) 616-2104 <i>After Hours Phone:</i> (619) 616-2100 <i>Provider Gender:</i> Female <i>License number:</i> A113448 <i>NPI:</i> 1508170697 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Farsi, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Sharp Chula Vista Med Ctr <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> 18/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Community Care Ipa Llc  <b>NGUYEN, TRI T</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 121932  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  7345 LINDA VISTA RD STE A  SAN DIEGO, CA 92111-5800  Phone: (858) 277-5463  Fax: (858) 279-8296  After Hours Phone: (858)  277-5463  Provider Gender: Male  License number: G79496  NPI: 1962598425  Provider English Spoken: Yes  Provider Language(s) Spoken:  Vietnamese  Cultural Competency: No  Hospital Affiliation: Scripps  Mercy Hospital, Scripps Mercy  Hospital Chula Vista, Sharp  Memorial Hospital, Sharp Chula  Vista Med Ctr  Medi-Cal Open Panel: No  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M 1PM-6PM, TU-TH  9AM-5PM, F 8:30AM-6PM, SA  8:30AM-3PM  Website:  Email:  Medical Group(s):  IPA: Blue Shield Promise Health  Plan Direct, Community Care</p>	<p>Ipa Llc, Imperial Health  Holdings Medical Group-Sd    <b>NGUYEN, TRI T</b>  Provider ID: 205379  Board Certified Specialty: No  IMPERIAL HEALTH HOLDINGS  MEDICAL GROUP-SD  4206 44TH ST  SAN DIEGO, CA 92115-4820  Phone: (619) 624-9433  Fax: (619) 624-9436  After Hours Phone: (619)  624-9433  Provider Gender: Male  License number: G79496  NPI: 1962598425  Provider English Spoken: Yes  Provider Language(s) Spoken:  Vietnamese  Cultural Competency: No  Hospital Affiliation: Scripps  Mercy Hospital, Scripps Mercy  Hospital Chula Vista, Sharp  Memorial Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 18/100  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M 1PM-6PM, TU-TH  9AM-5PM, F 8:30AM-6PM, SA  8:30AM-3PM  Website:</p>	<p>Email:  Medical Group(s):  IPA: Blue Shield Promise Health  Plan Direct, Community Care  Ipa Llc, Imperial Health  Holdings Medical Group-Sd    <b>NGUYEN, TRI T</b>  Provider ID: 270970  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  4206 44TH ST  SAN DIEGO, CA 92115-4820  Phone: (619) 624-9433  Fax: (619) 624-9436  After Hours Phone: (619)  624-9433  Provider Gender: Male  License number: G79496  NPI: 1962598425  Provider English Spoken: Yes  Provider Language(s) Spoken:  Vietnamese  Cultural Competency: No  Hospital Affiliation: Scripps  Mercy Hospital, Scripps Mercy  Hospital Chula Vista, Sharp  Memorial Hospital  Medi-Cal Open Panel: No  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M 1PM-6PM, TU-TH</p>
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## D. Directorio de proveedores de atención especializada

9AM-5PM, F 8:30AM-6PM, SA  
8:30AM-3PM

Website:

Email:

Medical Group(s):

IPA: Blue Shield Promise Health  
Plan Direct, Community Care  
Ipa Llc, Imperial Health  
Holdings Medical Group-Sd

### PHREANER, NICHOLAS J

Provider ID: 239946

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A126789

NPI: 1023373040

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### SAH, SERENA P

Provider ID: 101287

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

3020 CHILDRENS WAY FL 1

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax:

After Hours Phone: (858)

966-5855

Provider Gender: Female

License number: A113704

NPI: 1295042653

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### SHARF, ALBERT J, MD

Provider ID: 246500

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4444 EL CAJON BLVD STE 2

SAN DIEGO, CA 92115-4392

Phone: (619) 470-7700

Fax: (619) 900-4589

After Hours Phone: (619)

470-7700

Provider Gender: Male

License number: G72122

NPI: 1649349820

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Paradise Valley

Hospital, Scripps Mercy

Hospital Chula Vista, Scripps

Memorial Hospital, Scripps

Mercy Hospital, Alvarado

Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA:	IHP OF SOUTHERN CALIFORNIA
Email:	<b>STEINBERG, LEONARD G</b>	292 EUCLID AVE STE 210
Medical Group(s):	Provider ID: 248208	SAN DIEGO, CA 92114-3629
IPA: Community Care Ipa Llc	Board Certified Specialty: No	Phone: (619) 616-2100
<b>SHEN, JIA</b>	RADY CHILDRENS HEALTH NETWORK	Fax: (619) 616-2104
Provider ID: 118285	3020 CHILDRENS WAY	After Hours Phone: (619) 616-2100
Board Certified Specialty: No	SAN DIEGO, CA 92123-4223	Provider Gender: Female
UCSD MEDICAL GROUP	Phone: (858) 966-5855	License number: A171932
200 W ARBOR DR	Fax:	NPI: 1811307051
SAN DIEGO, CA 92103-1911	After Hours Phone: (858) 966-5855	Provider English Spoken: Yes
Phone: (619) 543-6222	Provider Gender: Male	Provider Language(s) Spoken:
Fax:	License number: C149271	Cultural Competency: No
After Hours Phone: (619) 543-6222	NPI: 1538279484	Hospital Affiliation: Sharp Grossmont Hospital, Sharp Chula Vista Med Ctr
Provider Gender: Female	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
License number: A149351	Provider Language(s) Spoken:	Min/Max Age: 0/999
NPI: 1295053403	Cultural Competency: No	American Sign Language (ASL):
Provider English Spoken: Yes	Hospital Affiliation:	No
Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes	Ⓜ Accessibility:
Mandarin	Min/Max Age: 0/18	Hours: M-F 8AM-5PM, SA 9AM-5PM
Cultural Competency: No	American Sign Language (ASL):	Website:
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	No	Email:
Medi-Cal Open Panel: No	Ⓜ Accessibility:	Medical Group(s):
Min/Max Age: None	Hours: M-SU 12AM-11:59PM	IPA: Community Care Ipa Llc, Ihp Of Southern California
American Sign Language (ASL):	Website:	<b>THOMAS, ISAC C</b>
No	Email:	Provider ID: 122433
Ⓜ Accessibility: W	Medical Group(s):	Board Certified Specialty: No
Hours: M-SA 9AM-5PM	IPA: Rady Childrens Health Network	
Website:	<b>SUDHAKAR, DEEPTHI</b>	
Email:	Provider ID: 295844	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: A130326 NPI: 1003129388 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	SAN DIEGO, CA 92123-4223 Phone: (858) 966-5855 Fax: (858) 966-7903 After Hours Phone: (858) 966-5855 Provider Gender: Female License number: A121935 NPI: 1477702165 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A129565 NPI: 1659665461 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>VELLORE GOVARDHAN, SHILPA</b> Provider ID: 271454 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY	<b>WALTERS, DANIEL</b> Provider ID: 240404 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911	<b>YEANG, CALVIN</b> Provider ID: 238822 Board Certified Specialty: No UCSD MEDICAL GROUP 16950 VIA TAZON SAN DIEGO, CA 92127-1607

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858) 657-8530  
 Provider Gender: Male  
 License number: A127678  
 NPI: 1598011058  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Phone: (619) 543-5743  
 Fax:  
 After Hours Phone: (619) 543-5743  
 Provider Gender: Male  
 License number: A116525  
 NPI: 1477699601  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ATHILL, CHARLES A**

Provider ID: 53654  
 Board Certified Specialty: No  
 SAN DIEGO CARDIAC CTR MED GRP INC  
 3131 BERGER AVE STE 200  
 SAN DIEGO, CA 92123-4203  
 Phone: (858) 244-6800  
 Fax:  
 After Hours Phone: (858) 244-6800

Provider Gender: Male  
 License number: G78671  
 NPI: 1174504252  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Tri City Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BAHADORANI, JOHN N**

Provider ID: 101234  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858) 657-8530  
 Provider Gender: Male

### **CARDIOVASCULAR DISEASE**

#### **ADLER, ERIC D**

Provider ID: 120563  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

License number: A123767  
 NPI: 1780883082  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Persian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BARNARD, DENISE D**

Provider ID: 64528  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-5743  
 Fax: (619) 543-2917  
 After Hours Phone: (619)  
 543-5743  
 Provider Gender: Female  
 License number: G65241  
 NPI: 1669497731  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DEMARIA, ANTHONY N**

Provider ID: 64558  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-6248  
 Fax:  
 After Hours Phone: (619)  
 543-6248  
 Provider Gender: Male  
 License number: G20471  
 NPI: 1124043948  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **FELD, GREGORY K**

Provider ID: 64560  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-6248  
 Fax: (619) 543-7418  
 After Hours Phone: (619)  
 543-6248  
 Provider Gender: Male  
 License number: G37258  
 NPI: 1720003924  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medical Group(s):

IPA:

### **GOLLAPUDI, RAGHAVA R**

Provider ID: 53857

Board Certified Specialty: No  
SAN DIEGO CARDIAC CTR MED  
GRP INC

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123-4203

Phone: (858) 244-6800

Fax:

After Hours Phone: (858)  
244-6800

Provider Gender: Male

License number: A73392

NPI: 1467429191

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Mercy Hospital Chula Vista,  
Grossmont Hospital, Sharp  
Chula Vista Med Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **GORDON, JOHN B**

Provider ID: 53855

Board Certified Specialty: No  
SAN DIEGO CARDIAC CTR MED  
GRP INC

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123-4203

Phone: (858) 244-6800

Fax:

After Hours Phone: (858)  
244-6800

Provider Gender: Male

License number: C42631

NPI: 1962483099

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **HOAGLAND, PETER M**

Provider ID: 53768

Board Certified Specialty: No

SAN DIEGO CARDIAC CTR MED  
GRP INC

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123-4203

Phone: (858) 244-6800

Fax:

After Hours Phone: (858)  
244-6800

Provider Gender: Male

License number: G54598

NPI: 1629059779

Provider English Spoken: Yes

Provider Language(s) Spoken:  
French, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Sharp Memorial  
Hospital, Sharp Mary Birch  
Hosp For Women And  
Newborns

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MEHTA, HIRSCH S**

Provider ID: 82844

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No  SAN DIEGO CARDIAC CTR MED  GRP INC  3131 BERGER AVE STE 200  SAN DIEGO, CA 92123-4203  <i>Phone:</i> (858) 244-6800  <i>Fax:</i> (858) 244-6809  <i>After Hours Phone:</i> (858)  244-6800  <i>Provider Gender:</i> Male  <i>License number:</i> A105910  <i>NPI:</i> 1407099799  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp  Memorial Hospital, Sharp Chula  Vista Med Ctr, Scripps Mercy  Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA:</p> <p><b>PATEL, MITUL P</b>  <i>Provider ID:</i> 64131  <i>Board Certified Specialty:</i> No</p>	<p>UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619)  543-6222  <i>Provider Gender:</i> Male  <i>License number:</i> A95406  <i>NPI:</i> 1457572448  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Gujarati, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd  Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA:</p> <p><b>SHEREV, DIMITRI A</b>  <i>Provider ID:</i> 107321  <i>Board Certified Specialty:</i> No  BALBOA NEPHROLOGY MED  GRP INC  6402 EL CAJON BLVD STE 100  SAN DIEGO, CA 92115-2645</p>	<p><i>Phone:</i> (619) 582-4490  <i>Fax:</i> (619) 668-1554  <i>After Hours Phone:</i> (619)  582-4490  <i>Provider Gender:</i> Male  <i>License number:</i> A70917  <i>NPI:</i> 1154323996  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Bulgarian, Russian, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps  Mercy Hospital, Grossmont  Hospital, Alvarado Community  Hospital, Sharp Memorial  Hospital, Scripps Memorial  Hospital, Alvarado Hospital Llc,  Sharp Chula Vista Med Ctr, Tri  City Medical Ctr, Scripps Mercy  Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.balboacare.com  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Community Care Ipa Llc</p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED BEHAVIORAL  ANALYST DOCTORATE</u></b></p>
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## D. Directorio de proveedores de atención especializada

### HOWARTH, MATTHEW

*Provider ID:* 103967  
*Board Certified Specialty:* No  
 VERBAL BEHAVIOR ASSOCIATES  
 15373 INNOVATION DR STE 200  
 SAN DIEGO, CA 92128-3425  
*Phone:* (858) 699-7579  
*Fax:*  
*After Hours Phone:* (858) 699-7579  
*Provider Gender:* Male  
*License number:* BCBA4385  
*NPI:* 1629338082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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### **CERTIFIED BEHAVIORAL ANALYST MASTERS**

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### ANDERSON, RENEE

*Provider ID:* 116603  
*Board Certified Specialty:* No  
 ABACUS BEHAVIORAL HEALTH  
 4204A ADAMS AVE  
 SAN DIEGO, CA 92116-2300  
*Phone:* (619) 786-0074  
*Fax:* (619) 202-7741  
*After Hours Phone:* (619) 786-0074  
*Provider Gender:* Female  
*License number:* BCBA17411  
*NPI:* 1952774028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M,TH,F 8AM-6PM, TU,W 8AM-4PM, SA 9AM-5PM  
*Website:* www.abacusd.com  
*Email:*  
*Medical Group(s):*  
*IPA:*

### CALARCO, KATHERINE

*Provider ID:* 116600  
*Board Certified Specialty:* No  
 ABACUS BEHAVIORAL HEALTH  
 4204A ADAMS AVE

SAN DIEGO, CA 92116-2300  
*Phone:* (619) 786-0074  
*Fax:* (619) 202-7741  
*After Hours Phone:* (619) 786-0074  
*Provider Gender:* Female  
*License number:* BCBA2509  
*NPI:* 1528216876  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* www.abacusd.com  
*Email:*  
*Medical Group(s):*  
*IPA:*

### JOHANNSEN, KAITLIN

*Provider ID:* 103981  
*Board Certified Specialty:* No  
 VERBAL BEHAVIOR ASSOCIATES  
 15373 INNOVATION DR STE 200  
 SAN DIEGO, CA 92128-3425

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 699-7579	Provider Gender: Female	Cultural Competency: No
Fax:	License number: BCBA25064	Hospital Affiliation:
After Hours Phone: (858) 699-7579	NPI: 1508176314	Medi-Cal Open Panel: No
Provider Gender: Female	Provider English Spoken: Yes	Min/Max Age: None
License number: BCBA9560	Provider Language(s) Spoken:	American Sign Language (ASL): No
NPI: 1619370681	Cultural Competency: No	♿ Accessibility:
Provider English Spoken: Yes	Hospital Affiliation:	Hours: M-F 8AM-5PM, SA 9AM-5PM
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	Website:
Cultural Competency: No	Min/Max Age: None	Email:
Hospital Affiliation:	American Sign Language (ASL): No	Medical Group(s):
Medi-Cal Open Panel: No	♿ Accessibility:	IPA:
Min/Max Age: None	Hours: M-F 8AM-8PM, SA 9AM-5PM	
American Sign Language (ASL): No	Website:	<b>MASON, DIANA</b>
♿ Accessibility: W	Email:	Provider ID: 118102
Hours: M-F 8:30AM-5PM, SA 9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA:	INCLUDE AUTISM INC
Email:		625 PENNSYLVANIA AVE
Medical Group(s):	<b>MACHADO, AMY</b>	SAN DIEGO, CA 92103-4321
IPA:	Provider ID: 105863	Phone: (858) 603-9835
	Board Certified Specialty: No	Fax:
<b>LUND, CHRISTINA</b>	INCLUDE AUTISM INC	After Hours Phone: (858) 603-9835
Provider ID: 107337	625 PENNSYLVANIA AVE	Provider Gender: Female
Board Certified Specialty: No	SAN DIEGO, CA 92103-4321	License number: BCBA23279
AUTISM SPECTRUM	Phone: (858) 603-9835	NPI: 1285172858
THERAPIES	Fax:	Provider English Spoken: Yes
9445 FARNHAM ST STE 104	After Hours Phone: (858) 603-9835	Provider Language(s) Spoken:
SAN DIEGO, CA 92123-1399	Provider Gender: Female	Cultural Competency: No
Phone: (866) 727-8274	License number: BCBA11210466	Hospital Affiliation:
Fax:	NPI: 1205192093	Medi-Cal Open Panel: No
After Hours Phone: (866) 727-8274	Provider English Spoken: Yes	Min/Max Age: None
	Provider Language(s) Spoken:	American Sign Language (ASL):

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## D. Directorio de proveedores de atención especializada

No	Website: optimum behavioral health.com	Medical Group(s): IPA:
♿ Accessibility:	Email:	
Hours: M-TH 9AM-6PM, F,SA 9AM-5PM	Medical Group(s):	<b>SALUCCI, CRISTIANA</b>
Website:	IPA:	Provider ID: 107365
Email:	<b>POPE, CATHERINE</b>	Board Certified Specialty: No
Medical Group(s):	Provider ID: 103983	INCLUDE AUTISM INC
IPA:	Board Certified Specialty: No	625 PENNSYLVANIA AVE
<b>PEARCE, TAYLOR</b>	VERBAL BEHAVIOR ASSOCIATES	SAN DIEGO, CA 92103-4321
Provider ID: 106341	15373 INNOVATION DR STE 200	Phone: (858) 603-9835
Board Certified Specialty: No	SAN DIEGO, CA 92128-3425	Fax:
OPTIMUM BEHAVIORAL HEALTH	Phone: (858) 699-7579	After Hours Phone: (858) 603-9835
3702 RUFFIN RD STE 100	Fax:	Provider Gender: Female
SAN DIEGO, CA 92123-1893	After Hours Phone: (858) 699-7579	License number: BCBA11621760
Phone: (619) 297-4300	Provider Gender: Female	NPI: 1093199671
Fax:	License number: BCBA13424	Provider English Spoken: Yes
After Hours Phone: (619) 297-4300	NPI: 1265840763	Provider Language(s) Spoken:
Provider Gender: Female	Provider English Spoken: Yes	Cultural Competency: No
License number: BCBA12133	Provider Language(s) Spoken:	Hospital Affiliation:
NPI: 1396084935	Cultural Competency: No	Medi-Cal Open Panel: No
Provider English Spoken: Yes	Hospital Affiliation:	Min/Max Age: None
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	American Sign Language (ASL):
Cultural Competency: No	Min/Max Age: None	No
Hospital Affiliation:	American Sign Language (ASL):	♿ Accessibility:
Medi-Cal Open Panel: No	No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Min/Max Age: None	♿ Accessibility: W	Website:
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:
No	Website:	Medical Group(s):
♿ Accessibility: W	Email:	IPA:
Hours: M-F 8AM-5PM, SA 9AM-5PM		<b>SWAIN, JAZMINA</b>
		Provider ID: 104803
		Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

AUTISM SPECTRUM  
THERAPIES  
9445 FARNHAM ST STE 104  
SAN DIEGO, CA 92123-1399  
Phone: (866) 727-8274  
Fax:  
After Hours Phone: (866)  
727-8274  
Provider Gender: Female  
License number: BCBA17031  
NPI: 1144618117  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
☯ Accessibility:  
Hours: M-F 8AM-8PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### URIBE, ANNETTE

Provider ID: 105872  
Board Certified Specialty: No  
AUTISM SPECTRUM  
THERAPIES  
9445 FARNHAM ST STE 104  
SAN DIEGO, CA 92123-1399

Phone: (866) 727-8274  
Fax:  
After Hours Phone: (866)  
727-8274  
Provider Gender: Female  
License number: BCBA11521119  
NPI: 1528426012  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
☯ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### VOLEN, SHAWNA

Provider ID: 106468  
Board Certified Specialty: No  
AUTISM SPECTRUM  
THERAPIES  
9445 FARNHAM ST STE 104  
SAN DIEGO, CA 92123-1399  
Phone: (866) 727-8274  
Fax:  
After Hours Phone: (866)  
727-8274

Provider Gender: Female  
License number: BCBA18995  
NPI: 1710360417  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
☯ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

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### **CERTIFIED NURSE PRACTITIONER**

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### ABARE, KATHRYN H

Provider ID: 262187  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE 410  
SAN DIEGO, CA 92123-4228  
Phone: (858) 966-6789  
Fax: (858) 966-6706  
After Hours Phone: (858)  
966-6789  
Provider Gender: Female

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>License number: NP95003999  NPI: 1609147651  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: No  Min/Max Age: 0/99  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: No  Min/Max Age: 0/18  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>	<p>Hospital Affiliation: Ucsd  Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>
<p><b>ABCEDE, EMILY A</b>  Provider ID: 263772  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  Phone: (858) 966-5855  Fax: (858) 966-7903  After Hours Phone: (858)  966-5855  Provider Gender: Female  License number: NP95007801  NPI: 1548654916</p>	<p><b>ABDOU, KRISTY R</b>  Provider ID: 104606  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 543-6222  Fax:  After Hours Phone: (619)  543-6222  Provider Gender: Female  License number: NP19601  NPI: 1487801817  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No</p>	<p><b>AGUILAR, JIRA JANE B</b>  Provider ID: 284158  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  8001 FROST ST  SAN DIEGO, CA 92123-2746  Phone: (858) 966-5999  Fax: (858) 966-4930  After Hours Phone: (858)  966-5999  Provider Gender: Female  License number: NP95016636  NPI: 1376136770  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/18	No	Medical Group(s):
American Sign Language (ASL):	♿ Accessibility: W	IPA:
No	Hours: M-SA 9AM-5PM	
♿ Accessibility:	Website:	<b>ALSTEEN, STEPHANIE D</b>
Hours: M-F 8AM-5PM, SA	Email:	Provider ID: 291389
9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA:	UCSD MEDICAL GROUP
Email:		200 W ARBOR DR
Medical Group(s):	<b>AKINS, TARA M</b>	SAN DIEGO, CA 92103-1911
IPA: Rady Childrens Health	Provider ID: 112490	Phone: (800) 926-8273
Network	Board Certified Specialty: No	Fax: (888) 539-8781
	UCSD MEDICAL GROUP	After Hours Phone: (800)
	200 W ARBOR DR	926-8273
	SAN DIEGO, CA 92103-1911	Provider Gender: Female
	Phone: (619) 543-6222	License number: NP95017675
	Fax:	NPI: 1013680982
	After Hours Phone: (619)	Provider English Spoken: Yes
	543-6222	Provider Language(s) Spoken:
	Provider Gender: Female	Cultural Competency: No
	License number: NP14090	Hospital Affiliation:
	NPI: 1548475072	Medi-Cal Open Panel: Yes
	Provider English Spoken: Yes	Min/Max Age: 0/999
	Provider Language(s) Spoken:	American Sign Language (ASL):
	Cultural Competency: No	No
	Hospital Affiliation:	♿ Accessibility:
	Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM
	Min/Max Age: None	Website:
	American Sign Language (ASL):	Email:
	No	Medical Group(s):
	♿ Accessibility: W	IPA: Ucsd Medical Group
	Hours: M-F 9AM-5PM, SA	
	9AM-5PM	<b>AMADOR, JODI N</b>
	Website:	Provider ID: 294614
	Email:	Board Certified Specialty: No
		RADY CHILDRENS HEALTH

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5888  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5888  
 Provider Gender: Female  
 License number: NP95006378  
 NPI: 1447677174  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **AMER DAVIS, STACY K**

Provider ID: 83186  
 Board Certified Specialty: No  
 UCSD EMERG PHYSICIANS  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: NP20267  
 NPI: 1750661641  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **AMOS, MARIA**

Provider ID: 291439  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 License number: NP95018544  
 NPI: 1235891953  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **ANDREWS, BARBARA G**

Provider ID: 291427  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP9397  
 NPI: 1235145962  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>BACANI, GRACE M</b>  <i>Provider ID:</i> 256096  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> NP95001006  <i>NPI:</i> 1093124703  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No</p>	<p><i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>BAKER, TANYA E</b>  <i>Provider ID:</i> 255625  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            4510 EXECUTIVE DR            SAN DIEGO, CA 92121-3021  <i>Phone:</i> (858) 534-8019  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            534-8019  <i>Provider Gender:</i> Female  <i>License number:</i> NP95004209  <i>NPI:</i> 1699184259  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd La            Jolla John Sally Thornton, Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>BALL, KELLY R</b>  <i>Provider ID:</i> 110935  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            543-6222  <i>Provider Gender:</i> Female  <i>License number:</i> NP95004819  <i>NPI:</i> 1902343833  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd La            Jolla John Sally Thornton, Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
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## D. Directorio de proveedores de atención especializada

### **BARBA, LAURA A**

*Provider ID:* 109544  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858)  
 966-4003  
*Provider Gender:* Female  
*License number:* NP10291  
*NPI:* 1700099645  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **BARBA, LAURA A**

*Provider ID:* 110350  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (858) 657-1636  
*Fax:* (619) 543-6500  
*After Hours Phone:* (858)  
 657-1636  
*Provider Gender:* Female  
*License number:* NP10291  
*NPI:* 1700099645  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group  
**BARBA, LAURA A**  
*Provider ID:* 255791  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST

SAN DIEGO, CA 92103-2108  
*Phone:* (619) 543-7496  
*Fax:*  
*After Hours Phone:* (619)  
 543-7496  
*Provider Gender:* Female  
*License number:* NP10291  
*NPI:* 1700099645  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **BARBA, LAURA A**

*Provider ID:* 262151  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY STE 410  
 SAN DIEGO, CA 92123-4228

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## D. Directorio de proveedores de atención especializada

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Phone: (858) 966-4032

Fax: (858) 966-6227

After Hours Phone: (858)  
966-4032

Provider Gender: Female

License number: NP10291

NPI: 1700099645

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/99

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **BATAC, NADINE M**

Provider ID: 295365

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

3434 MIDWAY DR STE 2001

SAN DIEGO, CA 92110-4924

Phone: (619) 325-1161

Fax: (619) 325-1717

After Hours Phone: (619)  
325-1161

Provider Gender: Female

License number: NP21763

NPI: 1942657937

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M,W 8AM-5PM, TU,TH  
7AM-3:30PM, F,SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### **BEATTIE, ALEXANDRA**

Provider ID: 294103

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 190

SAN DIEGO, CA 92123-2731

Phone: (858) 966-9360

Fax:

After Hours Phone: (858)  
966-9360

Provider Gender: Female

License number: NP95020961

NPI: 1659900389

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **BENARD, ROBERT A**

Provider ID: 268229

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: NP95000121  
 NPI: 1184027724  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BERNHARD, SARAH M**

Provider ID: 294730  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5888  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5888  
 Provider Gender: Female  
 License number: NP20604  
 NPI: 1114226370  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Methodist Hosp Of Southern California, Palomar Medical Center, Palomar Health, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **BIANCO, ANDREA D**

Provider ID: 115264  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: RN551574  
 NPI: 1720326952  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BIANCO, ANDREA D**

Provider ID: 115264  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: NP22530

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

NPI: 1720326952	Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM
Provider English Spoken: Yes	Min/Max Age: None	Website:
Provider Language(s) Spoken: Cultural Competency: No	American Sign Language (ASL): No	Email:
Hospital Affiliation:	♿ Accessibility: W	Medical Group(s):
Medi-Cal Open Panel: No	Hours: M-F 9AM-5PM, SA 9AM-5PM	IPA: Ucsd Medical Group
Min/Max Age: None	Website:	<b>BOLIVAR, NATALIE A</b>
American Sign Language (ASL): No	Email:	Provider ID: 268648
♿ Accessibility: W	Medical Group(s):	Board Certified Specialty: No
Hours: M-SA 9AM-5PM	IPA:	RADY CHILDRENS HEALTH NETWORK
Website:	<b>BILOTTA, NATALIE J</b>	3020 CHILDRENS WAY
Email:	Provider ID: 291418	SAN DIEGO, CA 92123-4223
Medical Group(s):	Board Certified Specialty: No	Phone: (858) 966-8800
IPA:	UCSD MEDICAL GROUP	Fax: (858) 966-7433
<b>BILENKAYA, IRINA</b>	200 W ARBOR DR	After Hours Phone: (858) 966-8800
Provider ID: 83240	SAN DIEGO, CA 92103-1911	Provider Gender: Female
Board Certified Specialty: No	Phone: (800) 926-8273	License number: NP95004672
UCSD MEDICAL GROUP	Fax: (888) 539-8781	NPI: 1083169296
200 W ARBOR DR	After Hours Phone: (800) 926-8273	Provider English Spoken: Yes
SAN DIEGO, CA 92103-1911	Provider Gender: Female	Provider Language(s) Spoken:
Phone: (619) 543-6222	License number: NP95017334	Cultural Competency: No
Fax:	NPI: 1144809393	Hospital Affiliation: Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Rady Childrens Hospital San Diego
After Hours Phone: (619) 543-6222	Provider English Spoken: Yes	Medi-Cal Open Panel: No
Provider Gender: Female	Provider Language(s) Spoken:	Min/Max Age: 0/18
License number: NP15880	Cultural Competency: No	American Sign Language (ASL):
NPI: 1801030267	Hospital Affiliation:	No
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	♿ Accessibility:
Provider Language(s) Spoken: Russian, Ukrainian	Min/Max Age: 0/999	Hours: M-SU 12AM-11:59PM
Cultural Competency: No	American Sign Language (ASL): No	
Hospital Affiliation:	No	
	♿ Accessibility:	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health Network</p>	<p><b>BUENROSTRO, CHRISTINA</b>  Provider ID: 243718  Board Certified Specialty: No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  Phone: (800) 926-8273  Fax:  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: NP95004366  NPI: 1851749253  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 543-6222  Fax:  After Hours Phone: (619) 543-6222  Provider Gender: Female  License number: NP18867  NPI: 1457593808  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>
<p><b>BUCKLEY, MAUREEN D</b>  Provider ID: 110384  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 543-6222  Fax:  After Hours Phone: (619) 543-6222  Provider Gender: Female  License number: NP95001205  NPI: 1619377447  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p><b>BUENROSTRO, CHRISTINA</b>  Provider ID: 243718  Board Certified Specialty: No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  Phone: (800) 926-8273  Fax:  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: NP95004366  NPI: 1851749253  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p><b>CALLAHAN, ABIGAIL B</b>  Provider ID: 102155  Board Certified Specialty: No  RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  3020 CHILDRENS WAY STE 410  SAN DIEGO, CA 92123-4223</p>
<p><b>BUCKLEY, MAUREEN D</b>  Provider ID: 110384  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 543-6222  Fax:  After Hours Phone: (619) 543-6222  Provider Gender: Female  License number: NP95001205  NPI: 1619377447  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p><b>CAIN, JULIA M</b>  Provider ID: 83250  Board Certified Specialty: No</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-6789  
 Fax:  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Female  
 License number: NP95001371  
 NPI: 1649655317  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CALLAHAN, ABIGAIL B**

Provider ID: 287518  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7910 FROST ST STE 195  
 SAN DIEGO, CA 92123-2771

Phone: (858) 966-8974  
 Fax:  
 After Hours Phone: (858) 966-8974  
 Provider Gender: Female  
 License number: NP95001371  
 NPI: 1649655317  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CAMARGO-LOWTHERS, ANGELICA M , NPA**

Provider ID: 270981  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284

Phone: (858) 637-4700  
 Fax: (858) 637-4701  
 After Hours Phone: (858) 637-4700  
 Provider Gender: Female  
 License number: RN521048  
 NPI: 1912982539  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California,  
 Imperial Health Holdings  
 Medical Group-Sd

### **CAMARGO-LOWTHERS, ANGELICA M , NPA**

Provider ID: 270981  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 637-4700            Fax: (858) 637-4701            After Hours Phone: (858) 637-4700            Provider Gender: Female            License number: NP14412            NPI: 1912982539            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 9AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Ihp Of Southern California,            Imperial Health Holdings            Medical Group-Sd</p> <p><b>CAMARGO-LOWTHERS,            ANGELICA M</b>            Provider ID: 295914            Board Certified Specialty: No            IHP OF SOUTHERN            CALIFORNIA            8010 FROST ST STE 220            SAN DIEGO, CA 92123-2778</p>	<p>Phone: (858) 637-4700            Fax: (858) 637-4701            After Hours Phone: (858) 637-4700            Provider Gender: Female            License number: RN521048            NPI: 1912982539            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Ihp Of Southern California,            Imperial Health Holdings            Medical Group-Sd</p> <p><b>CAMARGO-LOWTHERS,            ANGELICA M</b>            Provider ID: 295914            Board Certified Specialty: No            IHP OF SOUTHERN            CALIFORNIA            8010 FROST ST STE 220            SAN DIEGO, CA 92123-2778</p>	<p>Phone: (858) 637-4700            Fax: (858) 637-4701            After Hours Phone: (858) 637-4700            Provider Gender: Female            License number: NP14412            NPI: 1912982539            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Ihp Of Southern California,            Imperial Health Holdings            Medical Group-Sd</p> <p><b>CAMARGO-LOWTHERS,            ANGELICA M</b>            Provider ID: 54944            Board Certified Specialty: No            BALBOA NEPHROLOGY MED            GRP INC            8010 FROST ST STE 510            SAN DIEGO, CA 92123-4284</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (858) 637-4700

Fax: (858) 637-4701

After Hours Phone: (858)  
637-4700

Provider Gender: Female

License number: NP14412

NPI: 1912982539

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Ihp Of Southern California,  
Imperial Health Holdings  
Medical Group-Sd

### **CAMARGO-LOWTHERS, ANGELICA M**

Provider ID: 54944

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC

8010 FROST ST STE 510

SAN DIEGO, CA 92123-4284

Phone: (858) 637-4700

Fax: (858) 637-4701

After Hours Phone: (858)  
637-4700

Provider Gender: Female

License number: RN521048

NPI: 1912982539

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Ihp Of Southern California,  
Imperial Health Holdings  
Medical Group-Sd

### **CAPOZZI, JENNIFER E**

Provider ID: 241031

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: NP11056

NPI: 1336258276

Provider English Spoken: Yes

Provider Language(s) Spoken:

Tagalog

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **CHANTALA, ELIZABETH A**

Provider ID: 291305

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	License number: NP95000602	Provider English Spoken: Yes
Fax: (888) 539-8781	NPI: 1164496386	Provider Language(s) Spoken:
After Hours Phone: (800) 926-8273	Provider English Spoken: Yes	Cultural Competency: No
Provider Gender: Female	Provider Language(s) Spoken: Spanish	Hospital Affiliation:
License number: NP95019022	Cultural Competency: No	Medi-Cal Open Panel: Yes
NPI: 1942430442	Hospital Affiliation:	Min/Max Age: 0/999
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Provider Language(s) Spoken:	Min/Max Age: None	♿ Accessibility:
Cultural Competency: No	American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Hospital Affiliation:	♿ Accessibility: P, EB, IB, E, R, T, ME	Website:
Medi-Cal Open Panel: Yes	Hours: M-F 9AM-5PM, SA 9AM-5PM	Email:
Min/Max Age: 0/999	Website: www.fhcsd.org	Medical Group(s):
American Sign Language (ASL): No	Email:	IPA: Ucsd Medical Group
♿ Accessibility:	Medical Group(s): City Heights Family Health Centers Inc	
Hours: M-SA 9AM-5PM	IPA:	
Website:		
Email:		
Medical Group(s):		
IPA: Ucsd Medical Group		
	<b>CHAVEZ, ALEXANDRIA D</b>	<b>CHEATHAM, BRITTANY L</b>
<b>CHASE, AVA LOU C</b>	Provider ID: 243357	Provider ID: 291461
Provider ID: 83281	Board Certified Specialty: No	Board Certified Specialty: No
Board Certified Specialty: No	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
CITY HEIGHTS FAMILY HEALTH CENTERS INC	4510 EXECUTIVE DR STE 7	200 W ARBOR DR
5454 EL CAJON BLVD	SAN DIEGO, CA 92121-3021	SAN DIEGO, CA 92103-1911
SAN DIEGO, CA 92115-3621	Phone: (800) 926-8273	Phone: (800) 926-8273
Phone: (619) 515-2400	Fax:	Fax: (888) 539-8781
Fax:	After Hours Phone: (800) 926-8273	After Hours Phone: (800) 926-8273
After Hours Phone: (619) 515-2400	Provider Gender: Female	Provider Gender: Female
515-2400	License number: NP95012447	License number: NP95006622
Provider Gender: Female	NPI: 1811543622	NPI: 1184111684
		Provider English Spoken: Yes
		Provider Language(s) Spoken:
		Cultural Competency: No
		Hospital Affiliation:
		Medi-Cal Open Panel: Yes

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **CHOATE, BERNADETTE R**

Provider ID: 286368

Board Certified Specialty: No

UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE DR  
STE 2110

SAN DIEGO, CA 92122-1396

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP21945

NPI: 1104173558

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **CHOATE, BERNADETTE R**

Provider ID: 286369

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP21945

NPI: 1104173558

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **CHURCHMAN, CATHERINE M**

Provider ID: 277170

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5961

Fax: (858) 966-6791

After Hours Phone: (858)

966-5961

Provider Gender: Female

License number: NP95016265

NPI: 1407442049

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Network	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 543-5415
<b>COLLIER, SUMMER B</b>	UCSD MEDICAL GROUP	<i>Fax:</i>
<i>Provider ID:</i> 113776	200 W ARBOR DR	<i>After Hours Phone:</i> (619)
<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-1911	543-5415
UCSD MEDICAL GROUP	<i>Phone:</i> (619) 543-6222	<i>Provider Gender:</i> Female
4168 FRONT ST FL 2	<i>Fax:</i>	<i>License number:</i> NP17358
SAN DIEGO, CA 92103-2030	<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1780869164
<i>Phone:</i> (619) 543-5415	543-6222	<i>Provider English Spoken:</i> Yes
<i>Fax:</i>	<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (619)	<i>License number:</i> NP16516	Spanish
543-5415	<i>NPI:</i> 1720001324	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>
<i>License number:</i> NP19943	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> No
<i>NPI:</i> 1487964235	<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>
<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> No	No
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None	<i>Accessibility:</i>
<i>Hospital Affiliation:</i> Ucsd	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 9AM-5PM, SA
Medical Ctr, Ucsd La Jolla John	No	9AM-5PM
Sally Thornton	<i>Accessibility:</i> W	<i>Website:</i>
<i>Medi-Cal Open Panel:</i> No	<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>
<i>Min/Max Age:</i> None	<i>Website:</i>	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	<i>Email:</i>	<i>IPA:</i>
No	<i>Medical Group(s):</i>	<b>CONNOR, CAROLINE L</b>
<i>Accessibility:</i>	<i>IPA:</i>	<i>Provider ID:</i> 279835
<i>Hours:</i> M-F 9AM-5PM, SA	<b>COLLINS, CYNTHIA M</b>	<i>Board Certified Specialty:</i> No
9AM-5PM	<i>Provider ID:</i> 83299	UCSD MEDICAL GROUP
<i>Website:</i>	<i>Board Certified Specialty:</i> No	16950 VIA TAZON
<i>Email:</i>	UCSD MEDICAL GROUP	SAN DIEGO, CA 92127-1607
<i>Medical Group(s):</i>	4168 FRONT ST FL 2	<i>Phone:</i> (800) 926-8273
<i>IPA:</i>	SAN DIEGO, CA 92103-2030	<i>Fax:</i> (888) 539-8781
<b>COLLINS, ANGELINA E</b>		<i>After Hours Phone:</i> (800)
<i>Provider ID:</i> 123644		926-8273

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p> <i>Provider Gender:</i> Female  <i>License number:</i> NP13032  <i>NPI:</i> 1609081710  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group         </p>	<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group         </p>	<p> <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network         </p>
<p> <b>CONNOR, CAROLINE L</b>  <i>Provider ID:</i> 279836  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            6030 VILLAGE WAY            SAN DIEGO, CA 92130-2972  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> NP13032  <i>NPI:</i> 1609081710         </p>	<p> <b>CONTILLO, AMBER L</b>  <i>Provider ID:</i> 260069  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            8001 FROST ST            SAN DIEGO, CA 92123-2746  <i>Phone:</i> (858) 966-5999  <i>Fax:</i> (858) 966-4930  <i>After Hours Phone:</i> (858) 966-5999  <i>Provider Gender:</i> Female  <i>License number:</i> NP95005629  <i>NPI:</i> 1154630838  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> </p>	<p> <b>CORNWELL, MEGAN M</b>  <i>Provider ID:</i> 260520  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-8800  <i>Fax:</i> (858) 966-7433  <i>After Hours Phone:</i> (858) 966-8800  <i>Provider Gender:</i> Female  <i>License number:</i> NP95009508  <i>NPI:</i> 1912472754  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady         </p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p><i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>COSINO, ANJELICA T</b>  <i>Provider ID:</i> 201309  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR FL 1            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> NP95008222  <i>NPI:</i> 1295238749  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La            Jolla John Sally Thornton, Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><b>COUCH, SARA M</b>  <i>Provider ID:</i> 113766  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            543-6222  <i>Provider Gender:</i> Female  <i>License number:</i> NP20894  <i>NPI:</i> 1851633507  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA</p>	<p><b>CRONIN, ILEEN F</b>  <i>Provider ID:</i> 289128  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5855  <i>Fax:</i> (858) 966-7903  <i>After Hours Phone:</i> (858)            966-5855  <i>Provider Gender:</i> Female  <i>License number:</i> NP95016133  <i>NPI:</i> 1275919474  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medical Group(s):

IPA: Rady Childrens Health Network

### **CUTLER, APRYL L**

Provider ID: 273326

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

4305 UNIVERSITY AVE  
SAN DIEGO, CA 92105-1645  
Phone: (858) 966-5484

Fax:

After Hours Phone: (858) 966-5484

Provider Gender: Female

License number: NP95012457  
NPI: 1467960120

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/21

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-F 9AM-8PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **DAVID, RHYS S**

Provider ID: 260090

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2  
SOUTH

SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003

Fax: (858) 966-7791

After Hours Phone: (858) 966-4003

Provider Gender: Female

License number: NP21537

NPI: 1790056166

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **DAVIES, SUMMER R**

Provider ID: 253692

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8899 UNIVERSITY CENTER LN  
STE 220

SAN DIEGO, CA 92122-1040

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

License number: NP21519

NPI: 1679850671

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DAVIS, JANET M**

Provider ID: 255796

Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
330 LEWIS ST  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9250  
Fax: (619) 471-9275  
After Hours Phone: (619) 471-9250  
Provider Gender: Female  
License number: NP95006617  
NPI: 1164616280  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **DEBSKI, LAUREN S**

Provider ID: 291252  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
1016 OUTER RD  
SAN DIEGO, CA 92154-1351

Phone: (619) 429-3733  
Fax: (619) 628-5550  
After Hours Phone: (619) 429-3733  
Provider Gender: Female  
License number: NP95017889  
NPI: 1144874694  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California

### **DEFELICE, BRIDGET T**

Provider ID: 295395  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5888  
Fax: (858) 966-7483  
After Hours Phone: (858) 966-5888  
Provider Gender: Female

License number: NP95020100  
NPI: 1669128153  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Palomar Health  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **DEUTSCH, KAREN G**

Provider ID: 247980  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP19446  
NPI: 1740517127

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd La	<i>American Sign Language (ASL):</i>
<i>Provider Language(s) Spoken:</i>	Jolla John Sally Thornton, Ucsd	No
<i>Cultural Competency:</i> No	Medical Ctr	♿ <i>Accessibility:</i>
<i>Hospital Affiliation:</i> Ucsd La	<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM
Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> 0/999	<i>Website:</i>
Medical Ctr	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Medical Group(s):</i>
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i>	<i>IPA:</i> Ucsd Medical Group
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	
No	9AM-5PM	<b>DOAN, ANGELA Q</b>
♿ <i>Accessibility:</i>	<i>Website:</i>	<i>Provider ID:</i> 291426
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	<i>Board Certified Specialty:</i> No
9AM-5PM	<i>Medical Group(s):</i>	UCSD MEDICAL GROUP
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	4510 EXECUTIVE DR
<i>Email:</i>		SAN DIEGO, CA 92121-3021
<i>Medical Group(s):</i>	<b>DOAN, ANGELA Q</b>	<i>Phone:</i> (800) 926-8372
<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 291425	<i>Fax:</i> (888) 539-8781
	<i>Board Certified Specialty:</i> No	<i>After Hours Phone:</i> (800)
<b>DEUTSCH, KAREN G</b>	UCSD MEDICAL GROUP	926-8372
<i>Provider ID:</i> 247981	4168 FRONT ST	<i>Provider Gender:</i> Female
<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-2030	<i>License number:</i> NP95009568
UCSD MEDICAL GROUP	<i>Phone:</i> (800) 926-8273	<i>NPI:</i> 1639638968
330 LEWIS ST	<i>Fax:</i> (888) 539-8781	<i>Provider English Spoken:</i> Yes
SAN DIEGO, CA 92103-2108	<i>After Hours Phone:</i> (800)	<i>Provider Language(s) Spoken:</i>
<i>Phone:</i> (800) 926-8273	926-8273	<i>Cultural Competency:</i> No
<i>Fax:</i>	<i>Provider Gender:</i> Female	<i>Hospital Affiliation:</i>
<i>After Hours Phone:</i> (800)	<i>License number:</i> NP95009568	<i>Medi-Cal Open Panel:</i> Yes
926-8273	<i>NPI:</i> 1639638968	<i>Min/Max Age:</i> 0/999
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>American Sign Language (ASL):</i>
<i>License number:</i> NP19446	<i>Provider Language(s) Spoken:</i>	No
<i>NPI:</i> 1740517127	<i>Cultural Competency:</i> No	♿ <i>Accessibility:</i>
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>Website:</i>
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/999	<i>Email:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>DODD-SULLIVAN, REBECCA M</b>          Provider ID: 112552          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Female          License number: NP21994          NPI: 1760823629          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>DONOGHUE, ELIZABETH T</b>          Provider ID: 295812          Board Certified Specialty: No</p>	<p>IHP OF SOUTHERN CALIFORNIA          5395 RUFFIN RD STE 204          SAN DIEGO, CA 92123-1338          Phone: (858) 571-3630          Fax: (858) 295-3948          After Hours Phone: (858) 571-3630          Provider Gender: Female          License number: NP95017704          NPI: 1427710979          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-TH 8:30AM-4:30PM, F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>DOVE, JANET H</b>          Provider ID: 83367          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911</p>	<p>Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Female          License number: NP8210          NPI: 1982860664          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>DO, ELAINE T</b>          Provider ID: 290950          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          4305 UNIVERSITY AVE STE 150          SAN DIEGO, CA 92105-1690          Phone: (619) 280-2058          Fax: (858) 633-4662          After Hours Phone: (619) 280-2058</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider Gender:* Female  
*License number:* NP95019446  
*NPI:* 1215696307  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 8AM-2PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **DRISCOLL, KARRIE**

*Provider ID:* 286345  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR  
 STE 2110  
 SAN DIEGO, CA 92122-1396  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* NP22651  
*NPI:* 1396085098

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DWYER, ERIN**

*Provider ID:* 108501  
*Board Certified Specialty:* No  
 GENESIS HEALTHCARE  
 PARTNERS PC  
 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103-2120  
*Phone:* (619) 297-4707  
*Fax:*  
*After Hours Phone:* (619)  
 297-4707  
*Provider Gender:* Female  
*License number:* NP95004184  
*NPI:* 1003260894  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps

Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Ihp Of Southern California

### **DWYER, ERIN, NPA**

*Provider ID:* 269863  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103-2120  
*Phone:* (619) 297-4707  
*Fax:* (858) 429-7927  
*After Hours Phone:* (619)  
 297-4707  
*Provider Gender:* Female  
*License number:* NP95004184  
*NPI:* 1003260894  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No</p> <p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s): Ihp Of Southern California</p> <p><b>DWYER, ERIN</b></p> <p>Provider ID: 295892</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>4060 4TH AVE STE 310 SAN DIEGO, CA 92103-2120</p> <p>Phone: (619) 297-4707</p> <p>Fax: (858) 429-7927</p> <p>After Hours Phone: (619) 297-4707</p> <p>Provider Gender: Female</p> <p>License number: NP95004184</p> <p>NPI: 1003260894</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Scripps Mercy Hospital</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p>	<p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s): Ipa Llc, Ihp Of Southern California</p> <p><b>EATON, ELIZABETH</b></p> <p>Provider ID: 295377</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p> <p>Phone: (858) 966-8800</p> <p>Fax: (858) 966-7433</p> <p>After Hours Phone: (858) 966-8800</p> <p>Provider Gender: Female</p> <p>License number: NP95022082</p> <p>NPI: 1073094918</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p>	<p>Email:</p> <p>Medical Group(s): Rady Childrens Health Network</p> <p><b>ELMORE, DUDLEY G</b></p> <p>Provider ID: 83410</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR SAN DIEGO, CA 92103-1911</p> <p>Phone: (619) 543-6222</p> <p>Fax:</p> <p>After Hours Phone: (619) 543-6222</p> <p>Provider Gender: Male</p> <p>License number: NP18199</p> <p>NPI: 1568620375</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-F 9AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>IPA:</p> <p><b>ERICKSON, LISA K</b>          Provider ID: 278982          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: NP95016319          NPI: 1669442182          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>ERICKSON, LISA K</b>          Provider ID: 287444</p>	<p>Board Certified Specialty: No          UCSD MEDICAL GROUP          4168 FRONT ST          SAN DIEGO, CA 92103-2030          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: NP95016319          NPI: 1669442182          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>ESPEJO, MARISSA C</b>          Provider ID: 121410          Board Certified Specialty: No          UCSD RADIOLOGY AT LA JOLLA</p>	<p>200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 471-0320          Fax:          After Hours Phone: (619) 471-0320          Provider Gender: Female          License number: NP20343          NPI: 1508112590          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>ESPEJO, MARISSA C</b>          Provider ID: 122175          Board Certified Specialty: No          UCSD MEDICAL GROUP          4168 FRONT ST          SAN DIEGO, CA 92103-2030</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (619) 543-6248  
Fax:  
After Hours Phone: (619)  
543-6248  
Provider Gender: Female  
License number: NP20343  
NPI: 1508112590  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FEIZI, SEDI**

Provider ID: 118629  
Board Certified Specialty: No  
SOUTHERN CALIFORNIA  
INTERVENTIONAL ASSOC  
995 GATEWAY CENTER WAY  
STE 207  
SAN DIEGO, CA 92102-4544

Phone: (619) 263-9729  
Fax:  
After Hours Phone: (619)  
263-9729  
Provider Gender: Female  
License number: NP95002309  
NPI: 1861889370  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital Chula Vista,  
Scripps Mercy Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FLORES, ELEANOR A**

Provider ID: 83432  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222

Provider Gender: Female  
License number: NP13994  
NPI: 1730264250  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FLOWERS, JEREMY R**

Provider ID: 112525  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: NP15316  
NPI: 1013913045  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM
<i>Hospital Affiliation:</i>	<i>Min/Max Age:</i> 0/999	<i>Website:</i>
<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>Min/Max Age:</i> None	No	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	<i>♿ Accessibility:</i>	<i>IPA:</i>
No	<i>Hours:</i> M-F 8AM-5PM, SA	
<i>♿ Accessibility:</i> W	9AM-5PM	<b>GARTH, MELISSA A</b>
<i>Hours:</i> M-F 9AM-5PM, SA	<i>Website:</i>	<i>Provider ID:</i> 274053
9AM-5PM	<i>Email:</i>	<i>Board Certified Specialty:</i> No
<i>Website:</i>	<i>Medical Group(s):</i>	UCSD MEDICAL GROUP
<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group	200 W ARBOR DR
<i>Medical Group(s):</i>		SAN DIEGO, CA 92103-1911
<i>IPA:</i>	<b>GARCIA, DAVID</b>	<i>Phone:</i> (800) 926-8273
<b>FRIEBEN, CODY J</b>	<i>Provider ID:</i> 78655	<i>Fax:</i> (888) 539-8781
<i>Provider ID:</i> 244095	<i>Board Certified Specialty:</i> No	<i>After Hours Phone:</i> (800)
<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP	926-8273
UCSD MEDICAL GROUP	200 W ARBOR DR	<i>Provider Gender:</i> Female
200 W ARBOR DR	SAN DIEGO, CA 92103-1911	<i>License number:</i> NP95011870
SAN DIEGO, CA 92103-1911	<i>Phone:</i> (619) 543-6222	<i>NPI:</i> 1689232977
<i>Phone:</i> (800) 926-8273	<i>Fax:</i>	<i>Provider English Spoken:</i> Yes
<i>Fax:</i>	<i>After Hours Phone:</i> (619)	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (800)	543-6222	<i>Cultural Competency:</i> No
926-8273	<i>Provider Gender:</i> Male	<i>Hospital Affiliation:</i> Ucsd La
<i>Provider Gender:</i> Male	<i>License number:</i> NP9111	Jolla John Sally Thornton, Ucsd
<i>License number:</i> NP95008175	<i>NPI:</i> 1851544480	Medical Ctr
<i>NPI:</i> 1992179162	<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> 0/999
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i>	No
<i>Hospital Affiliation:</i> Scripps	<i>Medi-Cal Open Panel:</i> No	<i>♿ Accessibility:</i>
Green Hospital, Scripps Mercy	<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8AM-5PM, SA
Hospital, Scripps Mercy	<i>American Sign Language (ASL):</i>	9AM-5PM
Hospital Chula Vista	No	<i>Website:</i>
	<i>♿ Accessibility:</i> W	<i>Email:</i>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Medical Group(s): IPA: Ucsd Medical Group	UCSD MEDICAL GROUP 4168 FRONT ST FL 3 SAN DIEGO, CA 92103-2030 Phone: (858) 657-8000 Fax: After Hours Phone: (858) 657-8000 Provider Gender: Female License number: NP10378 NPI: 1811248347 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Phone: (858) 966-4003 Fax: (858) 560-6798 After Hours Phone: (858) 966-4003 Provider Gender: Female License number: NP95002382 NPI: 1659646792 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>GENNA, VINCENT T</b> Provider ID: 83461 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: NP19869 NPI: 1447554563 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	<b>GINGER, KRISTEN S</b> Provider ID: 261025 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY FL 2 SOUTH SAN DIEGO, CA 92123-4232	<b>GIVENS, DENISE H</b> Provider ID: 287515 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 195 SAN DIEGO, CA 92123-2771
<b>GILBERT, TARI L</b> Provider ID: 103582 Board Certified Specialty: No		

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (858) 966-8974

Fax:

After Hours Phone: (858)  
966-8974

Provider Gender: Female

License number: NP14891

NPI: 1396810099

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **GODINO, DANIELLE E**

Provider ID: 255948

Board Certified Specialty: No

UCSD MEDICAL GROUP

9909 MIRA MESA BLVD STE

200

SAN DIEGO, CA 92131-1061

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: NP95005056

NPI: 1689125965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **GODINO, DANIELLE E**

Provider ID: 255949

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST

SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: NP95005056

NPI: 1689125965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **GODINO, DANIELLE E**

Provider ID: 255950

Board Certified Specialty: No

UCSD MEDICAL GROUP

9333 GENESEE AVE STE 200

SAN DIEGO, CA 92121-2113

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP95005056  
 NPI: 1689125965  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GONZALEZ, KYLA J**

Provider ID: 261017  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2 SOUTH  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female  
 License number: NP17058  
 NPI: 1548545494  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **GRISSINGER, AMY E**

Provider ID: 271415  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-5961  
 Fax: (858) 966-6791  
 After Hours Phone: (858) 966-5961  
 Provider Gender: Female  
 License number: NP95001570  
 NPI: 1649663824  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **GRUBENSKY, LINDSAY T**

Provider ID: 287687  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123-2753

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 495-0500  
 Fax: (858) 560-4279  
 After Hours Phone: (858) 495-0500  
 Provider Gender: Female  
 License number: NP20953  
 NPI: 1619255577  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **GRUBENSKY, LINDSAY T**

Provider ID: 293879  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: NP20953  
 NPI: 1619255577  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **GUADARRAMA, IGNACIO**

Provider ID: 262419  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 995 GATEWAY CENTER WAY  
 STE 105  
 SAN DIEGO, CA 92102-4544

Phone: (619) 264-1934  
 Fax: (619) 264-1937  
 After Hours Phone: (619) 264-1934  
 Provider Gender: Male  
 License number: NP95003671  
 NPI: 1821331174  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

### **HAASS, ADRIANNA M**

Provider ID: 294570  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: NP95005120  
 NPI: 1225588130  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **HALDEMAN, SHYLAH M**

Provider ID: 261030  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Female  
 License number: NP95002511  
 NPI: 1497159495  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **HARKNESS, RUMIKO**

Provider ID: 208841  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP11566  
 NPI: 1487785093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Japanese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HA, THU T**

Provider ID: 293260  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Provider Gender: Female  
 License number: NP95010517  
 NPI: 1346443983  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### HA, THU T

Provider ID: 293261  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700

Provider Gender: Female  
 License number: NP95010517  
 NPI: 1346443983  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### HEAD, KRISTIN N

Provider ID: 268656  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-7484  
 Fax: (858) 966-4064  
 After Hours Phone: (858) 966-7484  
 Provider Gender: Female  
 License number: NP20264  
 NPI: 1699078923  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### HILLIARD, THESALONICA P

Provider ID: 284022  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375  
 Phone: (844) 200-2426  
 Fax: (858) 578-4417  
 After Hours Phone: (844) 200-2426  
 Provider Gender: Female  
 License number: NP95010585  
 NPI: 1861956724  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M,TU,TH,F

8:30AM-5:30PM, W 10AM-7PM,  
SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **HOOPER, BONNIE J , NPA**

Provider ID: 275254

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9339 GENESEE AVE STE 350

SAN DIEGO, CA 92121-2150

Phone: (858) 454-4300

Fax: (858) 454-5088

After Hours Phone: (858)

454-4300

Provider Gender: Female

License number: NP6495

NPI: 1821062878

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **HOOPER, BONNIE J , NPA**

Provider ID: 275255

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121

Phone: (858) 454-4300

Fax: (858) 454-5088

After Hours Phone: (858)

454-4300

Provider Gender: Female

License number: NP6495

NPI: 1821062878

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **HORNFELD, COURTNEY A**

Provider ID: 277359

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP95013375

NPI: 1982234027

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **IBARRA, MARTHA A**

Provider ID: 295392

Board Certified Specialty: No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IHP OF SOUTHERN CALIFORNIA  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858) 279-0925  
*Provider Gender:* Female  
*License number:* NP12112  
*NPI:* 1114957289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 14/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M,W,F 8:30AM-5:30PM, TU,TH 8:30AM-8:30PM, SA 9AM-4PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **IBARRA, MARTHA A**

*Provider ID:* 295393  
*Board Certified Specialty:* No

IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858) 810-8700  
*Provider Gender:* Female  
*License number:* NP12112  
*NPI:* 1114957289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 14/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M,W,F 8:30AM-5:30PM, TU,TH 8:30AM-8:30PM, SA 9AM-4PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **INSTONE, SUSAN L**

*Provider ID:* 293254  
*Board Certified Specialty:* No

IHP OF SOUTHERN CALIFORNIA  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690  
*Phone:* (619) 280-2058  
*Fax:* (858) 633-4682  
*After Hours Phone:* (619) 280-2058  
*Provider Gender:* Female  
*License number:* NP4858  
*NPI:* 1710223268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **INSTONE, SUSAN L**

*Provider ID:* 293255  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92111-6307 Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Provider Gender: Female License number: NP4858 NPI: 1710223268 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: NP95000764 NPI: 1790186708 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: NP95914220 NPI: 1396371431 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
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### JENNINGS, CHARLES A

Provider ID: 112942  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

### JONES, CHRISTA E

Provider ID: 275563  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

### KAUFMAN-SCIORTINO, JENNIFER B

Provider ID: 262125  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
6475 ALVARADO RD STE 120  
SAN DIEGO, CA 92120-5007

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## D. Directorio de proveedores de atención especializada

Phone: (619) 583-6133  
 Fax: (619) 583-0321  
 After Hours Phone: (619) 583-6133  
 Provider Gender: Female  
 License number: NP17347  
 NPI: 1346435849  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KELLY, COLLEEN F**

Provider ID: 287511  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7910 FROST ST STE 195  
 SAN DIEGO, CA 92123-2771

Phone: (858) 966-8974  
 Fax:  
 After Hours Phone: (858) 966-8974  
 Provider Gender: Female  
 License number: NP95002304  
 NPI: 1578932190  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KILLIAN-BENIGNO, CHRISTINA M**

Provider ID: 105465  
 Board Certified Specialty: No  
 CHILDRENS HOSP SAN DIEGO  
 CHADWICK CTR  
 3010 CHILDRENS WAY STE 2W  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811  
 Fax:  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Female  
 License number: NP21551  
 NPI: 1962772970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KILLIAN-BENIGNO, CHRISTINA M**

Provider ID: 262276  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3010 CHILDRENS WAY STE 2W  
 SAN DIEGO, CA 92123-4223

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Female  
 License number: NP21551  
 NPI: 1962772970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **KIRK, MARY P**

Provider ID: 83658  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: NP17276  
 NPI: 1760668073  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KI, TRISH H**

Provider ID: 293293  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925

Provider Gender: Female  
 License number: NP23847  
 NPI: 1376840199  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **KI, TRISH H**

Provider ID: 293294  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Provider Gender: Female  
 License number: NP23847  
 NPI: 1376840199  
 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age: 0/999</i>	<i>9AM-5PM</i>
<i>Vietnamese</i>	<i>American Sign Language (ASL):</i>	<i>Website:</i>
<i>Cultural Competency: No</i>	<i>No</i>	<i>Email:</i>
<i>Hospital Affiliation:</i>	<i>♿ Accessibility:</i>	<i>Medical Group(s):</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Hours: M-F 8:30AM-5PM, SA</i>	<i>IPA:</i>
<i>Min/Max Age: 0/999</i>	<i>9AM-5PM</i>	
<i>American Sign Language (ASL):</i>	<i>Website:</i>	<b>KNIGHT, TARA J</b>
<i>No</i>	<i>Email:</i>	<i>Provider ID: 276446</i>
<i>♿ Accessibility:</i>	<i>Medical Group(s):</i>	<i>Board Certified Specialty: No</i>
<i>Hours: M-SA 9AM-5PM</i>	<i>IPA: Community Care Ipa Llc</i>	<i>UCSD MEDICAL GROUP</i>
<i>Website:</i>		<i>200 W ARBOR DR</i>
<i>Email:</i>	<b>KNECHEL, NANCY A</b>	<i>SAN DIEGO, CA 92103-1911</i>
<i>Medical Group(s):</i>	<i>Provider ID: 83659</i>	<i>Phone: (800) 926-8273</i>
<i>IPA: Ihp Of Southern California</i>	<i>Board Certified Specialty: No</i>	<i>Fax: (888) 539-8781</i>
	<i>UCSD MEDICAL GROUP</i>	<i>After Hours Phone: (800)</i>
	<i>200 W ARBOR DR</i>	<i>926-8273</i>
	<i>SAN DIEGO, CA 92103-1911</i>	<i>Provider Gender: Female</i>
	<i>Phone: (619) 543-6222</i>	<i>License number: NP95012285</i>
	<i>Fax:</i>	<i>NPI: 1801394358</i>
	<i>After Hours Phone: (619)</i>	<i>Provider English Spoken: Yes</i>
	<i>543-6222</i>	<i>Provider Language(s) Spoken:</i>
	<i>Provider Gender: Female</i>	<i>Cultural Competency: No</i>
	<i>License number: NP17401</i>	<i>Hospital Affiliation:</i>
	<i>NPI: 1871757211</i>	<i>Medi-Cal Open Panel: Yes</i>
	<i>Provider English Spoken: Yes</i>	<i>Min/Max Age: 0/999</i>
	<i>Provider Language(s) Spoken:</i>	<i>American Sign Language (ASL):</i>
	<i>Cultural Competency: No</i>	<i>No</i>
	<i>Hospital Affiliation:</i>	<i>♿ Accessibility:</i>
	<i>Medi-Cal Open Panel: No</i>	<i>Hours: M-F 8AM-5PM, SA</i>
	<i>Min/Max Age: None</i>	<i>9AM-5PM</i>
	<i>American Sign Language (ASL):</i>	<i>Website:</i>
	<i>No</i>	<i>Email:</i>
	<i>♿ Accessibility: W</i>	<i>Medical Group(s):</i>
	<i>Hours: M-F 9AM-5PM, SA</i>	<i>IPA: Ucsd Medical Group</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

### **KOTULA, KELLY E**

*Provider ID:* 268922  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3665 KEARNY VILLA RD STE 400  
 SAN DIEGO, CA 92123-1955  
*Phone:* (858) 966-8801  
*Fax:* (858) 966-7803  
*After Hours Phone:* (858) 966-8801  
*Provider Gender:* Female  
*License number:* NP95012078  
*NPI:* 1518519305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KUKULJ, ANA V**

*Provider ID:* 110849

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* NP95001490  
*NPI:* 1063800316  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LAFORTEZA, JOZELLE B**

*Provider ID:* 202666  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE STE 200  
 SAN DIEGO, CA 92121-2113

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP95001036  
*NPI:* 1538578307  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LE FLOCH, NATHALIE M**

*Provider ID:* 262126  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Female  
 License number: NP15079  
 NPI: 1689709271  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/99  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **LEBLANC, ALLYN E**

Provider ID: 275538  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: NP95004227  
 NPI: 1376732685  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **LEBLANC, SHANNON K**

Provider ID: 125813  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (888) 309-8273  
 Fax:  
 After Hours Phone: (888) 309-8273  
 Provider Gender: Female

License number: NP95003982  
 NPI: 1073053179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LEBLANC, SHANNON K**

Provider ID: 127300  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: NP95003982  
 NPI: 1073053179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No  ♿ Accessibility: W  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health Network</p>	<p>9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>LEE, PATRICIA Y</b>  Provider ID: 295025  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  16950 VIA TAZON  SAN DIEGO, CA 92127-1607  Phone: (858) 683-8101  Fax: (858) 524-1044  After Hours Phone: (858) 683-8101  Provider Gender: Female  License number: NP23807  NPI: 1710309695  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: 0/18  American Sign Language (ASL): No</p>	<p><b>LEE, RACHAEL O</b>  Provider ID: 278005  Board Certified Specialty: No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: NP95009773  NPI: 1205318920  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No</p>	<p><b>LEVY, SHARON B</b>  Provider ID: 262166  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  5776 RUFFIN RD  SAN DIEGO, CA 92123-1013  Phone: (858) 292-1144  Fax:  After Hours Phone: (858) 292-1144  Provider Gender: Female  License number: NP95003383  NPI: 1316396807  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: 0/99  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health  
Network

### LIM, IMELDA B

Provider ID: 99317  
Board Certified Specialty: No  
OPERATION SAMAHAN - MIRA  
MESA  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126-2375  
Phone: (844) 200-2426  
Fax:  
After Hours Phone: (844)  
200-2426  
Provider Gender: Female  
License number: NP95000203  
NPI: 1093130395  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Tagalog  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M,TU,TH,F  
8:30AM-5:30PM, W 10AM-7PM,  
SA 9AM-5PM  
Website:  
www.operationsamahan.org  
Email:  
Medical Group(s): Operation

Samahan - Mira Mesa  
IPA: Community Care Ipa Llc

### LOPEZ, SARA O

Provider ID: 265119  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 2  
NORTH  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-5961  
Fax: (858) 966-6791  
After Hours Phone: (858)  
966-5961  
Provider Gender: Female  
License number: NP14008  
NPI: 1003954116  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health

Network

### LUCKETT, DE COURCY E

Provider ID: 271115  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3520 4TH AVE  
SAN DIEGO, CA 92103-4913  
Phone: (714) 619-8777  
Fax:  
After Hours Phone: (714)  
619-8777  
Provider Gender: Female  
License number: NP95000435  
NPI: 1023410578  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### LUX, PAULYNE

Provider ID: 126210  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores de atención especializada

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858)  
 657-7000  
 Provider Gender: Female  
 License number: NP23162  
 NPI: 1255763942  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MAGLIOCCA, MICHAEL A**

Provider ID: 113336  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE P2  
 SAN DIEGO, CA 92121-3028

Phone: (844) 757-5337  
 Fax:  
 After Hours Phone: (844)  
 757-5337  
 Provider Gender: Male  
 License number: NP8830  
 NPI: 1821063538  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MARCELO, ALLISON J**

Provider ID: 116525  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Female  
 License number: NP95001387

NPI: 1760887194  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Sharp Coronado  
 Hosp And Healthcare Ctr, Ucsd  
 La Jolla John Sally Thornton,  
 Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MARSHALL, KIMBERLY J**

Provider ID: 102304  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDRN  
 3020 CHILDRENS WAY # 5008  
 MC  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5818  
 Fax:  
 After Hours Phone: (858)  
 966-5818  
 Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

License number: NP95002840  
 NPI: 1508204090  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MARTINEZ, CAROLYN M**

Provider ID: 293345  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619)  
 429-3733  
 Provider Gender: Female

License number: NP22031  
 NPI: 1609101997  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **MARTINEZ, JOYCELLE C**

Provider ID: 84009  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-6248  
 Fax: (858) 657-8530  
 After Hours Phone: (619)  
 543-6248  
 Provider Gender: Female  
 License number: NP16021  
 NPI: 1891906228  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MCQUINN, ELIZABETH A**

Provider ID: 262249  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 License number: NP95005300  
 NPI: 1922512318  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No  Min/Max Age: 0/18  American Sign Language (ASL): No  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health Network</p>	<p>Min/Max Age: 0/999  American Sign Language (ASL): No  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>MELTZER, VIRGINIA N</b>  Provider ID: 287395  Board Certified Specialty: No  UCSD MEDICAL GROUP  350 DICKINSON ST  SAN DIEGO, CA 92103-1913  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: NP95015948  NPI: 1821684390  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego,  Ucsd Medical Ctr, Ucsd La Jolla  John Sally Thornton  Medi-Cal Open Panel: Yes</p>	<p><b>MELTZER, VIRGINIA N</b>  Provider ID: 290952  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  4305 UNIVERSITY AVE STE 150  SAN DIEGO, CA 92105-1690  Phone: (619) 280-2905  Fax: (619) 283-1614  After Hours Phone: (619) 280-2905  Provider Gender: Female  License number: NP95015948  NPI: 1821684390  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego,  Ucsd Medical Ctr, Ucsd La Jolla  John Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999</p>	<p><b>MEYER, DAWN M</b>  Provider ID: 84131  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 543-6222  Fax:  After Hours Phone: (619) 543-6222  Provider Gender: Female  License number: NP15769  NPI: 1467575126  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-F 9AM-5PM, SA  9AM-5PM</p>

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## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA:</p>	<p><b>MILLER, EVA M</b> Provider ID: 255833 Board Certified Specialty: No UCSD MEDICAL GROUP 330 LEWIS ST SAN DIEGO, CA 92103-2108 Phone: (619) 471-9210 Fax: After Hours Phone: (619) 471-9210 Provider Gender: Female License number: NP8121 NPI: 1043492523 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>	<p>3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5818 Fax: (858) 966-7483 After Hours Phone: (858) 966-5818 Provider Gender: Female License number: NP14263 NPI: 1316271570 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Stanford Health Care, Lucile Salter Packard Childrens Hosp, Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<p><b>MICHAEL, GEORGINA M</b> Provider ID: 84132 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Female License number: NP13763 NPI: 1780825679 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p><b>MIRANDA, ADRIANNA R</b> Provider ID: 283729 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>	<p><b>MISEL, TINA J</b> Provider ID: 110428 Board Certified Specialty: No UCSD MEDICAL GROUP 4510 EXECUTIVE DR STE 7</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92121-3021

Phone: (858) 657-8071

Fax:

After Hours Phone: (858)

657-8071

Provider Gender: Female

License number: NP9990

NPI: 1912011347

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### MOHEBBI, ATHENA

Provider ID: 201325

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE P2

SAN DIEGO, CA 92121-3028

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP19120

NPI: 1952627176

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### MORENO, MANUEL

Provider ID: 116132

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-5743

Fax:

After Hours Phone: (619)

543-5743

Provider Gender: Male

License number: NP22268

NPI: 1275991929

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### MULVEY, CAOILFHIONN M

Provider ID: 291419

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP95018331

NPI: 1184386864

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Hospital Affiliation:</i>	<i>♿ Accessibility:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-F 8AM-5PM, SA	<b>NETZEL, JENNIFER J</b>
<i>Min/Max Age:</i> 0/999	9AM-5PM	<i>Provider ID:</i> 291347
<i>American Sign Language (ASL):</i>	<i>Website:</i>	<i>Board Certified Specialty:</i> No
No	<i>Email:</i>	UCSD MEDICAL GROUP
<i>♿ Accessibility:</i>	<i>Medical Group(s):</i>	9909 MIRA MESA BLVD STE
<i>Hours:</i> M-SA 9AM-5PM	<i>IPA:</i> Ucsd Medical Group	200
<i>Website:</i>	<b>NETZEL, JENNIFER J</b>	SAN DIEGO, CA 92131-1061
<i>Email:</i>	<i>Provider ID:</i> 291346	<i>Phone:</i> (800) 926-8273
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	<i>Fax:</i> (888) 539-8781
<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (800)
<b>NEJATI, FRESHTA</b>	9333 GENESEE AVE	926-8273
<i>Provider ID:</i> 214112	SAN DIEGO, CA 92121-2111	<i>Provider Gender:</i> Female
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (800) 926-8273	<i>License number:</i> NP95018760
UCSD MEDICAL GROUP	<i>Fax:</i> (888) 539-8781	<i>NPI:</i> 1336896232
9909 MIRA MESA BLVD STE	<i>After Hours Phone:</i> (800)	<i>Provider English Spoken:</i> Yes
200	926-8273	<i>Provider Language(s) Spoken:</i>
SAN DIEGO, CA 92131-1061	<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No
<i>Phone:</i> (800) 926-8273	<i>License number:</i> NP95018760	<i>Hospital Affiliation:</i>
<i>Fax:</i>	<i>NPI:</i> 1336896232	<i>Medi-Cal Open Panel:</i> Yes
<i>After Hours Phone:</i> (800)	<i>Provider English Spoken:</i> Yes	<i>Min/Max Age:</i> 0/999
926-8273	<i>Provider Language(s) Spoken:</i>	<i>American Sign Language (ASL):</i>
<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No	No
<i>License number:</i> NP95001514	<i>Hospital Affiliation:</i>	<i>♿ Accessibility:</i>
<i>NPI:</i> 1831598119	<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM
<i>Provider English Spoken:</i> Yes	<i>Min/Max Age:</i> 0/999	<i>Website:</i>
<i>Provider Language(s) Spoken:</i>	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>Cultural Competency:</i> No	No	<i>Medical Group(s):</i>
<i>Hospital Affiliation:</i>	<i>♿ Accessibility:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-SA 9AM-5PM	<b>NETZEL, JENNIFER J</b>
<i>Min/Max Age:</i> 0/999	<i>Website:</i>	<i>Provider ID:</i> 291348
<i>American Sign Language (ASL):</i>	<i>Email:</i>	<i>Board Certified Specialty:</i> No
No	<i>Medical Group(s):</i>	UCSD MEDICAL GROUP

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

8899 UNIVERSITY CENTER LN SAN DIEGO, CA 92122-1013 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: NP95018760 NPI: 1336896232 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	License number: NP23129 NPI: 1598950651 Provider English Spoken: Yes Provider Language(s) Spoken: French, Vietnamese Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	NPI: 1386971760 Provider English Spoken: Yes Provider Language(s) Spoken: Tagalog Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California, Rady Childrens Health Network
<b>NGUYEN, MY HANH T</b> Provider ID: 110207 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST STE 1A SAN DIEGO, CA 92103-2030 Phone: (619) 543-6303 Fax: After Hours Phone: (619) 543-6303 Provider Gender: Female	<b>NOCEDA, ANA B</b> Provider ID: 262231 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-8800 Fax: (858) 966-7433 After Hours Phone: (858) 966-8800 Provider Gender: Female License number: NP19505	<b>NOCEDA, ANA B</b> Provider ID: 293256 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690 Phone: (619) 280-2905 Fax: (619) 283-1614 After Hours Phone: (619) 280-2905 Provider Gender: Female License number: NP19505 NPI: 1386971760

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## D. Directorio de proveedores de atención especializada

<p>Provider English Spoken: Yes          Provider Language(s) Spoken: Tagalog          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California, Rady Childrens Health Network</p>	<p>Provider Language(s) Spoken: Tagalog          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California, Rady Childrens Health Network</p>	<p>Memorial Hospital, Scripps          Mercy Hospital, Scripps Mercy          Hospital Chula Vista          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>
<p><b>NOCEDA, ANA B</b>          Provider ID: 293257          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          7011 LINDA VISTA RD          SAN DIEGO, CA 92111-6307          Phone: (858) 810-8700          Fax: (858) 633-4680          After Hours Phone: (858) 810-8700          Provider Gender: Female          License number: NP19505          NPI: 1386971760          Provider English Spoken: Yes</p>	<p><b>NORTON, SARAH E</b>          Provider ID: 207059          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax:          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: NP95010335          NPI: 1730659756          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Scripps</p>	<p><b>NOVENO, HILARIO C</b>          Provider ID: 286911          Board Certified Specialty: No          UCSD MEDICAL GROUP          4520 EXECUTIVE DR STE P2          SAN DIEGO, CA 92121-3028          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: NP95010779          NPI: 1124486865          Provider English Spoken: Yes          Provider Language(s) Spoken: Tagalog          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes</p>

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## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>OCAMPO, ELAINE R</b>          Provider ID: 293272          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          6973 LINDA VISTA RD          SAN DIEGO, CA 92111-6342          Phone: (858) 279-0925          Fax: (858) 633-4680          After Hours Phone: (858) 279-0925          Provider Gender: Female          License number: NP95003427          NPI: 1063856805          Provider English Spoken: Yes          Provider Language(s) Spoken: Mandarin, Yue Chinese          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:            Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p>Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>OCAMPO, ELAINE R</b>          Provider ID: 293273          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          7011 LINDA VISTA RD          SAN DIEGO, CA 92111-6307          Phone: (858) 810-8700          Fax: (858) 633-4680          After Hours Phone: (858) 810-8700          Provider Gender: Female          License number: NP95003427          NPI: 1063856805          Provider English Spoken: Yes          Provider Language(s) Spoken: Mandarin, Yue Chinese          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:            Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>OFLAHERTY-KEESE, KATE M</b>          Provider ID: 262329</p>
<p><b>NOVENO, HILARIO C</b>          Provider ID: 286912          Board Certified Specialty: No          UCSD MEDICAL GROUP          4168 FRONT ST          SAN DIEGO, CA 92103-2030          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: NP95010779          NPI: 1124486865          Provider English Spoken: Yes          Provider Language(s) Spoken: Tagalog          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility: </p>	<p><b>OCAMPO, ELAINE R</b>          Provider ID: 293272          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          6973 LINDA VISTA RD          SAN DIEGO, CA 92111-6342          Phone: (858) 279-0925          Fax: (858) 633-4680          After Hours Phone: (858) 279-0925          Provider Gender: Female          License number: NP95003427          NPI: 1063856805          Provider English Spoken: Yes          Provider Language(s) Spoken: Mandarin, Yue Chinese          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility: </p>	<p><b>OFLAHERTY-KEESE, KATE M</b>          Provider ID: 262329</p>

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            8010 FROST ST STE 502            SAN DIEGO, CA 92123-4222  <i>Phone:</i> (858) 966-8574  <i>Fax:</i> (858) 966-7930  <i>After Hours Phone:</i> (858) 966-8574  <i>Provider Gender:</i> Female  <i>License number:</i> NP12100  <i>NPI:</i> 1144417726  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>CHADWICK CTR            3010 CHILDRENS WAY STE 2W            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5811  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-5811  <i>Provider Gender:</i> Female  <i>License number:</i> NP12100  <i>NPI:</i> 1144417726  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>9995 CARMEL MOUNTAIN RD            STE B10 AND B11            SAN DIEGO, CA 92129-2889  <i>Phone:</i> (844) 200-2426  <i>Fax:</i>  <i>After Hours Phone:</i> (844) 200-2426  <i>Provider Gender:</i> Female  <i>License number:</i> NP95003211  <i>NPI:</i> 1790785988  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i> Operation Samahan Rancho Penasquitos  <i>IPA:</i> Community Care Ipa Llc</p>
<p><b>OFLAHERTY-KEESE, KATE M</b>  <i>Provider ID:</i> 81394  <i>Board Certified Specialty:</i> No            CHILDRENS HOSP SAN DIEGO</p>	<p><b>ORPILLA, IMELDA M</b>  <i>Provider ID:</i> 127158  <i>Board Certified Specialty:</i> No            OPERATION SAMAHAN RANCHO PENASQUITOS</p>	<p><b>ORPILLA, IMELDA M , NPA</b>  <i>Provider ID:</i> 243506  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            9995 CARMEL MOUNTAIN RD            STE B10-B11</p>

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92129-2889  
 Phone: (214) 590-5306  
 Fax: (858) 240-6470  
 After Hours Phone: (214) 590-5306  
 Provider Gender: Female  
 License number: NP95003211  
 NPI: 1790785988  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ORPILLA, IMELDA M**

Provider ID: 282962  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375

Phone: (844) 200-2426  
 Fax: (858) 578-4417  
 After Hours Phone: (844) 200-2426  
 Provider Gender: Female  
 License number: NP95003211  
 NPI: 1790785988  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M,TU,TH,F 8:30AM-5:30PM, W 8:30AM-7PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **PADILLA, KIMBERLY C**

Provider ID: 262458  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Female  
 License number: NP95010468  
 NPI: 1639649239  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PADILLA, KIMBERLY C**

Provider ID: 262459  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 966-8800          Fax: (858) 966-7433          After Hours Phone: (858) 966-8800          Provider Gender: Female          License number: NP95010468          NPI: 1639649239          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-SU 12AM-11:59PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>	<p>Provider Gender: Female          License number: NP23711          NPI: 1255762167          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>NPI: 1154762003          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>
<p><b>PAI, SARAH A</b>          Provider ID: 276870          Board Certified Specialty: No          UCSD MEDICAL GROUP          350 DICKINSON ST          SAN DIEGO, CA 92103-1913          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800)          926-8273</p>	<p><b>PAMELAR, CHRISTINA T</b>          Provider ID: 291298          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          3030 CHILDRENS WAY FL 4          SAN DIEGO, CA 92123-4232          Phone: (858) 966-4032          Fax: (858) 966-6227          After Hours Phone: (858)          966-4032          Provider Gender: Female          License number: NP22823</p>	<p><b>PARK, SUN MIN</b>          Provider ID: 262377          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          3020 CHILDRENS WAY          SAN DIEGO, CA 92123-4223          Phone: (858) 966-5999          Fax: (858) 966-8519          After Hours Phone: (858)          966-5999          Provider Gender: Female          License number: NP20538          NPI: 1376678250          Provider English Spoken: Yes          Provider Language(s) Spoken:</p>

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## D. Directorio de proveedores de atención especializada

<p>Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>PARK, SUN MIN</b> Provider ID: 262378 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 190 SAN DIEGO, CA 92123-2731 Phone: (858) 966-9360 Fax: (858) 966-8519 After Hours Phone: (858) 966-9360 Provider Gender: Female License number: NP20538 NPI: 1376678250 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady</p>	<p>Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>PARK, SUN MIN</b> Provider ID: 262379 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY STE 410 SAN DIEGO, CA 92123-4228 Phone: (858) 966-6789 Fax: (858) 966-6706 After Hours Phone: (858) 966-6789 Provider Gender: Female License number: NP20538 NPI: 1376678250 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No</p>	<p>Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>PARNELL, TANIKA E</b> Provider ID: 255551 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-8800 Fax: After Hours Phone: (858) 966-8800 Provider Gender: Female License number: NP95013165 NPI: 1679121750 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No</p>
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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>IPA:</i> Rady Childrens Health Network</p>
<p><b>PARNELL, TANIKA E</b>  <i>Provider ID:</i> 287646  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            12036 SCRIPPS HIGHLANDS DR            STE 102            SAN DIEGO, CA 92131-5155  <i>Phone:</i> (858) 566-4444  <i>Fax:</i> (858) 566-3321  <i>After Hours Phone:</i> (858) 566-4444  <i>Provider Gender:</i> Female  <i>License number:</i> NP95013165  <i>NPI:</i> 1679121750  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No</p>	<p><b>PARNELL, TANIKA E</b>  <i>Provider ID:</i> 287648  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            11943 EL CAMINO REAL STE 210            SAN DIEGO, CA 92130-2597  <i>Phone:</i> (858) 793-1011  <i>Fax:</i> (858) 793-1035  <i>After Hours Phone:</i> (858) 793-1011  <i>Provider Gender:</i> Female  <i>License number:</i> NP95013165  <i>NPI:</i> 1679121750  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No</p>	<p><b>PARNELL, TANIKA E</b>  <i>Provider ID:</i> 295383  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            7920 FROST ST STE 200            SAN DIEGO, CA 92123-4289  <i>Phone:</i> (858) 966-5840  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-5840  <i>Provider Gender:</i> Female  <i>License number:</i> NP95013165  <i>NPI:</i> 1679121750  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No</p>
<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><b>PASSEHL CAPACI, CHAUNDRA R</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 294577            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223            Phone: (858) 966-5888            Fax: (858) 966-7483            After Hours Phone: (858) 966-5888            Provider Gender: Female            License number: NP21154            NPI: 1699045252            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Palomar Health, Rady Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105-1690            Phone: (619) 280-2905            Fax: (619) 283-1614            After Hours Phone: (619) 280-2905            Provider Gender: Female            License number: NP95016490            NPI: 1508459496            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Board Certified Specialty: No            FAMILY HLTH CTR SAN DIEGO-BEACH AREA            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104            Phone: (619) 515-2444            Fax:            After Hours Phone: (619) 515-2444            Provider Gender: Female            License number: NP95004735            NPI: 1033493747            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM            Website: www.fhcsd.org            Email:            Medical Group(s): Family Hlth Ctr San Diego-Beach Area            IPA:  <b>PATIAG, DANIEL B</b>            Provider ID: 293248            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA</p>
<p><b>PASTERNAK, ANNA</b>            Provider ID: 279593</p>	<p><b>PATEL, KELLY M</b>            Provider ID: 110294</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342 Phone: (858) 279-0925 Fax: (858) 633-4680 After Hours Phone: (858) 279-0925 Provider Gender: Male License number: NP95012511 NPI: 1073169769 Provider English Spoken: Yes Provider Language(s) Spoken: Tagalog Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Provider Gender: Male License number: NP95012511 NPI: 1073169769 Provider English Spoken: Yes Provider Language(s) Spoken: Tagalog Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	Provider Gender: Male License number: NP22396 NPI: 1447598354 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc
<b>PATIAG, DANIEL B</b> Provider ID: 293249 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307	<b>PENA LEDON, GILBERTO</b> Provider ID: 120284 Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR STE P2 SAN DIEGO, CA 92121-3028 Phone: (855) 355-5864 Fax: After Hours Phone: (855) 355-5864	<b>PENA LEDON, GILBERTO</b> Provider ID: 120286 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030 Phone: (855) 355-5864 Fax: After Hours Phone: (855) 355-5864 Provider Gender: Male License number: NP22396 NPI: 1447598354

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## D. Directorio de proveedores de atención especializada

<p>Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>PEREZ, ALLYSSA M</b>          Provider ID: 286222          Board Certified Specialty: No          UCSD MEDICAL GROUP          4510 EXECUTIVE DR          SAN DIEGO, CA 92121-3021          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: NP95015479          NPI: 1497358915          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):</p>	<p>Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>PEREZ, ALLYSSA M</b>          Provider ID: 286223          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: NP95015479          NPI: 1497358915          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):</p>
<p><b>PENA LEDON, GILBERTO</b>          Provider ID: 270084          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          4520 EXECUTIVE DR STE CL          SAN DIEGO, CA 92121-3018          Phone: (855) 355-5864          Fax:          After Hours Phone: (855) 355-5864          Provider Gender: Male          License number: NP22396          NPI: 1447598354          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish</p>	<p><b>PEREZ, ALLYSSA M</b>          Provider ID: 286222          Board Certified Specialty: No          UCSD MEDICAL GROUP          4510 EXECUTIVE DR          SAN DIEGO, CA 92121-3021          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: NP95015479          NPI: 1497358915          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):</p>	<p><b>PEREZ, ALLYSSA M</b>          Provider ID: 286223          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: NP95015479          NPI: 1497358915          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):</p>

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## D. Directorio de proveedores de atención especializada

No	<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group
♿ <i>Accessibility:</i>	<i>Medical Group(s):</i>	<b>PHILLIPS, KELLY M</b>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>IPA:</i> Rady Childrens Health Network	<i>Provider ID:</i> 84327
<i>Website:</i>	<b>PETTIS, BETH S</b>	<i>Board Certified Specialty:</i> No
<i>Email:</i>	<i>Provider ID:</i> 286878	UCSD MEDICAL GROUP
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	200 W ARBOR DR
<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-1911
<b>PETER-TRUESDELL, JILLIAN</b>	200 W ARBOR DR	<i>Phone:</i> (888) 309-8273
<i>Provider ID:</i> 276460	SAN DIEGO, CA 92103-1911	<i>Fax:</i>
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (800) 926-8273	<i>After Hours Phone:</i> (888)
RADY CHILDRENS HEALTH	<i>Fax:</i> (888) 539-8781	309-8273
NETWORK	<i>After Hours Phone:</i> (800)	<i>Provider Gender:</i> Female
11943 EL CAMINO REAL STE 210	926-8273	<i>License number:</i> NP18868
SAN DIEGO, CA 92130-2597	<i>Provider Gender:</i> Female	<i>NPI:</i> 1336370543
<i>Phone:</i> (858) 793-1011	<i>License number:</i> NP95016003	<i>Provider English Spoken:</i> Yes
<i>Fax:</i> (858) 793-1035	<i>NPI:</i> 1326638958	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (858)	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
793-1011	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd
<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John
<i>License number:</i> NP21205	<i>Hospital Affiliation:</i> Ucsd	Sally Thornton
<i>NPI:</i> 1518247436	Medical Ctr, Ucsd La Jolla John	<i>Medi-Cal Open Panel:</i> No
<i>Provider English Spoken:</i> Yes	Sally Thornton	<i>Min/Max Age:</i> None
<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/999	No
<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i> W
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Hours:</i> M-F 9AM-5PM, SA
<i>Min/Max Age:</i> 0/18	♿ <i>Accessibility:</i>	9AM-5PM
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Website:</i>
No	9AM-5PM	<i>Email:</i>
♿ <i>Accessibility:</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>	<i>IPA:</i>
<i>Website:</i>	<i>Medical Group(s):</i>	<b>PIATKOWSKI, BRIAN A</b>
		<i>Provider ID:</i> 84329

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## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: NP20954 NPI: 1366703233 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p>Phone: (619) 299-2350 Fax: After Hours Phone: (619) 299-2350 Provider Gender: Female License number: NP22373 NPI: 1295086262 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, IB, E Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>	<p>Phone: (619) 299-2350 Fax: After Hours Phone: (619) 299-2350 Provider Gender: Female License number: NP22373 NPI: 1295086262 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, IB, E Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>
<p><b>PRUETT, ZHIKE</b> Provider ID: 295975 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 4060 4TH AVE STE 220 SAN DIEGO, CA 92103-2120</p>	<p><b>PRUETT, ZHIKE</b> Provider ID: 76608 Board Certified Specialty: No BALBOA NEPHROLOGY MED GRP INC 4060 4TH AVE STE 220 SAN DIEGO, CA 92103-2120</p>	<p><b>QUINTO, CINDY R</b> Provider ID: 293264 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690</p>

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## D. Directorio de proveedores de atención especializada

Phone: (619) 280-2058  
 Fax: (858) 633-4682  
 After Hours Phone: (619) 280-2058  
 Provider Gender: Female  
 License number: NP16433  
 NPI: 1902810377  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Lao, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **QUINTO, CINDY R**

Provider ID: 293265  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Provider Gender: Female  
 License number: NP16433  
 NPI: 1902810377  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Lao, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **RAJAEI, NILOUFAR**

Provider ID: 291437  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122-1013  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 License number: NP95017210  
 NPI: 1275904047  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **REINER, GAIL E**

Provider ID: 262382  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
 Phone: (858) 966-8052  
 Fax: (858) 966-7789  
 After Hours Phone: (858) 966-8052  
 Provider Gender: Female  
 License number: NP13630  
 NPI: 1710167853  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

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## D. Directorio de proveedores de atención especializada

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **REINER, GAIL E**

*Provider ID:* 284946  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP13630  
*NPI:* 1710167853  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **REINER, GAIL E**

*Provider ID:* 82165  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY # 5008 MC  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:*  
*After Hours Phone:* (858) 966-5818  
*Provider Gender:* Female  
*License number:* NP13630  
*NPI:* 1710167853  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **REUTER, GIANA D**

*Provider ID:* 105705  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6789  
*Fax:*  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Female  
*License number:* NP16763  
*NPI:* 1437483914

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## D. Directorio de proveedores de atención especializada

<p>Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p> <p><b>REUTER, GIANA D</b>          Provider ID: 262437          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          3030 CHILDRENS WAY FL 4          NORTH          SAN DIEGO, CA 92123-4232          Phone: (858) 966-4032          Fax: (858) 966-6227          After Hours Phone: (858)          966-4032          Provider Gender: Female          License number: NP16763          NPI: 1437483914          Provider English Spoken: Yes</p>	<p>Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: 0/18          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p> <p><b>RICHARDS, LISA M</b>          Provider ID: 84582          Board Certified Specialty: No          UCSD MEDICAL GROUP          4168 FRONT ST FL 2          SAN DIEGO, CA 92103-2030          Phone: (619) 543-5415          Fax:          After Hours Phone: (619)          543-5415          Provider Gender: Female          License number: NP8458          NPI: 1720247612          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:</p>	<p>Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>RIEGO, SUZANNE N</b>          Provider ID: 214477          Board Certified Specialty: No          UCSD MEDICAL GROUP          3750 CONVOY ST STE 312          SAN DIEGO, CA 92111-3741          Phone: (858) 292-7200          Fax:          After Hours Phone: (858)          292-7200          Provider Gender: Female          License number: NP18212          NPI: 1144453754          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>No          ☯ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Email:          Medical Group(s):          IPA:  <b>ROBERTSON, RACHAEL A</b>          Provider ID: 286940          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800)          926-8273          Provider Gender: Female          License number: NP95015675          NPI: 1659912327          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ☯ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p><b>RODENMEYER, EVE</b>          Provider ID: 295956          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          4305 UNIVERSITY AVE STE 150          SAN DIEGO, CA 92105-1690          Phone: (619) 280-2058          Fax: (858) 633-4682          After Hours Phone: (619)          280-2058          Provider Gender: Female          License number: NP95019971          NPI: 1225782022          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ☯ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>RODRIGUEZ, NATALY E</b>          Provider ID: 275649          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK</p>
<p><b>RIVIELLO, GABRIELA</b>          Provider ID: 84587          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619)          543-6222          Provider Gender: Female          License number: NP13576          NPI: 1871758508          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ☯ Accessibility: W          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:</p>	<p><b>ROBERTSON, RACHAEL A</b>          Provider ID: 286940          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800)          926-8273          Provider Gender: Female          License number: NP95015675          NPI: 1659912327          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ☯ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p><b>RODENMEYER, EVE</b>          Provider ID: 295956          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          4305 UNIVERSITY AVE STE 150          SAN DIEGO, CA 92105-1690          Phone: (619) 280-2058          Fax: (858) 633-4682          After Hours Phone: (619)          280-2058          Provider Gender: Female          License number: NP95019971          NPI: 1225782022          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ☯ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>RODRIGUEZ, NATALY E</b>          Provider ID: 275649          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK</p>

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## D. Directorio de proveedores de atención especializada

3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-8801 Fax: (858) 966-7508 After Hours Phone: (858) 966-8801 Provider Gender: Female License number: NP95010299 NPI: 1558839837 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/25 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: NP95018984 NPI: 1649934126 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	NPI: 1548683378 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>ROSSI, CATHERINE R</b> Provider ID: 291445 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911	<b>ROSS, CRYSTAL H</b> Provider ID: 287763 Board Certified Specialty: No UCSD MEDICAL GROUP 350 DICKINSON ST SAN DIEGO, CA 92103-1913 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: NP95015413	<b>SABIN, NANCY J</b> Provider ID: 293287 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342 Phone: (858) 279-0925 Fax: (858) 633-4680 After Hours Phone: (858) 279-0925 Provider Gender: Female License number: NP4668 NPI: 1285732586

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: No          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p>Hospital Affiliation: No          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p> Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>
<p><b>SABIN, NANCY J</b>          Provider ID: 293288          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          7011 LINDA VISTA RD          SAN DIEGO, CA 92111-6307          Phone: (858) 810-8700          Fax: (858) 633-4680          After Hours Phone: (858) 810-8700          Provider Gender: Female          License number: NP4668          NPI: 1285732586          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No</p>	<p><b>SANTANGELO, JOANNE</b>          Provider ID: 293285          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          6973 LINDA VISTA RD          SAN DIEGO, CA 92111-6342          Phone: (858) 279-0925          Fax: (858) 633-4680          After Hours Phone: (858) 279-0925          Provider Gender: Female          License number: NP2390          NPI: 1619370475          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: No          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):</p>	<p><b>SANTANGELO, JOANNE</b>          Provider ID: 293286          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          7011 LINDA VISTA RD          SAN DIEGO, CA 92111-6307          Phone: (858) 810-8700          Fax: (858) 633-4680          After Hours Phone: (858) 810-8700          Provider Gender: Female          License number: NP2390          NPI: 1619370475          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: No          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):</p>

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## D. Directorio de proveedores de atención especializada

<p>IPA: Ihp Of Southern California</p> <p><b>SATTERWHITE, MAURINE C</b>          Provider ID: 293258          Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CALIFORNIA          6973 LINDA VISTA RD          SAN DIEGO, CA 92111-6342          Phone: (858) 279-0925          Fax: (858) 633-4680          After Hours Phone: (858) 279-0925          Provider Gender: Female          License number: NP7022          NPI: 1225012842          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility: Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>SATTERWHITE, MAURINE C</b>          Provider ID: 293259          Board Certified Specialty: No</p>	<p>IHP OF SOUTHERN CALIFORNIA          7011 LINDA VISTA RD          SAN DIEGO, CA 92111-6307          Phone: (858) 810-8700          Fax: (858) 633-4680          After Hours Phone: (858) 810-8700          Provider Gender: Female          License number: NP7022          NPI: 1225012842          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility: Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>SCOTT, ILEANA E</b>          Provider ID: 264608          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          3030 CHILDRENS WAY FL 4          SAN DIEGO, CA 92123-4232</p>	<p>Phone: (858) 966-4032          Fax: (858) 966-6227          After Hours Phone: (858) 966-4032          Provider Gender: Female          License number: NP14157          NPI: 1821142803          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: 0/18          American Sign Language (ASL): No          ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p> <p><b>SCOTT, MARYLOU</b>          Provider ID: 262838          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          3030 CHILDRENS WAY STE 410          SAN DIEGO, CA 92123-4228</p>
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## D. Directorio de proveedores de atención especializada

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Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858)  
966-6789

Provider Gender: Female

License number: NP10261

NPI: 1023223252

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SCOTT, MARYLOU**

Provider ID: 262839

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 190

SAN DIEGO, CA 92123-2731

Phone: (858) 966-9360

Fax: (858) 966-8519

After Hours Phone: (858)  
966-9360

Provider Gender: Female

License number: NP10261

NPI: 1023223252

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SCOTT, MARYLOU**

Provider ID: 262840

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5999

Fax: (858) 576-8412

After Hours Phone: (858)  
966-5999

Provider Gender: Female

License number: NP10261

NPI: 1023223252

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SEARS-WILEY, ELIZABETH**

Provider ID: 276851

Board Certified Specialty: No

UCSD MEDICAL GROUP

350 DICKINSON ST

SAN DIEGO, CA 92103-1913

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## D. Directorio de proveedores de atención especializada

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95007257  
NPI: 1215394382  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SEKERES, JADE L**

Provider ID: 289130  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855  
Fax: (858) 966-7903  
After Hours Phone: (858) 966-5855  
Provider Gender: Female  
License number: NP95012149  
NPI: 1487208252  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital  
Encinitas  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **SELBY, BLAKE A**

Provider ID: 246423  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121-3021

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP18112  
NPI: 1417194358  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: University  
Of California Irvine Med Ctr,  
Ucsd La Jolla John Sally  
Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SELBY, BLAKE A**

Provider ID: 256646  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR  
SAN DIEGO, CA 92121-3018

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## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: NP18112            NPI: 1417194358            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Phone: (619) 543-6222            Fax:            After Hours Phone: (619) 543-6222            Provider Gender: Female            License number: NP95004457            NPI: 1518202944            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (858) 966-5811            Fax:            After Hours Phone: (858) 966-5811            Provider Gender: Female            License number: NP95003217            NPI: 1336511831            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>SHACKELFORD, JENNIFER L</b>            Provider ID: 116986            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911</p>	<p><b>SHELDON, ELIZABETH P</b>            Provider ID: 105742            Board Certified Specialty: No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            3010 CHILDRENS WAY STE 2W            SAN DIEGO, CA 92123-4223</p>	<p><b>SHELDON, ELIZABETH P</b>            Provider ID: 262747            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3010 CHILDRENS WAY STE 2-WEST            SAN DIEGO, CA 92123-4223</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Female  
 License number: NP95003217  
 NPI: 1336511831  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **SILVA, MICHELLE L**

Provider ID: 264529  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4032  
 Fax: (858) 966-6227  
 After Hours Phone: (858) 966-4032

Provider Gender: Female  
 License number: NP22781  
 NPI: 1891036448  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **SILVA, MICHELLE L**

Provider ID: 92079  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4003  
 Fax:  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female

License number: NP22781  
 NPI: 1891036448  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **SMITH, ELIZABETH W**

Provider ID: 287506  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 195  
 SAN DIEGO, CA 92123-2771  
 Phone: (858) 966-8974  
 Fax:  
 After Hours Phone: (858) 966-8974  
 Provider Gender: Female  
 License number: NP95006872  
 NPI: 1568953172

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken: Yes</i>	<i>Min/Max Age: None</i>	<i>♿ Accessibility: P, EB, IB, E, R, T, ME</i>
<i>Provider Language(s) Spoken: Cultural Competency: No</i>	<i>American Sign Language (ASL): No</i>	<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>
<i>Hospital Affiliation: Medi-Cal Open Panel: No</i>	<i>♿ Accessibility: W</i>	<i>Website:</i>
<i>Min/Max Age: 0/18</i>	<i>Hours: M-F 9AM-5PM, SA 9AM-5PM</i>	<i>Email:</i>
<i>American Sign Language (ASL): No</i>	<i>Website:</i>	<i>Medical Group(s): Sherman Heights Family Hlth Ctrs Inc</i>
<i>♿ Accessibility: Hours: M-SA 9AM-5PM</i>	<i>Email:</i>	<i>IPA:</i>
<i>Hours: M-SA 9AM-5PM</i>	<i>Medical Group(s):</i>	
<i>Website:</i>	<i>IPA:</i>	
<i>Email:</i>	<b>SOTO, ROBIN J</b>	<b>SOX, REBECCA L</b>
<i>Medical Group(s):</i>	<i>Provider ID: 80434</i>	<i>Provider ID: 102397</i>
<i>IPA: Rady Childrens Health Network</i>	<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>
	<i>SHERMAN HEIGHTS FAMILY HLTH CTRS INC</i>	<i>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN</i>
	<i>2391 ISLAND AVE</i>	<i>3665 KEARNY VILLA RD STE 400</i>
	<i>SAN DIEGO, CA 92102-2941</i>	<i>SAN DIEGO, CA 92123-1955</i>
	<i>Phone: (619) 515-2435</i>	<i>Phone: (858) 966-8801</i>
	<i>Fax:</i>	<i>Fax:</i>
	<i>After Hours Phone: (619) 515-2435</i>	<i>After Hours Phone: (858) 966-8801</i>
	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
	<i>License number: NP11778</i>	<i>License number: NP14589</i>
	<i>NPI: 1487688099</i>	<i>NPI: 1053519850</i>
	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
	<i>Provider Language(s) Spoken: Spanish</i>	<i>Provider Language(s) Spoken: Spanish</i>
	<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>
	<i>Hospital Affiliation: Medi-Cal Open Panel: Yes</i>	<i>Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr</i>
	<i>Min/Max Age: None</i>	<i>Medi-Cal Open Panel: No</i>
	<i>American Sign Language (ASL): No</i>	

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## D. Directorio de proveedores de atención especializada

<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> 0/18	<i>Min/Max Age:</i> 0/18
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>Accessibility:</i>	<i>Accessibility:</i>	<i>Accessibility:</i>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA:</i> Rady Childrens Health Network	<i>IPA:</i> Rady Childrens Health Network	<i>IPA:</i> Rady Childrens Health Network

### **SOX, REBECCA L**

*Provider ID:* 263650  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-7869  
*Fax:* (619) 543-7543  
*After Hours Phone:* (619)  
 543-7869  
*Provider Gender:* Female  
*License number:* NP14589  
*NPI:* 1053519850  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No

### **SOX, REBECCA L**

*Provider ID:* 263651  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3665 KEARNY VILLA RD  
 SAN DIEGO, CA 92123-1953  
*Phone:* (858) 966-5382  
*Fax:* (858) 966-6733  
*After Hours Phone:* (858)  
 966-5382  
*Provider Gender:* Female  
*License number:* NP14589  
*NPI:* 1053519850  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No

### **SOX, REBECCA L**

*Provider ID:* 88214  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDDTN  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-7869  
*Fax:*  
*After Hours Phone:* (619)  
 543-7869  
*Provider Gender:* Female  
*License number:* NP14589  
*NPI:* 1053519850  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            No            ☯ Accessibility: W            Hours: M-F 9AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>American Sign Language (ASL): No            No            ☯ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>American Sign Language (ASL): No            No            ☯ Accessibility: W            Hours: M-F 9AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>SPIES, JEANIE M</b>            Provider ID: 263928            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3010 CHILDRENS WAY STE 2W            SAN DIEGO, CA 92123-4223            Phone: (858) 966-5811            Fax: (858) 966-8035            After Hours Phone: (858) 966-5811            Provider Gender: Female            License number: NP4891            NPI: 1861688756            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: 0/18</p>	<p><b>SPIES, JEANIE M</b>            Provider ID: 85883            Board Certified Specialty: No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            3020 CHILDRENS WAY # 5008 MC            SAN DIEGO, CA 92123-4223            Phone: (858) 966-5818            Fax:            After Hours Phone: (858) 966-5818            Provider Gender: Female            License number: NP4891            NPI: 1861688756            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: None</p>	<p><b>STANGL, LISA</b>            Provider ID: 84903            Board Certified Specialty: No            UCSD MEDICAL GROUP            330 LEWIS ST STE 400            SAN DIEGO, CA 92103-2108            Phone: (619) 543-8089            Fax:            After Hours Phone: (619) 543-8089            Provider Gender: Female            License number: NP5599            NPI: 1902864580            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ☯ Accessibility:            Hours: M-SA 9AM-5PM</p>

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## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA:</p> <p><b>STEARNS, PHILIP H</b> Provider ID: 265077 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY STE 410 SAN DIEGO, CA 92123-4228 Phone: (858) 966-6789 Fax: (858) 966-6706 After Hours Phone: (858) 966-6789 Provider Gender: Male License number: NP11899 NPI: 1609900810 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/99 American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p>IPA: Rady Childrens Health Network</p> <p><b>STEARNS, PHILIP H</b> Provider ID: 265078 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 190 SAN DIEGO, CA 92123-2731 Phone: (858) 966-9360 Fax: (858) 966-8519 After Hours Phone: (858) 966-9360 Provider Gender: Male License number: NP11899 NPI: 1609900810 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/99 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p><b>STEARNS, PHILIP H</b> Provider ID: 265079 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5999 Fax: (858) 576-8412 After Hours Phone: (858) 966-5999 Provider Gender: Male License number: NP11899 NPI: 1609900810 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/99 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>STEPHENSON, CARA LEE</b> Provider ID: 265236</p>
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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            7910 FROST ST STE 120            SAN DIEGO, CA 92123-2776  <i>Phone:</i> (858) 966-8574  <i>Fax:</i> (858) 966-7930  <i>After Hours Phone:</i> (858) 966-8574  <i>Provider Gender:</i> Female  <i>License number:</i> NP16262  <i>NPI:</i> 1245416296  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/99  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>SPECIALISTS SAN DIEGO MED FNDTN            7910 FROST ST STE 430            SAN DIEGO, CA 92123-2795  <i>Phone:</i> (858) 966-6710  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> NP16262  <i>NPI:</i> 1245416296  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>SAN DIEGO, CA 92103-2108  <i>Phone:</i> (858) 657-8530  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-8530  <i>Provider Gender:</i> Female  <i>License number:</i> NP95011666  <i>NPI:</i> 1639571292  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>
<p><b>STEPHENSON, CARA LEE</b>  <i>Provider ID:</i> 80610  <i>Board Certified Specialty:</i> No            RADY CHILDRENS</p>	<p><b>SWARTZ, ERIN</b>  <i>Provider ID:</i> 255787  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            330 LEWIS ST</p>	<p><b>TAING, JENNIFER S</b>  <i>Provider ID:</i> 201573  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            4168 FRONT ST            SAN DIEGO, CA 92103-2030  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273</p>

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> No
<i>License number:</i> NP22002	<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None
<i>NPI:</i> 1649528357	<i>Hospital Affiliation:</i> Ucsd La	<i>American Sign Language (ASL):</i>
<i>Provider English Spoken:</i> Yes	Jolla John Sally Thornton, Ucsd	No
<i>Provider Language(s) Spoken:</i>	Medical Ctr	♿ <i>Accessibility:</i> W
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-F 9AM-5PM, SA
<i>Hospital Affiliation:</i> University	<i>Min/Max Age:</i> 0/999	9AM-5PM
Of California Irvine Med Ctr	<i>American Sign Language (ASL):</i>	<i>Website:</i>
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Email:</i>
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i>	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>IPA:</i>
No	9AM-5PM	
♿ <i>Accessibility:</i>	<i>Website:</i>	<b>TAYLOR, KAYLA L</b>
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	<i>Provider ID:</i> 124031
9AM-5PM	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	FAMILY HLTH CTR SAN DIEGO-
<i>Email:</i>		CITY COLLEGE
<i>Medical Group(s):</i>	<b>TANGTUMNU, RUNGFA</b>	1550 BROADWAY STE 2
<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 84922	SAN DIEGO, CA 92101-5713
	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 515-2525
<b>TALBOT, ADRIANNE V</b>	UCSD MEDICAL GROUP	<i>Fax:</i>
<i>Provider ID:</i> 278183	200 W ARBOR DR	<i>After Hours Phone:</i> (619)
<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-1911	515-2525
UCSD MEDICAL GROUP	<i>Phone:</i> (619) 543-6222	<i>Provider Gender:</i> Female
4168 FRONT ST STE 1A	<i>Fax:</i>	<i>License number:</i> NP95006792
SAN DIEGO, CA 92103-2030	<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1730604414
<i>Phone:</i> (800) 926-8273	543-6222	<i>Provider English Spoken:</i> Yes
<i>Fax:</i> (888) 539-8781	<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (800)	<i>License number:</i> NP17451	<i>Cultural Competency:</i> No
926-8273	<i>NPI:</i> 1689828741	<i>Hospital Affiliation:</i>
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>License number:</i> NP17553	<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> None
<i>NPI:</i> 1992048557	<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i>
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>	No

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Family Hlth Ctr San Diego- City College  <i>IPA:</i></p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>IPA:</i></p>
<p><b>THOMPSON, COURTNEY J</b>  <i>Provider ID:</i> 112483  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  <i>Phone:</i> (619) 543-3995  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-3995  <i>Provider Gender:</i> Female  <i>License number:</i> NP95001073  <i>NPI:</i> 1629487285  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM</p>	<p><b>THRASHER, JULIA A</b>  <i>Provider ID:</i> 121886  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-6222  <i>Provider Gender:</i> Female  <i>License number:</i> NP95007258  <i>NPI:</i> 1073031993  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><b>TOPEROFF, WILL E</b>  <i>Provider ID:</i> 84926  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  <i>Phone:</i> (619) 543-3995  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-3995  <i>Provider Gender:</i> Male  <i>License number:</i> NP14178  <i>NPI:</i> 1013103472  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
		<p><b>TOPPEN, LAURA</b>  <i>Provider ID:</i> 215477</p>

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## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: NP95010163 NPI: 1326563495 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>	<p>SAN DIEGO, CA 92123-4223 Phone: (858) 966-5811 Fax: (858) 966-8035 After Hours Phone: (858) 966-5811 Provider Gender: Female License number: NP21326 NPI: 1386901700 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: 0/99 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Phone: (858) 534-8019 Fax: After Hours Phone: (858) 534-8019 Provider Gender: Female License number: NP95009547 NPI: 1326570045 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>
<p><b>TOROK, ELIZABETH M</b> Provider ID: 265129 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3010 CHILDRENS WAY STE 2-WEST</p>	<p><b>TURNER, ELIZABETH A</b> Provider ID: 255601 Board Certified Specialty: No UCSD MEDICAL GROUP 4510 EXECUTIVE DR STE 315 SAN DIEGO, CA 92121-3029</p>	<p><b>VALENCIANO, MARCI J</b> Provider ID: 263001 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p>

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## D. Directorio de proveedores de atención especializada

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Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
License number: NP20033  
NPI: 1093780421  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **VALLES, ELIZABETH A**

Provider ID: 108406  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN  
3665 KEARNY VILLA RD STE  
400  
SAN DIEGO, CA 92123-1955

Phone: (858) 966-8801  
Fax:  
After Hours Phone: (858) 966-8801  
Provider Gender: Female  
License number: NP95002921  
NPI: 1609235589  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **VALLES, ELIZABETH A**

Provider ID: 263033  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3665 KEARNY VILLA RD STE  
400  
SAN DIEGO, CA 92123-1955

Phone: (858) 966-8801  
Fax: (858) 966-8528  
After Hours Phone: (858) 966-8801  
Provider Gender: Female  
License number: NP95002921  
NPI: 1609235589  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **VIBAL-POASTER, MARIA K**

Provider ID: 205651  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	Provider Gender: Female	NPI: 1184224396
Fax:	License number: NP95015780	Provider English Spoken: Yes
After Hours Phone: (800) 926-8273	NPI: 1184224396	Provider Language(s) Spoken: Spanish
Provider Gender: Female	Provider English Spoken: Yes	Cultural Competency: No
License number: NP95008661	Provider Language(s) Spoken: Spanish	Hospital Affiliation:
NPI: 1376046680	Cultural Competency: No	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Hospital Affiliation:	Min/Max Age: 0/999
Provider Language(s) Spoken: Cultural Competency: No	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Hospital Affiliation:	Min/Max Age: 0/999	⚡ Accessibility:
Medi-Cal Open Panel: Yes	American Sign Language (ASL): No	Hours: M-SA 9AM-5PM
Min/Max Age: 0/999	⚡ Accessibility:	Website:
American Sign Language (ASL): No	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	Email:
⚡ Accessibility:	Website:	Medical Group(s):
Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:	IPA: Family Health Centers Of San Diego
Website:	Medical Group(s):	<b>WATSON, CHRISTINE M</b>
Email:	IPA: Family Health Centers Of San Diego	Provider ID: 270000
Medical Group(s):	<b>VILLALOBOS, REBECA X</b>	Board Certified Specialty: No
IPA: Ucsd Medical Group	Provider ID: 294770	COMMUNITY CARE IPA LLC
<b>VILLALOBOS, REBECA X</b>	Board Certified Specialty: No	995 GATEWAY CENTER WAY
Provider ID: 294769	FAMILY HEALTH CENTERS OF SAN DIEGO	STE 202
Board Certified Specialty: No	1809 NATIONAL AVE	SAN DIEGO, CA 92102-4545
FAMILY HEALTH CENTERS OF SAN DIEGO	SAN DIEGO, CA 92113-2113	Phone: (619) 264-3107
823 GATEWAY CENTER WAY	Phone: (619) 515-2300	Fax: (619) 264-6927
SAN DIEGO, CA 92102-4541	Fax: (619) 515-2510	After Hours Phone: (619) 264-3107
Phone: (619) 515-2300	After Hours Phone: (619) 515-2300	Provider Gender: Female
Fax:	Provider Gender: Female	License number: NP95006319
After Hours Phone: (619) 515-2300	License number: NP95015780	NPI: 1508307364
		Provider English Spoken: Yes
		Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Spanish	Medi-Cal Open Panel: Yes	No
Cultural Competency: No	Min/Max Age: 18/120	♿ Accessibility: P, EB, IB, E, W
Hospital Affiliation:	American Sign Language (ASL):	Hours: M-F 8AM-6PM, SA
Medi-Cal Open Panel: Yes	No	8AM-2PM
Min/Max Age: 0/999	♿ Accessibility:	Website: www.lamaestra.org
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Email:
No	9AM-5PM	Medical Group(s): La Maestra
♿ Accessibility:	Website:	Family Clinic Inc
Hours: M-F 8AM-5PM, SA	Email:	IPA:
9AM-5PM	Medical Group(s):	
Website:	IPA: Community Care Ipa Llc	<b>WOUDSTRA, JOCELYN</b>
Email:		Provider ID: 283535
Medical Group(s):	<b>WILLIAMS, BREAHA A</b>	Board Certified Specialty: No
IPA: Community Care Ipa Llc	Provider ID: 115124	RADY CHILDRENS HEALTH
	Board Certified Specialty: No	NETWORK
<b>WILLEY, MARTI L, NPA</b>	LA MAESTRA FAMILY CLINIC	3020 CHILDRENS WAY
Provider ID: 256421	INC	SAN DIEGO, CA 92123-4223
Board Certified Specialty: No	4060 FAIRMOUNT AVE	Phone: (858) 966-8574
COMMUNITY CARE IPA LLC	SAN DIEGO, CA 92105-1608	Fax: (858) 966-7930
16918 DOVE CANYON RD STE	Phone: (619) 255-9155	After Hours Phone: (858)
103	Fax:	966-8574
SAN DIEGO, CA 92127-3455	After Hours Phone: (619)	Provider Gender: Female
Phone: (858) 649-5100	255-9155	License number: NP95017397
Fax: (858) 649-5099	Provider Gender: Female	NPI: 1609261965
After Hours Phone: (858)	License number: NP95001840	Provider English Spoken: Yes
649-5100	NPI: 1063884864	Provider Language(s) Spoken:
Provider Gender: Female	Provider English Spoken: Yes	Cultural Competency: No
License number: NP22548	Provider Language(s) Spoken:	Hospital Affiliation: Rady
NPI: 1144574062	Spanish	Childrens Hospital San Diego
Provider English Spoken: Yes	Cultural Competency: No	Medi-Cal Open Panel: No
Provider Language(s) Spoken:	Hospital Affiliation:	Min/Max Age: 0/999
Cultural Competency: No	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Hospital Affiliation: Scripps	Min/Max Age: None	No
Memorial Hospital Encinitas	American Sign Language (ASL):	♿ Accessibility:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### YEH-NAYRE, LANIPUA A

Provider ID: 262455  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3010 CHILDRENS WAY BLDG 2  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5811  
Fax: (858) 966-8035  
After Hours Phone: (858)  
966-5811  
Provider Gender: Female  
License number: NP17336  
NPI: 1417157819  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### YEH-NAYRE, LANIPUA A

Provider ID: 82992  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3010 CHILDRENS WAY STE 2W  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5811  
Fax:  
After Hours Phone: (858)  
966-5811  
Provider Gender: Female  
License number: NP17336  
NPI: 1417157819  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### CERTIFIED REGISTERED NURSE MIDWIFE

### COOPER, ANNE S

Provider ID: 83306  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-7878  
Fax: (619) 543-6792  
After Hours Phone: (619)  
543-7878  
Provider Gender: Female  
License number: NM1689  
NPI: 1477644417  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group	CALIFORNIA
<i>Medical Group(s):</i>		4290 POLK AVE
<i>IPA:</i>	<b>EKHOLM, JANNA L</b>	SAN DIEGO, CA 92105-1524
	<i>Provider ID:</i> 122017	<i>Phone:</i> (619) 563-0250
<b>DOLLAND, STEVEN C</b>	<i>Board Certified Specialty:</i> No	<i>Fax:</i> (858) 633-4681
<i>Provider ID:</i> 280552	UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (619) 563-0250
<i>Board Certified Specialty:</i> No	4168 FRONT ST	<i>Provider Gender:</i> Female
UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-2030	<i>License number:</i> NM1894
200 W ARBOR DR	<i>Phone:</i> (619) 543-7878	<i>NPI:</i> 1588977151
SAN DIEGO, CA 92103-1911	<i>Fax:</i>	<i>Provider English Spoken:</i> Yes
<i>Phone:</i> (800) 926-8273	<i>After Hours Phone:</i> (619) 543-7878	<i>Provider Language(s) Spoken:</i>
<i>Fax:</i> (888) 539-8781	<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No
<i>After Hours Phone:</i> (800) 926-8273	<i>License number:</i> NM1894	<i>Hospital Affiliation:</i> Ucsd Medical Ctr
<i>Provider Gender:</i> Male	<i>NPI:</i> 1588977151	<i>Medi-Cal Open Panel:</i> Yes
<i>License number:</i> NA95000632	<i>Provider English Spoken:</i> Yes	<i>Min/Max Age:</i> 0/999
<i>NPI:</i> 1982059044	<i>Provider Language(s) Spoken:</i>	<i>American Sign Language (ASL):</i>
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	No
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd Medical Ctr	<i>Accessibility:</i>
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No	<i>Hours:</i> M-SA 9AM-5PM
<i>Hospital Affiliation:</i> Kern Medical Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>Min/Max Age:</i> None	<i>Website:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>Min/Max Age:</i> 0/999	No	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	<i>Accessibility:</i> W	<i>IPA:</i> Ihp Of Southern California
No	<i>Hours:</i> M-SA 9AM-5PM	
<i>Accessibility:</i>	<i>Website:</i>	<b>GARRETT BROWN, REBECCA C</b>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Email:</i>	<i>Provider ID:</i> 83460
<i>Website:</i>	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
<i>Email:</i>	<i>IPA:</i> Ihp Of Southern California	UCSD MEDICAL GROUP
<i>Medical Group(s):</i>	<b>EKHOLM, JANNA L</b>	4168 FRONT ST
	<i>Provider ID:</i> 290584	SAN DIEGO, CA 92103-2030
	<i>Board Certified Specialty:</i> No	
	IHP OF SOUTHERN	

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## D. Directorio de proveedores de atención especializada

Phone: (619) 543-7878	License number: NM1908	Provider English Spoken: Yes
Fax: (619) 543-6792	NPI: 1518274919	Provider Language(s) Spoken:
After Hours Phone: (619)	Provider English Spoken: Yes	Spanish
543-7878	Provider Language(s) Spoken:	Cultural Competency: No
Provider Gender: Female	Spanish	Hospital Affiliation: Ucsd La
License number: NMW862	Cultural Competency: No	Jolla John Sally Thornton, Ucsd
NPI: 1659344224	Hospital Affiliation: Ucsd La	Medical Ctr
Provider English Spoken: Yes	Jolla John Sally Thornton, Ucsd	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken:	Medical Ctr	Min/Max Age: 0/999
Cultural Competency: No	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Hospital Affiliation: Ucsd	Min/Max Age: 0/999	No
Medical Ctr	American Sign Language (ASL):	♿ Accessibility:
Medi-Cal Open Panel: No	No	Hours: M-F 8AM-5PM, SA
Min/Max Age: None	♿ Accessibility:	9AM-5PM
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Website:
No	9AM-5PM	Email:
♿ Accessibility: W	Website:	Medical Group(s):
Hours: M-SA 9AM-5PM	Email:	IPA: Ucsd Medical Group
Website:	Medical Group(s):	
Email:	IPA: Ucsd Medical Group	<b>GREAR MANN, MELISSA P</b>
Medical Group(s):		Provider ID: 210052
IPA:		Board Certified Specialty: No
<b>GOODWIN, RACHEL K</b>	<b>GOODWIN, RACHEL K</b>	UCSD MEDICAL GROUP
Provider ID: 210018	Provider ID: 210019	4168 FRONT ST
Board Certified Specialty: No	Board Certified Specialty: No	SAN DIEGO, CA 92103-2030
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	Phone: (800) 926-8273
4168 FRONT ST	16950 VIA TAZON	Fax:
SAN DIEGO, CA 92103-2030	SAN DIEGO, CA 92127-1607	After Hours Phone: (800)
Phone: (800) 926-8273	Phone: (800) 926-8273	926-8273
Fax:	Fax:	Provider Gender: Female
After Hours Phone: (800)	After Hours Phone: (800)	License number: NMW1830
926-8273	926-8273	NPI: 1255384475
Provider Gender: Female	Provider Gender: Female	Provider English Spoken: Yes
	License number: NM1908	Provider Language(s) Spoken:
	NPI: 1518274919	

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## D. Directorio de proveedores de atención especializada

<p>Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>GREAR MANN, MELISSA P</b>  Provider ID: 210053  Board Certified Specialty: No  UCSD MEDICAL GROUP  16950 VIA TAZON  SAN DIEGO, CA 92127-1607  Phone: (800) 926-8273  Fax:  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: NMW1830  NPI: 1255384475  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):</p>	<p>No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>GUNTHER, HOPE R</b>  Provider ID: 210041  Board Certified Specialty: No  UCSD MEDICAL GROUP  16950 VIA TAZON  SAN DIEGO, CA 92127-1607  Phone: (800) 926-8273  Fax:  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: NM1421  NPI: 1285667741  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:</p>	<p>Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>GUNTHER, HOPE R</b>  Provider ID: 83523  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (888) 309-8273  Fax:  After Hours Phone: (888)  309-8273  Provider Gender: Female  License number: NM1421  NPI: 1285667741  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>HIRSCH, JENNIFER S</b>  Provider ID: 210054  Board Certified Specialty: No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-7878 Fax: After Hours Phone: (619) 543-7878 Provider Gender: Female License number: NMW970 NPI: 1891752069 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (619) 543-7878 Fax: After Hours Phone: (619) 543-7878 Provider Gender: Female License number: NMW970 NPI: 1891752069 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Provider Gender: Female License number: NMW970 NPI: 1891752069 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>HIRSCH, JENNIFER S</b> Provider ID: 210055 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030	<b>HIRSCH, JENNIFER S</b> Provider ID: 210058 Board Certified Specialty: No UCSD MEDICAL GROUP 16950 VIA TAZON SAN DIEGO, CA 92127-1607 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273	<b>HIRSCH, JENNIFER S</b> Provider ID: 83593 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (888) 309-8273 Fax: After Hours Phone: (888) 309-8273 Provider Gender: Female License number: NMW970 NPI: 1891752069 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i> Spanish	<i>Min/Max Age:</i> None	<i>Hours:</i> M-SA 9AM-5PM
<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i> No	<i>Website:</i>
<i>Hospital Affiliation:</i>	<i>Accessibility:</i> W	<i>Email:</i>
<i>Medi-Cal Open Panel:</i> No	<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>
<i>Min/Max Age:</i> None	<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group
<i>American Sign Language (ASL):</i> No	<i>Email:</i>	<b>MOMBERG, JESSICA</b>
<i>Accessibility:</i> W	<i>Medical Group(s):</i>	<i>Provider ID:</i> 291456
<i>Hours:</i> M-SA 9AM-5PM	<i>IPA:</i> Ucsd Medical Group	<i>Board Certified Specialty:</i> No
<i>Website:</i>	<b>MOMBERG, JESSICA</b>	UCSD MEDICAL GROUP
<i>Email:</i>	<i>Provider ID:</i> 291455	4168 FRONT ST
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-2030
<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP	<i>Phone:</i> (800) 926-8273
	3750 CONVOY ST STE 312	<i>Fax:</i> (888) 539-8781
	SAN DIEGO, CA 92111-3741	<i>After Hours Phone:</i> (800)
	<i>Phone:</i> (800) 926-8273	926-8273
<b>HIRSCH, JENNIFER S</b>	<i>Fax:</i> (888) 539-8781	<i>Provider Gender:</i> Female
<i>Provider ID:</i> 83595	<i>After Hours Phone:</i> (800)	<i>License number:</i> NM236132
<i>Board Certified Specialty:</i> No	926-8273	<i>NPI:</i> 1386046266
UCSD MEDICAL GROUP	<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes
4168 FRONT ST	<i>License number:</i> NM236132	<i>Provider Language(s) Spoken:</i>
SAN DIEGO, CA 92103-2030	<i>NPI:</i> 1386046266	<i>Cultural Competency:</i> No
<i>Phone:</i> (619) 543-7878	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Sharp Mary
<i>Fax:</i> (619) 543-6792	<i>Provider Language(s) Spoken:</i>	Birch Hosp For Women And
<i>After Hours Phone:</i> (619)	<i>Cultural Competency:</i> No	Newborns
543-7878	<i>Hospital Affiliation:</i> Sharp Mary	<i>Medi-Cal Open Panel:</i> Yes
<i>Provider Gender:</i> Female	Birch Hosp For Women And	<i>Min/Max Age:</i> 0/999
<i>License number:</i> NMW970	Newborns	<i>American Sign Language (ASL):</i>
<i>NPI:</i> 1891752069	<i>Medi-Cal Open Panel:</i> Yes	No
<i>Provider English Spoken:</i> Yes	<i>Min/Max Age:</i> 0/999	<i>Accessibility:</i>
<i>Provider Language(s) Spoken:</i>	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM
Spanish	No	<i>Website:</i>
<i>Cultural Competency:</i> No	<i>Accessibility:</i>	<i>Email:</i>
<i>Hospital Affiliation:</i>		<i>Medical Group(s):</i>
<i>Medi-Cal Open Panel:</i> No		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

IPA: Ucsd Medical Group

### **PERDION, KAREN L**

Provider ID: 210134

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-7878

Fax: (619) 543-2366

After Hours Phone: (619)

543-7878

Provider Gender: Female

License number: NM1061

NPI: 1518916857

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PERDION, KAREN L**

Provider ID: 210137

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NM1061

NPI: 1518916857

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PERDION, KAREN L**

Provider ID: 84323

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-7878

Fax: (619) 543-2366

After Hours Phone: (619)

543-7878

Provider Gender: Female

License number: NM1061

NPI: 1518916857

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **TIMPE, BETH K**

Provider ID: 84924

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-6790

Fax:

After Hours Phone: (619)

543-6790

Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

License number: NM1598	Provider Language(s) Spoken: Spanish	Min/Max Age: None
NPI: 1336209428	Cultural Competency: No	American Sign Language (ASL): No
Provider English Spoken: Yes	Hospital Affiliation:	♿ Accessibility: W
Provider Language(s) Spoken: Spanish	Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM
Cultural Competency: No	Min/Max Age: None	Website:
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	American Sign Language (ASL): No	Email:
Medi-Cal Open Panel: No	♿ Accessibility: W	Medical Group(s):
Min/Max Age: None	Hours: M-SA 9AM-5PM	IPA:
American Sign Language (ASL): No	Website:	<b>CHIROPRACTOR</b>
♿ Accessibility: W	Email:	<b>BUI, MAI T</b>
Hours: M-SA 9AM-5PM	Medical Group(s):	Provider ID: 125052
Website:	IPA:	Board Certified Specialty: No
Email:	<b>VU, ERICA T</b>	IMPERIAL HEALTH HOLDINGS
Medical Group(s):	Provider ID: 84942	MEDICAL GROUP-SD
IPA:	Board Certified Specialty: No	5354 UNIVERSITY AVE STE 3
<b>VU, ERICA T</b>	UCSD MEDICAL GROUP	SAN DIEGO, CA 92105-2204
Provider ID: 84942	200 W ARBOR DR	Phone: (619) 692-3211
Board Certified Specialty: No	SAN DIEGO, CA 92103-1911	Fax: (619) 640-3211
UCSD MEDICAL GROUP	Phone: (619) 543-2366	After Hours Phone: (619) 692-3211
200 W ARBOR DR	Fax: (619) 543-2366	Provider Gender: Female
SAN DIEGO, CA 92103-1911	After Hours Phone: (619) 543-2366	License number: DC31634
Phone: (619) 543-2366	Provider Gender: Female	NPI: 1780901264
Fax: (619) 543-2366	License number: NM1848	Provider English Spoken: Yes
After Hours Phone: (619) 543-2366	NPI: 1578890737	Provider Language(s) Spoken: Vietnamese
543-2366	Provider English Spoken: Yes	Cultural Competency: No
Provider Gender: Female	Provider Language(s) Spoken: Spanish	Hospital Affiliation:
License number: NP18891	Cultural Competency: No	Medi-Cal Open Panel: Yes
NPI: 1578890737	Hospital Affiliation:	Min/Max Age: None
Provider English Spoken: Yes	Medi-Cal Open Panel: No	American Sign Language (ASL):

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## D. Directorio de proveedores de atención especializada

<p>No                      ♿ Accessibility:                      Hours: M-F 9AM-5PM, SA                      9AM-5PM                      Website:                      Email:                      Medical Group(s):                      IPA: Ihp Of Southern California,                      Imperial Health Holdings                      Medical Group-Sd</p>	<p>♿ Accessibility:                      Hours: M,W 9AM-6PM,                      TU,TH,SA 9AM-5PM, F                      9AM-2PM                      Website:                      Email:                      Medical Group(s):                      IPA: Ihp Of Southern California,                      Imperial Health Holdings                      Medical Group-Sd</p>	<p>♿ Accessibility:                      Hours: M-F 9AM-5PM, SA                      9AM-5PM                      Website:                      Email:                      Medical Group(s):                      IPA: Ihp Of Southern California,                      Imperial Health Holdings                      Medical Group-Sd</p>
<p><b>BUI, MAI T</b>                      Provider ID: 289496                      Board Certified Specialty: No                      IMPERIAL HEALTH HOLDINGS                      MEDICAL GROUP-SD                      10717 CAMINO RUIZ STE 137                      SAN DIEGO, CA 92126-2362                      Phone: (619) 692-3211                      Fax: (619) 640-3211                      After Hours Phone: (619)                      692-3211                      Provider Gender: Female                      License number: DC31634                      NPI: 1780901264                      Provider English Spoken: Yes                      Provider Language(s) Spoken:                      Vietnamese                      Cultural Competency: No                      Hospital Affiliation:                      Medi-Cal Open Panel: Yes                      Min/Max Age: 0/999                      American Sign Language (ASL):                      No</p>	<p><b>BUI, MAI T</b>                      Provider ID: 295791                      Board Certified Specialty: No                      IHP OF SOUTHERN                      CALIFORNIA                      5354 UNIVERSITY AVE STE 3                      SAN DIEGO, CA 92105-2204                      Phone: (619) 692-3211                      Fax: (619) 640-3211                      After Hours Phone: (619)                      692-3211                      Provider Gender: Female                      License number: DC31634                      NPI: 1780901264                      Provider English Spoken: Yes                      Provider Language(s) Spoken:                      Vietnamese                      Cultural Competency: No                      Hospital Affiliation:                      Medi-Cal Open Panel: Yes                      Min/Max Age: 0/999                      American Sign Language (ASL):                      No</p>	<p><b>CASTRO, DAVID A</b>                      Provider ID: 293322                      Board Certified Specialty: No                      IHP OF SOUTHERN                      CALIFORNIA                      1016 OUTER RD                      SAN DIEGO, CA 92154-1351                      Phone: (619) 429-3733                      Fax: (619) 628-5550                      After Hours Phone: (619)                      429-3733                      Provider Gender: Male                      License number: DC36311                      NPI: 1841557733                      Provider English Spoken: Yes                      Provider Language(s) Spoken:                      Spanish                      Cultural Competency: No                      Hospital Affiliation:                      Medi-Cal Open Panel: Yes                      Min/Max Age: 0/999                      American Sign Language (ASL):                      No                      ♿ Accessibility:</p>

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## D. Directorio de proveedores de atención especializada

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Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### **GILIBERTO, JOSEPH A**

Provider ID: 291546

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

9995 CARMEL MOUNTAIN RD  
STE D

SAN DIEGO, CA 92129-2889

Phone: (844) 200-2426

Fax: (619) 399-5959

After Hours Phone: (844)

200-2426

Provider Gender: Male

License number: DC15775

NPI: 1821463159

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **GILIBERTO, JOSEPH A**

Provider ID: 291547

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

Phone: (844) 200-2426

Fax: (619) 399-5959

After Hours Phone: (844)

200-2426

Provider Gender: Male

License number: DC15775

NPI: 1821463159

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **LUU, DANIEL Q**

Provider ID: 269883

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4419 EUCLID AVE STE 105

SAN DIEGO, CA 92115-4564

Phone: (619) 287-1235

Fax: (619) 255-6406

After Hours Phone: (619)

287-1235

Provider Gender: Male

License number: DC26096

NPI: 1225108269

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M,W,F 10AM-6PM,

TU,TH,SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **ROJAS, RICHARD J**

Provider ID: 109528

Board Certified Specialty: No

FAMILY HLTH CTR SD

HILLCREST

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## D. Directorio de proveedores de atención especializada

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619)  
 515-2545  
 Provider Gender: Male  
 License number: DC31024  
 NPI: 1538318811  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth  
 Ctr Sd Hillcrest  
 IPA:

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### DERMATOLOGY

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#### **BOEN, MONICA**

Provider ID: 129041  
 Board Certified Specialty: No  
 WEST DERMATOLOGY AND  
 SURG MED GRP  
 9339 GENESEE AVE STE 350A

SAN DIEGO, CA 92121-2119  
 Phone: (858) 454-4300  
 Fax:  
 After Hours Phone: (858)  
 454-4300  
 Provider Gender: Female  
 License number: A149554  
 NPI: 1508203563  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Polish, Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website: westdermatology.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **BOEN, MONICA, MD**

Provider ID: 269740  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9339 GENESEE AVE STE 350  
 SAN DIEGO, CA 92121-2150

Phone: (858) 454-4300  
 Fax: (858) 454-5088  
 After Hours Phone: (858)  
 454-4300  
 Provider Gender: Female  
 License number: A149554  
 NPI: 1508203563  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Polish, Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **BOEN, MONICA, MD**

Provider ID: 269741  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4060 4TH AVE STE 415  
 SAN DIEGO, CA 92103-2121  
 Phone: (858) 454-4300  
 Fax: (858) 454-5088  
 After Hours Phone: (858)  
 454-4300

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	French
<i>License number:</i> A149554	<i>Provider Language(s) Spoken:</i> French	<i>Cultural Competency:</i> No
<i>NPI:</i> 1508203563	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	<i>Medi-Cal Open Panel:</i> Yes
<i>Provider Language(s) Spoken:</i> French, Polish, Spanish	<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> 0/999
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i> No
<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i> No	<i>⚡ Accessibility:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>⚡ Accessibility:</i> W	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>
<i>American Sign Language (ASL):</i> No	<i>Website:</i> westdermatology.com	<i>Email:</i>
<i>⚡ Accessibility:</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc
<i>Website:</i>	<i>IPA:</i> Community Care Ipa Llc	
<i>Email:</i>		
<i>Medical Group(s):</i>		
<i>IPA:</i> Community Care Ipa Llc		
<b>BROUHA, BROOK L</b>	<b>BROUHA, BROOK L , MD</b>	<b>CALAME, ANTOANELLA</b>
<i>Provider ID:</i> 115451	<i>Provider ID:</i> 267943	<i>Provider ID:</i> 109337
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> Yes	<i>Board Certified Specialty:</i> No
WEST DERMATOLOGY AND SURG MED GRP	COMMUNITY CARE IPA LLC	COMPASS
9339 GENESEE AVE STE 350A	9339 GENESEE AVE STE 350	DERMATOPATHOLOGY INC
SAN DIEGO, CA 92121-2119	SAN DIEGO, CA 92121-2150	6605 NANCY RIDGE DR
<i>Phone:</i> (858) 263-0571	<i>Phone:</i> (858) 454-4300	SAN DIEGO, CA 92121-2253
<i>Fax:</i>	<i>Fax:</i> (858) 454-5088	<i>Phone:</i> (858) 750-2983
<i>After Hours Phone:</i> (858) 263-0571	<i>After Hours Phone:</i> (858) 454-4300	<i>Fax:</i>
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	<i>After Hours Phone:</i> (858) 750-2983
<i>License number:</i> A97902	<i>License number:</i> A97902	<i>Provider Gender:</i> Female
<i>NPI:</i> 1114173937	<i>NPI:</i> 1114173937	<i>License number:</i> A84455
	<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1285817569
	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes
		<i>Provider Language(s) Spoken:</i>

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## D. Directorio de proveedores de atención especializada

Romanian	<i>Provider English Spoken:</i> Yes	German, Spanish
<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Yuma Regional Medical Center	Italian	<i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
<i>Medi-Cal Open Panel:</i> No	<i>Cultural Competency:</i> No	<i>Ucsd Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns</i>
<i>Min/Max Age:</i> None	<i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	<i>Medi-Cal Open Panel:</i> Yes
<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> 0/18
♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W	<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i> No
<i>Hours:</i> M-SA 9AM-5PM	<i>American Sign Language (ASL):</i> No	♿ <i>Accessibility:</i>
<i>Website:</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<a href="https://www.skymd.com/">https://www.skymd.com/</a>	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA:</i>	<i>IPA:</i>	<i>IPA:</i> Rady Childrens Health Network
<b>DINARDO, ANNA</b>	<b>DOHIL, MAGDALENE A</b>	<b>DOHIL, MAGDALENE A</b>
<i>Provider ID:</i> 83359	<i>Provider ID:</i> 242290	<i>Provider ID:</i> 277244
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
UCSD MEDICAL GROUP	RADY CHILDRENS HEALTH NETWORK	RADY CHILDRENS HEALTH NETWORK
8899 UNIVERSITY CENTER LN	3030 CHILDRENS WAY FL 4	3020 CHILDRENS WAY
STE 350	SAN DIEGO, CA 92123-4232	SAN DIEGO, CA 92123-4223
SAN DIEGO, CA 92122-1010	<i>Phone:</i> (858) 966-6795	<i>Phone:</i> (858) 966-6795
<i>Phone:</i> (858) 657-8322	<i>Fax:</i>	<i>Fax:</i> (858) 966-7479
<i>Fax:</i>	<i>After Hours Phone:</i> (858) 966-6795	<i>After Hours Phone:</i> (858) 966-6795
<i>After Hours Phone:</i> (858) 657-8322	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>Provider Gender:</i> Female	<i>License number:</i> A86265	<i>License number:</i> A86265
<i>License number:</i> A104854	<i>NPI:</i> 1528139383	
<i>NPI:</i> 1992873673	<i>Provider English Spoken:</i> Yes	
	<i>Provider Language(s) Spoken:</i>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NPI: 1528139383  Provider English Spoken: Yes  Provider Language(s) Spoken: German, Spanish  Cultural Competency: No  Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health Network</p> <p><b>DORSCHNER, ROBERT A</b>  Provider ID: 116640  Board Certified Specialty: No  UCSD MEDICAL GROUP  8899 UNIVERSITY CENTER LN STE 350  SAN DIEGO, CA 92122-1010</p>	<p>Phone: (858) 657-8322  Fax:  After Hours Phone: (858) 657-8322  Provider Gender: Male  License number: A128567  NPI: 1306103924  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>DORSCHNER, ROBERT A</b>  Provider ID: 272945  Board Certified Specialty: No  UCSD MEDICAL GROUP  8899 UNIVERSITY CENTER LN STE 350  SAN DIEGO, CA 92122-1010  Phone: (858) 657-8322  Fax:  After Hours Phone: (858) 657-8322  Provider Gender: Male</p>	<p>License number: A128567  NPI: 1306103924  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>EICHENFIELD, DAWN Z</b>  Provider ID: 283142  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  Phone: (858) 966-6795  Fax: (858) 966-7479  After Hours Phone: (858) 966-6795  Provider Gender: Female  License number: A150792  NPI: 1295198091  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **EICHENFIELD, LAWRENCE F**

*Provider ID:* 242242  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6795  
*Fax:*  
*After Hours Phone:* (858)  
 966-6795  
*Provider Gender:* Male  
*License number:* G69132  
*NPI:* 1477624138  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Ucsd  
 Medical Ctr, Childrens Hospital  
 Of Orange County, Childrens  
 Hosp And Resrch Ctr At  
 Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **EICHENFIELD, LAWRENCE F**

*Provider ID:* 51947  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 8010 FROST ST STE 602  
 SAN DIEGO, CA 92123-4204  
*Phone:* (858) 966-6795  
*Fax:*  
*After Hours Phone:* (858)  
 966-6795  
*Provider Gender:* Male  
*License number:* G69132  
*NPI:* 1477624138

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Ucsd  
 Medical Ctr, Childrens Hospital  
 Of Orange County, Childrens  
 Hosp And Resrch Ctr At  
 Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **ELSENSOHN, ASHLEY N**

*Provider ID:* 272777  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	Spanish
<i>License number:</i> A148423	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>NPI:</i> 1467847905	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Scripps	Mercy Hospital Chula Vista,
<i>Provider Language(s) Spoken:</i>	Mercy Hospital Chula Vista	Corona Regional Med Ctr,
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes	Scripps Mercy Hospital
<i>Hospital Affiliation:</i> Loma Linda	<i>Min/Max Age:</i> 0/999	<i>Medi-Cal Open Panel:</i> Yes
University Med Ctr	<i>American Sign Language (ASL):</i>	<i>Min/Max Age:</i> None
<i>Medi-Cal Open Panel:</i> Yes	No	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i>	No
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 9AM-5PM, SA	♿ <i>Accessibility:</i>
No	9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA
♿ <i>Accessibility:</i>	<i>Website:</i>	9AM-5PM
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	<i>Website:</i>
9AM-5PM	<i>Medical Group(s):</i>	<i>Email:</i>
<i>Website:</i>	<i>IPA:</i> Imperial Health Holdings	<i>Medical Group(s):</i>
<i>Email:</i>	Medical Group-Sd	<i>IPA:</i> Imperial Health Holdings
<i>Medical Group(s):</i>		Medical Group-Sd
<i>IPA:</i> Ucsd Medical Group	<b>GERSTENFELD, ERIC S</b>	
	<i>Provider ID:</i> 26531	<b>HAMMAN, MICHAEL S</b>
<b>FABRIKANT, JORDAN S</b>	<i>Board Certified Specialty:</i> Yes	<i>Provider ID:</i> 115453
<i>Provider ID:</i> 262275	IMPERIAL HEALTH HOLDINGS	<i>Board Certified Specialty:</i> No
<i>Board Certified Specialty:</i> No	MEDICAL GROUP-SD	WEST DERMATOLOGY AND
IMPERIAL HEALTH HOLDINGS	4060 4TH AVE STE 415	SURG MED GRP
MEDICAL GROUP-SD	SAN DIEGO, CA 92103-2121	9339 GENESEE AVE STE 350A
4060 4TH AVE STE 415	<i>Phone:</i> (619) 298-9809	SAN DIEGO, CA 92121-2119
SAN DIEGO, CA 92103-2121	<i>Fax:</i>	<i>Phone:</i> (858) 454-4300
<i>Phone:</i> (619) 298-9809	<i>After Hours Phone:</i> (619)	<i>Fax:</i>
<i>Fax:</i> (619) 298-9823	298-9809	<i>After Hours Phone:</i> (858)
<i>After Hours Phone:</i> (619)	<i>Provider Gender:</i> Male	454-4300
298-9809	<i>License number:</i> G70325	<i>Provider Gender:</i> Male
<i>Provider Gender:</i> Male	<i>NPI:</i> 1114979754	<i>License number:</i> A97551
<i>License number:</i> 20A13142	<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1538346911
<i>NPI:</i> 1649585753	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes

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## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> No  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> westdermatology.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>HAMMAN, MICHAEL S , MD</b>  <i>Provider ID:</i> 241043  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  4060 4TH AVE STE 415  SAN DIEGO, CA 92103-2121  <i>Phone:</i> (858) 454-4300  <i>Fax:</i> (858) 454-5088  <i>After Hours Phone:</i> (858) 454-4300  <i>Provider Gender:</i> Male  <i>License number:</i> A97551  <i>NPI:</i> 1538346911  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>HAMMAN, MICHAEL S , MD</b>  <i>Provider ID:</i> 241044  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  9339 GENESEE AVE STE 350  SAN DIEGO, CA 92121-2150  <i>Phone:</i> (858) 454-4300  <i>Fax:</i> (858) 454-5088  <i>After Hours Phone:</i> (858) 454-4300  <i>Provider Gender:</i> Male  <i>License number:</i> A97551  <i>NPI:</i> 1538346911  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i></p>	<p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>HEMPERLY, STEPHEN E</b>  <i>Provider ID:</i> 115398  <i>Board Certified Specialty:</i> No  WEST DERMATOLOGY AND SURG MED GRP  4060 4TH AVE STE 415  SAN DIEGO, CA 92103-2121  <i>Phone:</i> (619) 298-9809  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 298-9809  <i>Provider Gender:</i> Male  <i>License number:</i> 20A14658  <i>NPI:</i> 1013277045  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> westdermatology.com  <i>Email:</i></p>
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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>HEMPERLY, STEPHEN E</b>            Provider ID: 243726            Board Certified Specialty: Yes            COMMUNITY CARE IPA LLC            4060 4TH AVE STE 415            SAN DIEGO, CA 92103-2121            Phone: (619) 298-9809            Fax: (619) 298-9823            After Hours Phone: (619) 298-9809            Provider Gender: Male            License number: 20A14658            NPI: 1013277045            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>HIGHTOWER, GEORGE K</b>            Provider ID: 245756</p>	<p>Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY FL 4            SAN DIEGO, CA 92123-4232            Phone: (858) 966-6795            Fax:            After Hours Phone: (858) 966-6795            Provider Gender: Male            License number: A156244            NPI: 1881014652            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network, Ucsd Medical Group</p> <p><b>HIGHTOWER, GEORGE K</b>            Provider ID: 285643            Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP            4168 FRONT ST            SAN DIEGO, CA 92103-2030            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Male            License number: A156244            NPI: 1881014652            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network, Ucsd Medical Group</p> <p><b>JIANG, SHANG I</b>            Provider ID: 83638            Board Certified Specialty: No            UCSD MEDICAL GROUP</p>
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## D. Directorio de proveedores de atención especializada

8899 UNIVERSITY CENTER LN STE 350 SAN DIEGO, CA 92122-1010 Phone: (858) 657-8322 Fax: (858) 657-1291 After Hours Phone: (858) 657-8322 Provider Gender: Male License number: A87333 NPI: 1801835996 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A137129 NPI: 1508155227 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ronald Reagan Ucla Med Ctr, Santa Monica Ucla Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (858) 273-2726 Fax: (858) 273-2725 After Hours Phone: (858) 273-2726 Provider Gender: Female License number: A114457 NPI: 1023278504 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic, Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc
<b>KANNAN, SWATI V</b> Provider ID: 286287 Board Certified Specialty: No UCSD MEDICAL GROUP 8899 UNIVERSITY CENTER LN STE 350 SAN DIEGO, CA 92122-1010	<b>KASSAB, GHADA K , MD</b> Provider ID: 245638 Board Certified Specialty: No COMMUNITY CARE IPA LLC 3737 MORAGA AVE STE A206 SAN DIEGO, CA 92117-5493	<b>KAUNITZ, GENEVIEVE J</b> Provider ID: 285011 Board Certified Specialty: No UCSD MEDICAL GROUP 8899 UNIVERSITY CENTER LN STE 350 SAN DIEGO, CA 92122-1010

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A172778  
 NPI: 1053734905  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **KOZMA, BONITA D**

Provider ID: 269301  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A137074  
 NPI: 1659654598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Providence Saint Johns Health Center, Santa Monica UCLA Med Ctr, Ronald Reagan UCLA Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:

### **LEVIN, JACQUELINE M**

Provider ID: 102457  
 Board Certified Specialty: No  
 WEST DERMATOLOGY AND SURG MED GRP  
 4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121  
 Phone: (619) 298-9809  
 Fax: (619) 298-9823  
 After Hours Phone: (619) 298-9809  
 Provider Gender: Female  
 License number: 20A12190  
 NPI: 1164653093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **LEVIN, JACQUELINE M**

Provider ID: 242685  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4060 4TH AVE STE 415  
 SAN DIEGO, CA 92103-2121

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (619) 298-9809  
 Fax: (619) 298-9823  
 After Hours Phone: (619) 298-9809  
 Provider Gender: Female  
 License number: 20A12190  
 NPI: 1164653093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **NAHM, WALTER K , MD**

Provider ID: 69317  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 7695 CARDINAL CT STE 200  
 SAN DIEGO, CA 92123-3357

Phone: (858) 278-8835  
 Fax: (858) 386-4776  
 After Hours Phone: (858) 278-8835  
 Provider Gender: Male  
 License number: A78569  
 NPI: 1467447284  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Alvarado  
 Hospital Llc, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ORME, CHARISSE**

Provider ID: 110331  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010

Phone: (858) 657-8322  
 Fax:  
 After Hours Phone: (858) 657-8322  
 Provider Gender: Female  
 License number: A141036  
 NPI: 1861767097  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ORTIZ, ARISA E**

Provider ID: 84317  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 657-8322	License number: 20A15550	Hospital Affiliation:
Fax:	NPI: 1053666370	Medi-Cal Open Panel: Yes
After Hours Phone: (858) 657-8322	Provider English Spoken: Yes	Min/Max Age: 0/999
Provider Gender: Female	Provider Language(s) Spoken:	American Sign Language (ASL): No
License number: A101163	Cultural Competency: No	♿ Accessibility:
NPI: 1659556165	Hospital Affiliation:	Hours: M-F 8AM-5PM, SA 9AM-5PM
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	Website:
Provider Language(s) Spoken:	Min/Max Age: 0/999	Email:
Cultural Competency: No	American Sign Language (ASL): No	Medical Group(s):
Hospital Affiliation: Ucsd Medical Ctr	♿ Accessibility:	IPA: Community Care Ipa Llc
Medi-Cal Open Panel: No	Hours: M-F 8AM-5PM, SA 9AM-5PM	<b>SCHAIRER, DAVID O</b>
Min/Max Age: None	Website:	Provider ID: 242313
American Sign Language (ASL): No	Email:	Board Certified Specialty: No
♿ Accessibility:	Medical Group(s):	RADY CHILDRENS HEALTH NETWORK
Hours: M-SA 9AM-5PM	IPA: Community Care Ipa Llc	3030 CHILDRENS WAY FL 4 SAN DIEGO, CA 92123-4232
Website:	<b>REED, KELLY L</b>	Phone: (858) 966-6795
Email:	Provider ID: 242599	Fax: (858) 966-7479
Medical Group(s):	Board Certified Specialty: No	After Hours Phone: (858) 966-6795
IPA:	COMMUNITY CARE IPA LLC	Provider Gender: Male
<b>REED, KELLY L</b>	9339 GENESEE AVE STE 350 SAN DIEGO, CA 92121-2150	License number: A148597
Provider ID: 242598	Phone: (858) 454-4300	NPI: 1619311164
Board Certified Specialty: No	Fax: (858) 484-5088	Provider English Spoken: Yes
COMMUNITY CARE IPA LLC	After Hours Phone: (858) 454-4300	Provider Language(s) Spoken:
4060 4TH AVE STE 415 SAN DIEGO, CA 92103-2121	Provider Gender: Female	Cultural Competency: No
Phone: (619) 298-9809	License number: 20A15550	Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County
Fax: (619) 298-9823	NPI: 1053666370	
After Hours Phone: (619) 298-9809	Provider English Spoken: Yes	
Provider Gender: Female	Provider Language(s) Spoken:	
	Cultural Competency: No	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### SCHAIRER, DAVID O

Provider ID: 264683

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-6795

Fax: (858) 966-7479

After Hours Phone: (858)

966-6795

Provider Gender: Male

License number: A148597

NPI: 1619311164

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Childrens Hospital Of Orange

County

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### SCHNEIDER, JEREMY A

Provider ID: 110359

Board Certified Specialty: No

UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN

STE 350

SAN DIEGO, CA 92122-1010

Phone: (858) 657-8322

Fax:

After Hours Phone: (858)

657-8322

Provider Gender: Male

License number: A124232

NPI: 1265762520

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### SHAHAN, FRED F, MD

Provider ID: 65605

Board Certified Specialty: No

SAN DIEGO DERMATOLOGY

AND COSMETIC SURGERY

6367 ALVARADO CT STE 107

SAN DIEGO, CA 92120-4914

Phone: (619) 287-1882

Fax: (619) 287-4121

After Hours Phone: (619)

287-1882

Provider Gender: Male

License number: G83901

NPI: 1811913221

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Alvarado

Hospital Llc, Scripps Memorial

Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc</p> <p><b>SHIELL, RONALD D , MD</b></p> <p><i>Provider ID:</i> 242596</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC 4060 4TH AVE STE 415 SAN DIEGO, CA 92103-2121</p> <p><i>Phone:</i> (619) 295-9809</p> <p><i>Fax:</i> (619) 298-9823</p> <p><i>After Hours Phone:</i> (619) 295-9809</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G70359</p> <p><i>NPI:</i> 1285687384</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p>	<p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>SHIELL, RONALD D</b></p> <p><i>Provider ID:</i> 41094</p> <p><i>Board Certified Specialty:</i> No</p> <p>WEST DERMATOLOGY AND SURG MED GRP 4060 4TH AVE STE 415 SAN DIEGO, CA 92103-2121</p> <p><i>Phone:</i> (619) 295-9809</p> <p><i>Fax:</i> (619) 298-9823</p> <p><i>After Hours Phone:</i> (619) 295-9809</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G70359</p> <p><i>NPI:</i> 1285687384</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p>	<p><i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>SHI, VERONICA J</b></p> <p><i>Provider ID:</i> 271713</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP 8899 UNIVERSITY CENTER LN STE 350 SAN DIEGO, CA 92122-1010</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i> (888) 539-8781</p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A152990</p> <p><i>NPI:</i> 1366897464</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p>
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## D. Directorio de proveedores de atención especializada

IPA: Ucsd Medical Group

### SHI, VERONICA J

Provider ID: 286335

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A152990

NPI: 1366897464

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121

Phone: (619) 298-9809

Fax: (619) 298-9823

After Hours Phone: (619)

298-9809

Provider Gender: Male

License number: A97769

NPI: 1780881797

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Olive View

Ucla Medical Center, Los  
Angeles County Harbor Ucla  
Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### SIMZAR, SOHEIL

Provider ID: 98869

Board Certified Specialty: No

WEST DERMATOLOGY AND

SURG MED GRP

4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121

Phone: (619) 298-9809

Fax: (619) 298-9823

After Hours Phone: (619)

298-9809

Provider Gender: Male

License number: A97769

NPI: 1780881797

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Olive View

Ucla Medical Center, Los  
Angeles County Harbor Ucla  
Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### SIMZAR, SOHEIL, MD

Provider ID: 242621

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

### **SINGH, GAURAV**

*Provider ID:* 272612  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A168460  
*NPI:* 1184073801  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SOHN, GRACE K**

*Provider ID:* 218330

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A144607  
*NPI:* 1023405727  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Korean  
*Cultural Competency:* No  
*Hospital Affiliation:* John Muir  
 Medical Center Concord  
 Campus, John Muir Medical  
 Center Walnut Creek Campus  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **STEIN, ALEXANDER D , MD**

*Provider ID:* 268621

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6280 JACKSON DR STE 8  
 SAN DIEGO, CA 92119-3436  
*Phone:* (619) 303-3062  
*Fax:* (760) 687-2825  
*After Hours Phone:* (619)  
 303-3062  
*Provider Gender:* Male  
*License number:* A106295  
*NPI:* 1760431654  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Romanian  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8:30AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Ihp Of Southern California

### **SUN, BRYAN K**

*Provider ID:* 109550  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>8899 UNIVERSITY CENTER LN STE 350 SAN DIEGO, CA 92122-1010 Phone: (858) 657-8322 Fax: After Hours Phone: (858) 657-8322 Provider Gender: Male License number: A109152 NPI: 1275787673 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Stanford Health Care, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>TOMPKINS, STACY D</b> Provider ID: 115608 Board Certified Specialty: No WEST DERMATOLOGY AND SURG MED GRP 9339 GENESEE AVE STE 350A SAN DIEGO, CA 92121-2119</p>	<p>Phone: (858) 454-4300 Fax: After Hours Phone: (858) 454-4300 Provider Gender: Female License number: A52958 NPI: 1255418265 Provider English Spoken: Yes Provider Language(s) Spoken: French, Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: westdermatology.com Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>TOMPKINS, STACY D , MD</b> Provider ID: 246364 Board Certified Specialty: No COMMUNITY CARE IPA LLC 9333 GENESEE AVE STE 350A SAN DIEGO, CA 92121-2103</p>	<p>Phone: (858) 454-4300 Fax: (858) 454-5088 After Hours Phone: (858) 454-4300 Provider Gender: Female License number: A52958 NPI: 1255418265 Provider English Spoken: Yes Provider Language(s) Spoken: French, Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>TOM, WYNNIS L</b> Provider ID: 242311 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY FL 4 SAN DIEGO, CA 92123-4232</p>
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## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 966-6795          Fax: (858) 966-7479          After Hours Phone: (858) 966-6795          Provider Gender: Female          License number: A99290          NPI: 1922215045          Provider English Spoken: Yes          Provider Language(s) Spoken: Chinese, Mandarin, Spanish, Yue Chinese          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland          Medi-Cal Open Panel: Yes          Min/Max Age: 0/99          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>	<p>UCSD MEDICAL GROUP          4168 FRONT ST          SAN DIEGO, CA 92103-2030          Phone: (619) 543-6248          Fax: (858) 966-7479          After Hours Phone: (619) 543-6248          Provider Gender: Female          License number: A99290          NPI: 1922215045          Provider English Spoken: Yes          Provider Language(s) Spoken: Chinese, Mandarin, Spanish, Yue Chinese          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>	<p>Provider ID: 84925          Board Certified Specialty: No          UCSD MEDICAL GROUP          8899 UNIVERSITY CENTER LN STE 230          SAN DIEGO, CA 92122-1010          Phone: (858) 657-7726          Fax:          After Hours Phone: (858) 657-7726          Provider Gender: Female          License number: A99290          NPI: 1922215045          Provider English Spoken: Yes          Provider Language(s) Spoken: Chinese, Mandarin, Spanish, Yue Chinese          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 9AM-6PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):</p>
<p><b>TOM, WYNNIS L</b>          Provider ID: 64659          Board Certified Specialty: No</p>	<p><b>TOM, WYNNIS L</b></p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health Network

### **TSE, YARDY**

Provider ID: 280330

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4765 CARMEL MOUNTAIN RD  
STE 201

SAN DIEGO, CA 92130-6657

Phone: (858) 369-7546

Fax: (858) 369-7547

After Hours Phone: (858)  
369-7546

Provider Gender: Female

License number: G82156

NPI: 1881608321

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Memorial Hospital

Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **ZALESKI LARSEN, LISA A**

Provider ID: 109712

Board Certified Specialty: No  
WEST DERMATOLOGY AND  
SURG MED GRP

4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121

Phone: (619) 298-9809

Fax: (619) 298-9823

After Hours Phone: (619)  
298-9809

Provider Gender: Female

License number: 20A13774

NPI: 1336296912

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website: westdermatology.com

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **ZALESKI LARSEN, LISA A , MD**

Provider ID: 242549

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121

Phone: (619) 298-9809

Fax: (619) 298-9823

After Hours Phone: (619)  
298-9809

Provider Gender: Female

License number: 20A13774

NPI: 1336296912

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

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### **DEVELOPMENTAL BEHAVIORAL PEDIATRICS**

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### **GIST, LAUREN**

Provider ID: 214805

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

7910 FROST ST STE 360  
 SAN DIEGO, CA 92123-2776  
 Phone: (858) 246-0794  
 Fax:  
 After Hours Phone: (858)  
 246-0794  
 Provider Gender: Female  
 License number: A81381  
 NPI: 1023105335  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **GIST, LAUREN**

Provider ID: 214806  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 11752 EL CAMINO REAL STE  
 2100  
 SAN DIEGO, CA 92130-2050  
 Phone: (858) 793-9591  
 Fax:  
 After Hours Phone: (858)  
 793-9591  
 Provider Gender: Female  
 License number: A81381  
 NPI: 1023105335  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **GIST, LAUREN**

Provider ID: 246932

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4032  
 Fax: (858) 966-6227  
 After Hours Phone: (858)  
 966-4032  
 Provider Gender: Female  
 License number: A81381  
 NPI: 1023105335  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **GIST, LAUREN**

Provider ID: 246933

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 11752 EL CAMINO REAL STE 100  
 SAN DIEGO, CA 92130-2050  
*Phone:* (858) 793-9591  
*Fax:* (858) 793-1153  
*After Hours Phone:* (858) 793-9591  
*Provider Gender:* Female  
*License number:* A81381  
*NPI:* 1023105335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **GIST, LAUREN**

*Provider ID:* 246934

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3665 KEARNY VILLA RD STE 410  
 SAN DIEGO, CA 92123-1953  
*Phone:* (858) 966-5990  
*Fax:* (858) 966-7508  
*After Hours Phone:* (858) 966-5990  
*Provider Gender:* Female  
*License number:* A81381  
*NPI:* 1023105335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **RHODUS, CECILIA M**

*Provider ID:* 284951  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 7910 FROST ST STE 230  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 246-0053  
*Fax:* (858) 496-9257  
*After Hours Phone:* (858) 246-0053  
*Provider Gender:* Female  
*License number:* A137260  
*NPI:* 1699161059  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Northern Inyo Hosp, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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### **EMERGENCY MEDICINE**

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### **AMANN, CHRISTOPHER J**

*Provider ID:* 270913

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: C132360 NPI: 1134326895 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>BARRY, JEFFREY R</b> Provider ID: 271129 Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR STE P2</p>	<p>SAN DIEGO, CA 92121-3028 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A149215 NPI: 1801207006 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>BARRY, JEFFREY R</b> Provider ID: 271130 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030</p>	<p>Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A149215 NPI: 1801207006 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>BARRY, JEFFREY R</b> Provider ID: 271132 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Male            License number: A149215            NPI: 1801207006            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>BELLINGHAUSEN, AMY</b>            Provider ID: 270333            Board Certified Specialty: No            UCSD MEDICAL GROUP            4520 EXECUTIVE DR STE P2            SAN DIEGO, CA 92121-3028</p>	<p>Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: A143164            NPI: 1801206354            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>BELLINGHAUSEN, AMY</b>            Provider ID: 270334            Board Certified Specialty: No            UCSD MEDICAL GROUP            4168 FRONT ST            SAN DIEGO, CA 92103-2030</p>	<p>Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: A143164            NPI: 1801206354            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>BELLINGHAUSEN, AMY</b>            Provider ID: 270336            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911</p>
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## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: A143164            NPI: 1801206354            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Phone: (619) 280-2905            Fax: (619) 283-1614            After Hours Phone: (619) 280-2905            Provider Gender: Male            License number: G69193            NPI: 1700926698            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland            Medi-Cal Open Panel: Yes            Min/Max Age: 0/25            American Sign Language (ASL): No            ♿ Accessibility: P, EB, IB, E            Hours: SA,SU 1PM-10PM, M-F 4PM-10PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>SAN DIEGO, CA 92123-4223            Phone: (858) 966-8800            Fax: (858) 966-7433            After Hours Phone: (858) 966-8800            Provider Gender: Female            License number: A158573            NPI: 1285014498            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SU 12AM-11:59PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>BELLOMO, THOMAS N</b>            Provider ID: 205601            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105-1690</p>	<p><b>BETTY, MARYANN R</b>            Provider ID: 257396            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY</p>	<p><b>CHOW, BYRON C</b>            Provider ID: 206094            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800  
Provider Gender: Male  
License number: A78116  
NPI: 1619907607  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **CHOW, BYRON C**

Provider ID: 206095  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

Phone: (619) 280-2905  
Fax: (619) 283-1614  
After Hours Phone: (619)  
280-2905  
Provider Gender: Male  
License number: A78116  
NPI: 1619907607  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **DEVERA, GEMMIE S**

Provider ID: 288572  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
License number: A161466  
NPI: 1366622078  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SU 12AM-11:59PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **KANTHARIA, TINA H**

Provider ID: 206412  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE 402  
SAN DIEGO, CA 92123-4228

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

---

Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Female  
License number: A126911  
NPI: 1659632362  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **KEARNEY, LAUREN K**

Provider ID: 206219  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
License number: G83666  
NPI: 1740296268  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **KEARNEY, LAUREN K**

Provider ID: 206221  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

Phone: (619) 280-2905  
Fax: (619) 283-1614  
After Hours Phone: (619) 280-2905  
Provider Gender: Female  
License number: G83666  
NPI: 1740296268  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **LI, JINGHONG**

Provider ID: 255939  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

Phone: (858) 657-7125  
 Fax: (858) 657-7107  
 After Hours Phone: (858) 657-7125  
 Provider Gender: Female  
 License number: A107000  
 NPI: 1619014479  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **LOVEJOY, AMY E**

Provider ID: 206107  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690

Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619) 280-2905  
 Provider Gender: Female  
 License number: A75176  
 NPI: 1790856557  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **MINKA, GENEVIEVE M**

Provider ID: 205336  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690

Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619) 280-2905  
 Provider Gender: Female  
 License number: A77841  
 NPI: 1689646689  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: SA,SU 1PM-10PM, M-F 4PM-10PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **MISHRA-OCCHINO, SEEMA S**

Provider ID: 205404  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Female  
 License number: A100307  
 NPI: 1689612830  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **NGUYEN, MARGARET B**

Provider ID: 270705  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A131847  
 NPI: 1942485248  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **PADDOCK, DIANA L**

Provider ID: 267967  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PA52175  
 NPI: 1447657804  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California,  
 Ucsd Medical Group

### **PARIKH, PAYAL**

Provider ID: 205870  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-8800	SAN DIEGO, CA 92105-1690	3020 CHILDRENS WAY
Fax: (858) 966-7433	Phone: (619) 280-2905	SAN DIEGO, CA 92123-4223
After Hours Phone: (858) 966-8800	Fax: (619) 283-1614	Phone: (858) 966-8800
Provider Gender: Female	After Hours Phone: (619) 280-2905	Fax: (858) 966-7433
License number: 20A10898	Provider Gender: Female	After Hours Phone: (858) 966-8800
NPI: 1871757989	License number: 20A10898	Provider Gender: Female
Provider English Spoken: Yes	NPI: 1871757989	License number: G81658
Provider Language(s) Spoken: Gujarati, Spanish	Provider English Spoken: Yes	NPI: 1477626513
Cultural Competency: No	Provider Language(s) Spoken: Gujarati, Spanish	Provider English Spoken: Yes
Hospital Affiliation: Rady Childrens Hospital San Diego, Kaiser Foundation Hospital San Diego	Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
Medi-Cal Open Panel: Yes	Hospital Affiliation: Rady Childrens Hospital San Diego, Kaiser Foundation Hospital San Diego	Hospital Affiliation: Glendale Adventist Med Ctr, Glendale Memorial Hosp And Health Ctr, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Valley Childrens Hospital
Min/Max Age: 0/18	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
American Sign Language (ASL): No	Min/Max Age: 0/18	Min/Max Age: 0/18
Accessibility: No	American Sign Language (ASL): No	American Sign Language (ASL): No
Hours: M-F 8AM-5PM, SA 9AM-5PM	Accessibility: No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Website:	Hours: M-F 8AM-5PM, SA 9AM-5PM	Accessibility: No
Email:	Website:	Hours: M-F 8AM-5PM, SA 9AM-5PM
Medical Group(s): IPA: Rady Childrens Health Network	Email:	Website:
	Medical Group(s): IPA: Rady Childrens Health Network	Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>PARIKH, PAYAL</b>	<b>PARKER, SHERINE B</b>	<b>RILEY-HAGAN, MARGARET</b>
Provider ID: 205871	Provider ID: 205784	Provider ID: 205988
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK	RADY CHILDRENS HEALTH NETWORK	
4305 UNIVERSITY AVE STE 150		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A49609  
*NPI:* 1548352388  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **RILEY-HAGAN, MARGARET**

*Provider ID:* 205989  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690  
*Phone:* (619) 280-2905  
*Fax:* (619) 283-1614  
*After Hours Phone:* (619) 280-2905  
*Provider Gender:* Female  
*License number:* A49609  
*NPI:* 1548352388  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ROSE, OLGA D**

*Provider ID:* 205952  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A143536  
*NPI:* 1740560044  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

### ROSE, OLGA D

Provider ID: 205954

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105-1690

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)

280-2905

Provider Gender: Female

License number: A143536

NPI: 1740560044

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Rady Childrens

Hospital San Diego, Sharp

Memorial Hospital, Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### VAIDYA, KAMALA

Provider ID: 205809

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)

966-8800

Provider Gender: Female

License number: A124814

NPI: 1083840920

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SU 12AM-11:59PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### ENDOCRINOLOGY METABOLISM DIABETES

### BOEDER, SCHAFER C

Provider ID: 117049

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-6303

Fax:

After Hours Phone: (619)

543-6303

Provider Gender: Male

License number: A129134

NPI: 1477808285

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

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## D. Directorio de proveedores de atención especializada

### **BOEDER, SCHAFFER C**

*Provider ID:* 255611  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A129134  
*NPI:* 1477808285  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CHUNG, JOYCE**

*Provider ID:* 64551

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST STE 1A  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6303  
*Fax:*  
*After Hours Phone:* (619)  
 543-6303  
*Provider Gender:* Female  
*License number:* A50122  
*NPI:* 1477561504  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese, Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Sharp Memorial  
 Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CHU, NEELIMA V**

*Provider ID:* 64550  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

4168 FRONT ST STE 1A  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6303  
*Fax:*  
*After Hours Phone:* (619)  
 543-6303  
*Provider Gender:* Female  
*License number:* A65536  
*NPI:* 1154407443  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
 Valley Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Ucsd Medical Ctr, Sharp  
 Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DEMETERCO BERGGREN, CARLA**

*Provider ID:* 121812  
*Board Certified Specialty:* No

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## D. Directorio de proveedores de atención especializada

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123-4232 Phone: (858) 966-4003 Fax: After Hours Phone: (858) 966-4003 Provider Gender: Female License number: A98629 NPI: 1619130655 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A126503 NPI: 1083922462 Provider English Spoken: Yes Provider Language(s) Spoken: Sinhala, Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A126503 NPI: 1083922462 Provider English Spoken: Yes Provider Language(s) Spoken: Sinhala, Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>EKANAYAKE, PREETHIKA S</b> Provider ID: 284812 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR	<b>EKANAYAKE, PREETHIKA S</b> Provider ID: 284813 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030	<b>FEIGENBAUM, ANNETTE S</b> Provider ID: 104983 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123-4232

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-4003	Provider Gender: Male	License number: A120043
Fax:	License number: G47081	NPI: 1720305436
After Hours Phone: (858) 966-4003	NPI: 1275648875	Provider English Spoken: Yes
Provider Gender: Female	Provider English Spoken: Yes	Provider Language(s) Spoken: Spanish
License number: C54803	Provider Language(s) Spoken: Cultural Competency: No	Cultural Competency: No
NPI: 1902187859	Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: 0/999	Min/Max Age: None
Hospital Affiliation: Rady Childrens Hospital San Diego	American Sign Language (ASL): No	American Sign Language (ASL): No
Medi-Cal Open Panel: No	⌘ Accessibility: No	⌘ Accessibility: ME
Min/Max Age: None	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM
American Sign Language (ASL): No	Website:	Website: www.fhcsd.org
⌘ Accessibility: W	Email:	Email:
Hours: M-F 8AM-5PM, SA 9AM-5PM	Medical Group(s):	Medical Group(s): Logan Heights Family Health Center
Website:	IPA: Ucsd Medical Group	IPA:
Email:	<b>HARRIS, SAMANTHA R</b>	<b>JUANG, PATRICIA S</b>
Medical Group(s):	Provider ID: 122893	Provider ID: 255605
IPA:	Board Certified Specialty: No	Board Certified Specialty: No
<b>GUERIN, CHRIS K</b>	LOGAN HEIGHTS FAMILY HEALTH CENTER	UCSD MEDICAL GROUP
Provider ID: 284646	1809 NATIONAL AVE	4168 FRONT ST
Board Certified Specialty: No	SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92103-2030
UCSD MEDICAL GROUP	Phone: (619) 515-2300	Phone: (800) 926-8273
200 W ARBOR DR	Fax:	Fax: (858) 657-7298
SAN DIEGO, CA 92103-1911	After Hours Phone: (619) 515-2300	After Hours Phone: (800) 926-8273
Phone: (800) 926-8273	Provider Gender: Female	Provider Gender: Female
Fax: (888) 539-8781		
After Hours Phone: (800) 926-8273		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

License number: A110217	Provider English Spoken: Yes	Hospital Affiliation: Ucsd
NPI: 1265695795	Provider Language(s) Spoken: Mandarin	Medical Ctr
Provider English Spoken: Yes	Cultural Competency: No	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken: Mandarin	Hospital Affiliation: Ucsd	Min/Max Age: 0/999
Cultural Competency: No	Medical Ctr, Ucsd La Jolla John Sally Thornton	American Sign Language (ASL): No
Hospital Affiliation: Ucsd	Medi-Cal Open Panel: No	⌘ Accessibility:
Medical Ctr, Ucsd La Jolla John Sally Thornton	Min/Max Age: None	Hours: M-F 8AM-5PM, SA 9AM-5PM
Medi-Cal Open Panel: Yes	American Sign Language (ASL): No	Website:
Min/Max Age: 0/999	⌘ Accessibility: W	Email:
American Sign Language (ASL): No	Hours: M-SA 9AM-5PM	Medical Group(s):
⌘ Accessibility:	Website:	IPA: Ucsd Medical Group
Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:	<b>KULASA, KRISTEN M</b>
Website:	Medical Group(s):	Provider ID: 64591
Email:	IPA: Ucsd Medical Group	Board Certified Specialty: No
Medical Group(s):	<b>KULASA, KRISTEN M</b>	UCSD MEDICAL GROUP
IPA: Ucsd Medical Group	Provider ID: 255622	4168 FRONT ST STE 1A
<b>JUANG, PATRICIA S</b>	Board Certified Specialty: No	SAN DIEGO, CA 92103-2030
Provider ID: 83642	UCSD MEDICAL GROUP	Phone: (619) 543-6303
Board Certified Specialty: No	4168 FRONT ST	Fax:
UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-2030	After Hours Phone: (619) 543-6303
4168 FRONT ST	Phone: (800) 926-8273	Provider Gender: Female
SAN DIEGO, CA 92103-2030	Fax: (619) 543-6500	License number: A96293
Phone: (858) 657-1636	After Hours Phone: (800) 926-8273	NPI: 1932324175
Fax: (858) 657-7298	Provider Gender: Female	Provider English Spoken: Yes
After Hours Phone: (858) 657-1636	License number: A96293	Provider Language(s) Spoken:
Provider Gender: Female	NPI: 1932324175	Cultural Competency: No
License number: A110217	Provider English Spoken: Yes	Hospital Affiliation: Ucsd
NPI: 1265695795	Provider Language(s) Spoken: Cultural Competency: No	Medical Ctr
		Medi-Cal Open Panel: No
		Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          No          ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>W 9AM-5PM, F,SA 8:30AM-5PM          Website: www.fhcsd.org          Email:          Medical Group(s): Logan Heights Family Health Center          IPA:</p>
<p><b>LEVINE, MATTHEW J</b>          Provider ID: 64600          Board Certified Specialty: No          UCSD MEDICAL GROUP          4168 FRONT ST          SAN DIEGO, CA 92103-2030          Phone: (619) 543-6248          Fax: (858) 764-3360          After Hours Phone: (619) 543-6248          Provider Gender: Male          License number: A77126          NPI: 1801994231          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):</p>	<p><b>MARX, CHRISTOPHER W</b>          Provider ID: 25723          Board Certified Specialty: No          LOGAN HEIGHTS FAMILY HEALTH CENTER          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113          Phone: (619) 515-2300          Fax:          After Hours Phone: (619) 515-2300          Provider Gender: Male          License number: G58195          NPI: 1811958929          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: ME          Hours: M,TU,TH 8:30AM-6PM,</p>	<p><b>MCCALLUM, JAMES D</b>          Provider ID: 25724          Board Certified Specialty: No          LOGAN HEIGHTS FAMILY HEALTH CENTER          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113          Phone: (619) 515-2300          Fax:          After Hours Phone: (619) 515-2300          Provider Gender: Male          License number: A55708          NPI: 1609838994          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: ME          Hours: M,TU,TH 8:30AM-6PM,</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

W 9AM-5PM, F,SA 8:30AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan Heights Family Health Center  
 IPA:

### **MCCALLUM, JAMES D**

Provider ID: 64610  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-6248  
 Fax:  
 After Hours Phone: (619) 543-6248  
 Provider Gender: Male  
 License number: A55708  
 NPI: 1609838994  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: W  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA:  
**NAGELBERG, JODI B**  
 Provider ID: 287779  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122-1013  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A146838  
 NPI: 1720474141  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group  
**NAGELBERG, JODI B**  
 Provider ID: 287780

Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A146838  
 NPI: 1720474141  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group  
**NAGELBERG, JODI B**  
 Provider ID: 287781  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	Provider Gender: Female	Provider English Spoken: Yes
Fax: (888) 539-8781	License number: A146838	Provider Language(s) Spoken:
After Hours Phone: (800)	NPI: 1720474141	Spanish
926-8273	Provider English Spoken: Yes	Cultural Competency: No
Provider Gender: Female	Provider Language(s) Spoken:	Hospital Affiliation: Rady
License number: A146838	Cultural Competency: No	Childrens Hospital San Diego
NPI: 1720474141	Hospital Affiliation:	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	Min/Max Age: 0/18
Provider Language(s) Spoken:	Min/Max Age: 18/999	American Sign Language (ASL):
Cultural Competency: No	American Sign Language (ASL):	No
Hospital Affiliation:	No	♿ Accessibility:
Medi-Cal Open Panel: Yes	♿ Accessibility:	Hours: M-F 8AM-5PM, SA
Min/Max Age: 18/999	Hours: M-F 8AM-5PM, SA	9AM-5PM
American Sign Language (ASL):	9AM-5PM	Website:
No	Website:	Email:
♿ Accessibility:	Email:	Medical Group(s):
Hours: M-F 8AM-5PM, SA	Medical Group(s):	IPA: Rady Childrens Health
9AM-5PM	IPA: Ucsd Medical Group	Network
Website:		
Email:	<b>NYHAN, WILLIAM L</b>	<b>PHILIS-TSIMIKAS, ATHENA</b>
Medical Group(s):	Provider ID: 205654	Provider ID: 109606
IPA: Ucsd Medical Group	Board Certified Specialty: No	Board Certified Specialty: No
	RADY CHILDRENS HEALTH	LOGAN HEIGHTS FAMILY
	NETWORK	HEALTH CENTER
<b>NAGELBERG, JODI B</b>	3030 CHILDRENS WAY FL 4	1809 NATIONAL AVE
Provider ID: 287782	NORTH	SAN DIEGO, CA 92113-2113
Board Certified Specialty: No	SAN DIEGO, CA 92123-4232	Phone: (619) 515-2300
UCSD MEDICAL GROUP	Phone: (858) 966-5840	Fax:
9909 MIRA MESA BLVD STE	Fax: (858) 966-7942	After Hours Phone: (619)
200	After Hours Phone: (858)	515-2300
SAN DIEGO, CA 92131-1061	966-5840	Provider Gender: Female
Phone: (800) 926-8273	Provider Gender: Male	License number: A50477
Fax: (888) 539-8781	License number: C30911	NPI: 1922105964
After Hours Phone: (800)	NPI: 1710041462	Provider English Spoken: Yes
926-8273		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i> Greek	<i>License number:</i> C167414 <i>NPI:</i> 1992992432	<i>Provider Language(s) Spoken:</i> Cultural Competency: No
<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd
<i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	<i>Provider Language(s) Spoken:</i> Cultural Competency: No	<i>Medical Ctr</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> None	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 18/999
<i>American Sign Language (ASL):</i> No	<i>Min/Max Age:</i> 0/18	<i>American Sign Language (ASL):</i> No
<i>Accessibility:</i> ME	<i>American Sign Language (ASL):</i> No	<i>Accessibility:</i>
<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Accessibility:</i> Hours: M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Website:</i> www.fhcsd.org	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i> Logan Heights Family Health Center	<i>Medical Group(s):</i> IPA: Rady Childrens Health Network	<i>Medical Group(s):</i>
<i>IPA:</i> Ihp Of Southern California		<i>IPA:</i> Ucsd Medical Group
<b>RIVERA-VEGA, MICHELLE Y</b>	<b>SANTOS CAVAIOLA, TRICIA</b>	<b>TANTISIRA, LALITA K</b>
<i>Provider ID:</i> 259111	<i>Provider ID:</i> 256091	<i>Provider ID:</i> 286323
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
RADY CHILDRENS HEALTH NETWORK	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
3030 CHILDRENS WAY FL 4	4168 FRONT ST	4303 LA JOLLA VILLAGE DR
SAN DIEGO, CA 92123-4232	SAN DIEGO, CA 92103-2030	STE 2110
<i>Phone:</i> (858) 966-4032	<i>Phone:</i> (800) 926-8273	SAN DIEGO, CA 92122-1396
<i>Fax:</i> (858) 966-6227	<i>Fax:</i> (858) 657-7298	<i>Phone:</i> (800) 926-8273
<i>After Hours Phone:</i> (858) 966-4032	<i>After Hours Phone:</i> (800) 926-8273	<i>Fax:</i> (888) 539-8781
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>After Hours Phone:</i> (800) 926-8273
	<i>License number:</i> A108282	<i>Provider Gender:</i> Female
	<i>NPI:</i> 1518163799	<i>License number:</i> C170095
	<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1508874298
		<i>Provider English Spoken:</i> Yes
		<i>Provider Language(s) Spoken:</i> Thai
		<i>Cultural Competency:</i> No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>	<i>♿ Accessibility:</i>
<i>Medi-Cal Open Panel: Yes</i>	No	<i>Hours: M-F 8AM-5PM, SA</i>
<i>Min/Max Age: 0/999</i>	<i>♿ Accessibility: W</i>	9AM-5PM
<i>American Sign Language (ASL):</i>	<i>Hours: M-SA 9AM-5PM</i>	<i>Website:</i>
No	<i>Website:</i>	<i>Email:</i>
<i>♿ Accessibility:</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Hours: M-F 8AM-5PM, SA</i>	<i>Medical Group(s):</i>	<i>IPA: Community Care Ipa Llc</i>
9AM-5PM	<i>IPA:</i>	

<i>Website:</i>	<b>FAMILY PRACTICE GERIATRIC</b>	<b>FAMILY PRACTICE SPORTS</b>
<i>Email:</i>	<b>MEDICINE</b>	<b>MEDICINE</b>

*Medical Group(s):*  
*IPA: Ucsd Medical Group*

### **YU, JOSEPH J**

*Provider ID: 64668*  
*Board Certified Specialty: No*  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone: (619) 543-6303*  
*Fax: (619) 543-7352*  
*After Hours Phone: (619)*  
543-6303  
*Provider Gender: Male*  
*License number: A56057*  
*NPI: 1669464103*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Ucsd*  
Medical Ctr, Palomar Medical  
Center  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*

### **MILLER, SCOTT B , MD**

*Provider ID: 271539*  
*Board Certified Specialty: No*  
COMMUNITY CARE IPA LLC  
9878 CARMEL MOUNTAIN RD  
STE B  
SAN DIEGO, CA 92129-2893  
*Phone: (858) 312-1440*  
*Fax: (760) 788-7983*  
*After Hours Phone: (858)*  
312-1440  
*Provider Gender: Male*  
*License number: G129295*  
*NPI: 1104845536*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation:*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
No

### **ACHAR, SURAJ A**

*Provider ID: 255632*  
*Board Certified Specialty: No*  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232  
*Phone: (858) 966-6789*  
*Fax: (858) 966-6706*  
*After Hours Phone: (858)*  
966-6789  
*Provider Gender: Male*  
*License number: G80093*  
*NPI: 1235167321*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
French, Spanish  
*Cultural Competency: No*  
*Hospital Affiliation: Ucsd*  
Medical Ctr, Rady Childrens  
Hospital San Diego, Ucsd La  
Jolla John Sally Thornton  
*Medi-Cal Open Panel: Yes*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 No  
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### KAUFMAN, ELIZABETH A

Provider ID: 285905  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Female  
 License number: A135037  
 NPI: 1942644679  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Green Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18

American Sign Language (ASL):   
 Accessibility:   
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### SPRING, JASON E

Provider ID: 271551  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD  
 SAN DIEGO, CA 92127-3445  
 Phone: (858) 924-1900  
 Fax: (858) 924-1949  
 After Hours Phone: (858) 924-1900  
 Provider Gender: Male  
 License number: 20A9497  
 NPI: 1114011459  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Sharp Memorial  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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### FAMILY PRACTICE

---

### ACHAR, SURAJ A

Provider ID: 65095  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE STE 200  
 SAN DIEGO, CA 92121-2113  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G80093  
 NPI: 1235167321  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego, Ucsd La  
 Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Email:</i>  <i>Medical Group(s):</i> Family Hlth Ctr San Diego-Beach Area  <i>IPA:</i></p>
<p><b>BOWER, KIMBERLY A</b>  <i>Provider ID:</i> 80008  <i>Board Certified Specialty:</i> No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            3030 CHILDRENS WAY FL 2            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-8022  <i>Fax:</i> (858) 966-8457  <i>After Hours Phone:</i> (858) 966-8022  <i>Provider Gender:</i> Female  <i>License number:</i> A83280  <i>NPI:</i> 1114005741  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Scripps Green Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> W</p>	<p><b>BRODSKY, MARK E</b>  <i>Provider ID:</i> 109475  <i>Board Certified Specialty:</i> No            FAMILY HLTH CTR SAN DIEGO-BEACH AREA            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2444  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2444  <i>Provider Gender:</i> Male  <i>License number:</i> C53623  <i>NPI:</i> 1346337904  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org</p>	<p><b>BROWNELL, KRISTIN J</b>  <i>Provider ID:</i> 65875  <i>Board Certified Specialty:</i> No            CITY HEIGHTS FAMILY HEALTH CENTERS INC            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2400  <i>Fax:</i> (619) 795-2756  <i>After Hours Phone:</i> (619) 515-2400  <i>Provider Gender:</i> Female  <i>License number:</i> A80154  <i>NPI:</i> 1134232259  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Medical Group(s): City Heights  
Family Health Centers Inc  
IPA:

### **BROWN, BRANDON S**

Provider ID: 127602  
Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Provider Gender: Male  
License number: A148499  
NPI: 1013399559  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M 8AM-7PM, TU-TH  
8AM-6PM, F 8AM-5:30PM, SA  
8AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Logan

Heights Family Health Center  
IPA:

### **BUCKHOLZ, GARY T**

Provider ID: 83248  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax: (858) 822-6227  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: A82836  
NPI: 1174601702  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:  
**CARSON, COREY M**  
Provider ID: 109587  
Board Certified Specialty: No

FAMILY HLTH CTR SD  
HILLCREST  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619)  
515-2545  
Provider Gender: Female  
License number: A136616  
NPI: 1245599778  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Family Hlth  
Ctr Sd Hillcrest  
IPA:

### **CARSON, COREY M**

Provider ID: 110217  
Board Certified Specialty: No  
CITY HEIGHTS FAMILY HEALTH  
CENTERS INC  
5454 EL CAJON BLVD

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619) 515-2400  
 Provider Gender: Female  
 License number: A136616  
 NPI: 1245599778  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 No  
 Accessability: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): City Heights Family Health Centers Inc  
 IPA:

### **CARSON, COREY M**

Provider ID: 110221  
 Board Certified Specialty: No  
 LOGAN HEIGHTS FAMILY HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Provider Gender: Female  
 License number: A136616  
 NPI: 1245599778  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan Heights Family Health Center  
 IPA:

### **CHENG, TERRI L**

Provider ID: 269914  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2017 1ST AVE STE 100  
 SAN DIEGO, CA 92101-9001  
 Phone: (619) 881-4516  
 Fax:  
 After Hours Phone: (619) 881-4516

Provider Gender: Female  
 License number: A151346  
 NPI: 1942644976  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CHEN, ALICE I**

Provider ID: 207163  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE STE 200  
 SAN DIEGO, CA 92121-2113  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: 20A16077  
 NPI: 1265810337

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	Chinese	<i>Hospital Affiliation:</i> Ucsd
<i>Provider Language(s) Spoken:</i> Chinese	<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John Sally Thornton
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> Yes
<i>Hospital Affiliation:</i> Ucsd	Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>Min/Max Age:</i> 0/999
Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/999	<i>Accessibility:</i> ♿
<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>American Sign Language (ASL):</i> No	<i>Accessibility:</i> ♿	<i>Website:</i>
<i>Accessibility:</i> ♿	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Email:</i>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Website:</i>	<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Email:</i>	<i>Medical Group(s):</i>	<b>CORMAN, DANIEL M</b>
<i>Medical Group(s):</i>	<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 114951
<i>IPA:</i> Ucsd Medical Group	<b>CHEN, ALICE I</b>	<i>Board Certified Specialty:</i> No
<b>CHEN, ALICE I</b>	<i>Provider ID:</i> 207167	CITY HEIGHTS FAMILY HEALTH CENTERS INC
<i>Provider ID:</i> 207164	<i>Board Certified Specialty:</i> No	5454 EL CAJON BLVD
<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP	SAN DIEGO, CA 92115-3621
UCSD MEDICAL GROUP	200 W ARBOR DR	<i>Phone:</i> (619) 515-2400
330 LEWIS ST	SAN DIEGO, CA 92103-1911	<i>Fax:</i>
SAN DIEGO, CA 92103-2108	<i>Phone:</i> (800) 926-8273	<i>After Hours Phone:</i> (619) 515-2400
<i>Phone:</i> (800) 926-8273	<i>Fax:</i>	<i>Provider Gender:</i> Male
<i>Fax:</i>	926-8273	<i>License number:</i> 20A13060
<i>After Hours Phone:</i> (800) 926-8273	<i>Provider Gender:</i> Female	<i>NPI:</i> 1629339593
<i>Provider Gender:</i> Female	<i>License number:</i> 20A16077	<i>Provider English Spoken:</i> Yes
<i>License number:</i> 20A16077	<i>NPI:</i> 1265810337	<i>Provider Language(s) Spoken:</i> Spanish
<i>NPI:</i> 1265810337	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>Provider English Spoken:</i> Yes	Chinese	<i>Hospital Affiliation:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  No  ♿ Accessibility: P, EB, IB, E, R, T, ME  Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): City Heights Family Health Centers Inc  IPA:</p>	<p>Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): Family Hlth Ctr San Diego-Beach Area  IPA:</p>	<p>No  ♿ Accessibility: P, EB, IB, E, R, T, ME  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): City Heights Family Health Centers Inc  IPA:</p>
<p><b>CORMAN, DANIEL M</b>  Provider ID: 128274  Board Certified Specialty: No  FAMILY HLTH CTR SAN DIEGO-BEACH AREA  3705 MISSION BLVD  SAN DIEGO, CA 92109-7104  Phone: (619) 515-2444  Fax:  After Hours Phone: (619) 515-2444  Provider Gender: Male  License number: 20A13060  NPI: 1629339593  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes</p>	<p><b>COULSON, LAURA E</b>  Provider ID: 108550  Board Certified Specialty: No  CITY HEIGHTS FAMILY HEALTH CENTERS INC  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621  Phone: (619) 515-2400  Fax:  After Hours Phone: (619) 515-2400  Provider Gender: Female  License number: A76301  NPI: 1447308424  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL):</p>	<p><b>EDMONDS, KYLE P</b>  Provider ID: 83397  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 543-6222  Fax: (858) 822-6227  After Hours Phone: (619) 543-6222  Provider Gender: Male  License number: A121683  NPI: 1003044728  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W</p>

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## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **GREEN, BRENDA**

Provider ID: 109906

Board Certified Specialty: No  
CITY HEIGHTS FAMILY HEALTH  
CENTERS INC

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Provider Gender: Female

License number: A134406

NPI: 1508125410

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): City Heights

Family Health Centers Inc

IPA:

### **GRIFFITHS, KENNETH J**

Provider ID: 106937

Board Certified Specialty: No  
FAMILY HLTH CTR SD  
HILLCREST

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Provider Gender: Male

License number: C52451

NPI: 1760563068

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth

Ctr Sd Hillcrest

IPA:

### **HALBEISEN, ANNA M**

Provider ID: 128973

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121-2113

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: 20A12902

NPI: 1801044862

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HALBEISEN, ANNA M**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 128974            Board Certified Specialty: No            UCSD MEDICAL GROUP            9909 MIRA MESA BLVD STE 200            SAN DIEGO, CA 92131-1061            Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: 20A12902            NPI: 1801044862            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>HALBEISEN, ANNA M</b>            Provider ID: 201238            Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP            9333 GENESEE AVE STE 200            SAN DIEGO, CA 92121-2113            Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: 20A12902            NPI: 1801044862            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>HALBEISEN, ANNA M</b>            Provider ID: 201239            Board Certified Specialty: No            UCSD MEDICAL GROUP</p>	<p>9909 MIRA MESA BLVD STE 200            SAN DIEGO, CA 92131-1061            Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: 20A12902            NPI: 1801044862            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>HALBEISEN, ANNA M</b>            Provider ID: 201240            Board Certified Specialty: No            UCSD MEDICAL GROUP            330 LEWIS ST</p>
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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92103-2108  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: 20A12902  
 NPI: 1801044862  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HALBEISEN, ANNA M**

Provider ID: 201241  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 1  
 SAN DIEGO, CA 92121-3018

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: 20A12902  
 NPI: 1801044862  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HAMILTON, LISA MARIE S**

Provider ID: 110638  
 Board Certified Specialty: No  
 DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619) 515-2560  
 Provider Gender: Female  
 License number: 20A14772  
 NPI: 1235576059  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Diamond Neighborhoods Family Hlth Ctrs Inc  
 IPA:

### **HAMILTON, LISA MARIE S**

Provider ID: 110642  
 Board Certified Specialty: No  
 FAMILY HEALTH CTR SAN DIEGO-OAK PARK  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 515-2454	Phone: (858) 279-0925	Phone: (858) 810-8700
Fax:	Fax: (858) 633-4680	Fax: (858) 633-4680
After Hours Phone: (619) 515-2454	After Hours Phone: (858) 279-0925	After Hours Phone: (858) 810-8700
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 20A14772	License number: G41532	License number: G41532
NPI: 1235576059	NPI: 1467434811	NPI: 1467434811
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: French, Spanish	Provider Language(s) Spoken: French, Spanish
Hospital Affiliation:	Cultural Competency: No	Cultural Competency: No
Medi-Cal Open Panel: Yes	Hospital Affiliation: Ucsd Medical Ctr	Hospital Affiliation: Ucsd Medical Ctr
Min/Max Age: None	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
American Sign Language (ASL): No	Min/Max Age: 0/999	Min/Max Age: 0/999
♿ Accessibility:	American Sign Language (ASL): No	American Sign Language (ASL): No
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	♿ Accessibility: P, EB, IB, E, R, T	♿ Accessibility:
Website: www.fhcsd.org	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	Hours: M-SA 9AM-5PM
Email:	Website:	Website:
Medical Group(s): Family Health Ctr San Diego-Oak Park	Email:	Email:
IPA:	Medical Group(s):	Medical Group(s):
	IPA: Ihp Of Southern California	IPA: Ihp Of Southern California
<b>HILL, LINDA L</b>	<b>HILL, LINDA L</b>	<b>JOHNSON, DANIEL W</b>
Provider ID: 293210	Provider ID: 293211	Provider ID: 290924
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: Yes
IHP OF SOUTHERN CALIFORNIA	IHP OF SOUTHERN CALIFORNIA	IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD	7011 LINDA VISTA RD	1016 OUTER RD
SAN DIEGO, CA 92111-6342	SAN DIEGO, CA 92111-6307	SAN DIEGO, CA 92154-1351

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Provider Gender: Male  
 License number: 20A9393  
 NPI: 1245311216  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **KAUFMAN, JENNIFER CHILYN**

**L**  
 Provider ID: 120073  
 Board Certified Specialty: No  
 CITY HEIGHTS FAMILY HEALTH CENTERS INC  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619) 515-2400  
 Provider Gender: Female  
 License number: G149974  
 NPI: 1407818768  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): City Heights Family Health Centers Inc  
 IPA:

### **KAUFMAN, JENNIFER CHILYN**

**L**  
 Provider ID: 120074  
 Board Certified Specialty: No  
 FAMILY HEALTH CTR IBARRA  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426  
 Fax:  
 After Hours Phone: (619) 515-2426  
 Provider Gender: Female  
 License number: G149974  
 NPI: 1407818768  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: P, EB, IB, E, R, T  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Health Ctr Ibarra  
 IPA:

### **KEFLEZIGHI, BAHGHI R**

Provider ID: 80429  
 Board Certified Specialty: No  
 DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 515-2560	SAN DIEGO, CA 92122-1013	License number: A62689
Fax: (619) 263-2499	Phone: (800) 926-8273	NPI: 1205848363
After Hours Phone: (619) 515-2560	Fax: (888) 539-8781	Provider English Spoken: Yes
Provider Gender: Female	After Hours Phone: (800) 926-8273	Provider Language(s) Spoken: Cultural Competency: No
License number: A100391	Provider Gender: Male	Hospital Affiliation:
NPI: 1124210844	License number: A62689	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	NPI: 1205848363	Min/Max Age: 0/999
Provider Language(s) Spoken: Spanish	Provider English Spoken: Yes	American Sign Language (ASL): No
Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No	♿ Accessibility:
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego	Hospital Affiliation: Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
Medi-Cal Open Panel: Yes	Min/Max Age: 0/999	Website:
Min/Max Age: None	American Sign Language (ASL): No	Email:
American Sign Language (ASL): No	♿ Accessibility:	Medical Group(s):
♿ Accessibility: P, EB, IB, E, R, T, ME	Hours: M-SA 9AM-5PM	IPA: Ucsd Medical Group
Hours: M-SA 9AM-5PM	Website:	<b>LARA, LESLEY</b>
Website: www.fhcsd.org	Email:	Provider ID: 291532
Email:	Medical Group(s):	Board Certified Specialty: No
Medical Group(s): Diamond Neighborhoods Family Hlth Ctrs Inc	IPA: Ucsd Medical Group	IHP OF SOUTHERN CALIFORNIA
IPA:	<b>KUROSAKA, MOMO C</b>	1016 OUTER RD
<b>KUROSAKA, MOMO C</b>	Provider ID: 291448	SAN DIEGO, CA 92154-1351
Provider ID: 291447	Board Certified Specialty: No	Phone: (619) 429-3733
Board Certified Specialty: No	UCSD MEDICAL GROUP	Fax: (619) 628-5550
UCSD MEDICAL GROUP	200 W ARBOR DR	After Hours Phone: (619) 429-3733
8899 UNIVERSITY CENTER LN	SAN DIEGO, CA 92103-1911	Provider Gender: Female
Provider Gender: Male	Phone: (800) 926-8273	License number: A173435
	Fax: (888) 539-8781	NPI: 1184112682
	After Hours Phone: (800) 926-8273	Provider English Spoken: Yes
	Provider Gender: Male	Provider Language(s) Spoken: Spanish

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## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 14/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### LINDEMAN, KURTIS P

Provider ID: 64347  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 400  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9260  
 Fax:  
 After Hours Phone: (619) 471-9260  
 Provider Gender: Male  
 License number: A104052  
 NPI: 1124155791  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### LU, JULIE P

Provider ID: 127485  
 Board Certified Specialty: No  
 FAMILY HEALTH CTR SAN DIEGO-OAK PARK  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
 Phone: (619) 515-2454  
 Fax:  
 After Hours Phone: (619) 515-2454  
 Provider Gender: Female  
 License number: 20A14804  
 NPI: 1619210614  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Health Ctr San Diego-Oak Park  
 IPA:

### LYNCH, SHAUNA M

Provider ID: 269894  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1075 CAMINO DEL RIO S  
 SAN DIEGO, CA 92108-3538  
 Phone: (805) 739-8450  
 Fax:  
 After Hours Phone: (805) 739-8450  
 Provider Gender: Female  
 License number: 20A11056  
 NPI: 1356551220  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>IPA: Ihp Of Southern California</i>	<i>Board Certified Specialty: No</i>
<i>Medical Group(s):</i>		<i>UCSD MEDICAL GROUP</i>
<i>IPA: Community Care Ipa Llc</i>	<b>MARSTON, JACQUELINE N</b>	<i>330 LEWIS ST STE 400</i>
<b>MARSTON, JACQUELINE N</b>	<i>Provider ID: 293271</i>	<i>SAN DIEGO, CA 92103-2108</i>
<i>Provider ID: 293270</i>	<i>Board Certified Specialty: No</i>	<i>Phone: (619) 471-9260</i>
<i>Board Certified Specialty: No</i>	<i>IHP OF SOUTHERN</i>	<i>Fax:</i>
<i>IHP OF SOUTHERN</i>	<i>CALIFORNIA</i>	<i>After Hours Phone: (619)</i>
<i>CALIFORNIA</i>	<i>7011 LINDA VISTA RD</i>	<i>471-9260</i>
<i>6973 LINDA VISTA RD</i>	<i>SAN DIEGO, CA 92111-6307</i>	<i>Provider Gender: Male</i>
<i>SAN DIEGO, CA 92111-6342</i>	<i>Phone: (858) 810-8700</i>	<i>License number: A143811</i>
<i>Phone: (858) 279-0925</i>	<i>Fax: (858) 633-4680</i>	<i>NPI: 1588002877</i>
<i>Fax:</i>	<i>After Hours Phone: (858)</i>	<i>Provider English Spoken: Yes</i>
<i>After Hours Phone: (858)</i>	<i>810-8700</i>	<i>Provider Language(s) Spoken:</i>
<i>279-0925</i>	<i>Provider Gender: Female</i>	<i>Spanish</i>
<i>Provider Gender: Female</i>	<i>License number: 20A12402</i>	<i>Cultural Competency: No</i>
<i>License number: 20A12402</i>	<i>NPI: 1417205055</i>	<i>Hospital Affiliation: Ucsd</i>
<i>NPI: 1417205055</i>	<i>Provider English Spoken: Yes</i>	<i>Medical Ctr</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel: No</i>
<i>Provider Language(s) Spoken:</i>	<i>Spanish</i>	<i>Min/Max Age: None</i>
<i>Spanish</i>	<i>Cultural Competency: No</i>	<i>American Sign Language (ASL):</i>
<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Sharp</i>	<i>No</i>
<i>Hospital Affiliation: Sharp</i>	<i>Memorial Hospital</i>	<i>♿ Accessibility: W</i>
<i>Memorial Hospital</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Hours: M-SA 9AM-5PM</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Min/Max Age: 0/999</i>	<i>Website:</i>
<i>Min/Max Age: 0/999</i>	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>American Sign Language (ASL):</i>	<i>No</i>	<i>Medical Group(s):</i>
<i>No</i>	<i>♿ Accessibility:</i>	<i>IPA:</i>
<i>♿ Accessibility: P, EB, IB, E, R, T</i>	<i>Hours: M-SA 9AM-5PM</i>	<b>NUQUI, JOSIE C</b>
<i>Hours: M-F 8:30AM-5:30PM, SA</i>	<i>Website:</i>	<i>Provider ID: 129962</i>
<i>9AM-4PM</i>	<i>Email:</i>	<i>Board Certified Specialty: No</i>
<i>Website:</i>	<i>Medical Group(s):</i>	<i>OPERATION SAMAHAN - MIRA</i>
<i>Email:</i>	<i>IPA: Ihp Of Southern California</i>	<i>MESA</i>
<i>Medical Group(s):</i>	<b>NOVOTNY, RICHARD W</b>	<i>9855 ERMA RD STE 105</i>
	<i>Provider ID: 110220</i>	

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92131-1007 Phone: (844) 200-2426 Fax: After Hours Phone: (844) 200-2426 Provider Gender: Female License number: A71544 NPI: 1184773673 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 8:30AM-5PM Website: www.operationsamahan.org Email: Medical Group(s): Operation Samahan - Mira Mesa IPA:	Phone: (858) 279-0925 Fax: (858) 633-4680 After Hours Phone: (858) 279-0925 Provider Gender: Male License number: G70886 NPI: 1952386765 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	License number: G70886 NPI: 1952386765 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California
<b>RISSER, JOSEPH A</b> Provider ID: 293216 Board Certified Specialty: Yes IHP OF SOUTHERN CALIFORNIA 6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342	<b>RISSER, JOSEPH A</b> Provider ID: 293217 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307 Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Provider Gender: Male	<b>ROSENBLUM, ELIZABETH</b> Provider ID: 64380 Board Certified Specialty: No UCSD MEDICAL GROUP 330 LEWIS ST STE 400 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9260 Fax: After Hours Phone: (619) 471-9260 Provider Gender: Female License number: C52654 NPI: 1669497939 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd

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## D. Directorio de proveedores de atención especializada

<p>Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>American Sign Language (ASL): No          Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Hours: M-F 8AM-6PM, SA 8AM-2PM          Website: www.lamaestra.org          Email:          Medical Group(s): La Maestra Family Clinic Inc          IPA:</p>
<p><b>SANNIDHI, DEEPA V</b>          Provider ID: 117559          Board Certified Specialty: No          UCSD MEDICAL GROUP          330 LEWIS ST          SAN DIEGO, CA 92103-2108          Phone: (800) 926-8273          Fax:          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A136286          NPI: 1083007397          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None</p>	<p><b>SCHUMAKER, EDWARD W</b>          Provider ID: 46952          Board Certified Specialty: No          LA MAESTRA FAMILY CLINIC INC          4060 FAIRMOUNT AVE          SAN DIEGO, CA 92105-1608          Phone: (619) 255-9155          Fax: (619) 284-4731          After Hours Phone: (619) 255-9155          Provider Gender: Male          License number: 20A6433          NPI: 1184616872          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: P, EB, IB, E, W</p>	<p><b>SHAHTAJI, ALAN P</b>          Provider ID: 69095          Board Certified Specialty: No          UCSD MEDICAL GROUP          9333 GENESEE AVE STE 200          SAN DIEGO, CA 92121-2113          Phone: (858) 657-8600          Fax:          After Hours Phone: (858) 657-8600          Provider Gender: Male          License number: 20A11087          NPI: 1972751089          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: W          Hours: M-SA 9AM-5PM          Website:</p>

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## D. Directorio de proveedores de atención especializada

<p>Email:          Medical Group(s):          IPA:</p> <p><b>SHAHTAJI, ALAN P</b>          Provider ID: 84780          Board Certified Specialty: No          UCSD MEDICAL GROUP          9909 MIRA MESA BLVD STE          200          SAN DIEGO, CA 92131-1061          Phone: (858) 657-7750          Fax:          After Hours Phone: (858)          657-7750          Provider Gender: Male          License number: 20A11087          NPI: 1972751089          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p><b>SMOOT, CHARLES B</b>          Provider ID: 39265          Board Certified Specialty: No          LOGAN HEIGHTS FAMILY          HEALTH CENTER          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113          Phone: (619) 515-2300          Fax:          After Hours Phone: (619)          515-2300          Provider Gender: Male          License number: A97036          NPI: 1245490358          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: ME          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website: www.fhcsd.org          Email:          Medical Group(s): Logan          Heights Family Health Center          IPA:</p> <p><b>SOPHY, ELIZABETH G</b>          Provider ID: 291225</p>	<p>Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          1501 IMPERIAL AVE          SAN DIEGO, CA 92101-7638          Phone: (619) 233-8500          Fax: (861) 687-1067          After Hours Phone: (619)          233-8500          Provider Gender: Female          License number: A157547          NPI: 1013441203          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Scripps          Mercy Hospital Chula Vista          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8:30AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>SUMMERS-DAY, COURTNEY A</b>          Provider ID: 290976          Board Certified Specialty: Yes          IHP OF SOUTHERN</p>
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## D. Directorio de proveedores de atención especializada

<p>CALIFORNIA 1016 OUTER RD SAN DIEGO, CA 92154-1351 Phone: (619) 429-3733 Fax: (619) 628-5550 After Hours Phone: (619) 429-3733 Provider Gender: Female License number: A112781 NPI: 1124288873 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California</p>	<p>Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A55037 NPI: 1265458269 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p>Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400 Provider Gender: Male License number: A145023 NPI: 1326453119 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): City Heights Family Health Centers Inc IPA:</p>
<p><b>TAYLOR, KENNETH S</b> Provider ID: 65106 Board Certified Specialty: No UCSD MEDICAL GROUP 9333 GENESEE AVE STE 200 SAN DIEGO, CA 92121-2113</p>	<p><b>THOMAS, ZACHARY S</b> Provider ID: 123029 Board Certified Specialty: No CITY HEIGHTS FAMILY HEALTH CENTERS INC 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621</p>	<p><b>TRAN, UYEN THAO P</b> Provider ID: 25643 Board Certified Specialty: No LOGAN HEIGHTS FAMILY HEALTH CENTER 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p>

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## D. Directorio de proveedores de atención especializada

Phone: (619) 515-2300  
 Fax: (619) 795-2756  
 After Hours Phone: (619) 515-2300  
 Provider Gender: Female  
 License number: A76709  
 NPI: 1891720355  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan Heights Family Health Center  
 IPA:

### TRAN, UYEN THAO P

Provider ID: 65771  
 Board Certified Specialty: No  
 CITY HEIGHTS FAMILY HEALTH CENTERS INC  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619) 515-2400  
 Provider Gender: Female  
 License number: A76709  
 NPI: 1891720355  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): City Heights Family Health Centers Inc  
 IPA:

### YEUNG, HEIDI N

Provider ID: 84253  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: A103222  
 NPI: 1316125198  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### FEMALE PELVIC MED AND RECONSTRUCTIVE SURG

### LUKACZ, EMILY S

Provider ID: 256955  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A63540  
 NPI: 1750339446  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### LUKACZ, EMILY S

Provider ID: 256956  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 360  
 SAN DIEGO, CA 92121-3020

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A63540  
 NPI: 1750339446  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### GASTROENTEROLOGY

#### AJMERA, VEERAL H

Provider ID: 116559  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A124545  
 NPI: 1932429842  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### ANAND, GOBIND S

Provider ID: 272837  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2347  
 Fax: (858) 657-7259  
 After Hours Phone: (619) 543-2347  
 Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>License number: A120739  NPI: 1861626814  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: Yes  Min/Max Age: 0/99  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>	<p>Jolla John Sally Thornton, Ucsd  Medical Ctr, Desert Regional  Med Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>BAUMAN, LAURA E</b>  Provider ID: 260041  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  3030 CHILDRENS WAY FL 2  SAN DIEGO, CA 92123-4232  Phone: (858) 966-4003  Fax: (858) 560-6798  After Hours Phone: (858)  966-4003  Provider Gender: Female  License number: A157981  NPI: 1255697850  Provider English Spoken: Yes</p>	<p><b>BORTNIKER, ETHAN I</b>  Provider ID: 238774  Board Certified Specialty: No  UCSD MEDICAL GROUP  16950 VIA TAZON  SAN DIEGO, CA 92127-1607  Phone: (800) 926-8273  Fax:  After Hours Phone: (800)  926-8273  Provider Gender: Male  License number: A155188  NPI: 1396905576  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La</p>	<p><b>CHOI, LILLIAN J</b>  Provider ID: 206042  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  3030 CHILDRENS WAY FL 2  SOUTH  SAN DIEGO, CA 92123-4232  Phone: (858) 966-4003  Fax: (858) 560-6798  After Hours Phone: (858)  966-4003  Provider Gender: Female  License number: A90646  NPI: 1831350453  Provider English Spoken: Yes  Provider Language(s) Spoken:  Korean  Cultural Competency: No</p>

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p>Mercy Hospital, Sharp Chula Vista Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Imperial Health Holdings Medical Group-Sd</p>
<p><b>COPUR DAHI, NEDRET</b>  <i>Provider ID:</i> 63862  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i> (619) 543-7731  <i>After Hours Phone:</i> (619) 543-6222  <i>Provider Gender:</i> Female  <i>License number:</i> A99701  <i>NPI:</i> 1932290145  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Turkish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd</p>	<p><b>CUBAS, IVAN P</b>  <i>Provider ID:</i> 262292  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD            292 EUCLID AVE STE 115            SAN DIEGO, CA 92114-3629  <i>Phone:</i> (619) 266-3332  <i>Fax:</i> (619) 266-6000  <i>After Hours Phone:</i> (619) 266-3332  <i>Provider Gender:</i> Male  <i>License number:</i> C55825  <i>NPI:</i> 1447464912  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Portuguese, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps</p>	<p><b>CUBAS, IVAN P</b>  <i>Provider ID:</i> 88139  <i>Board Certified Specialty:</i> No            DIGESTIVE DISEASE ASSOCS INC            292 EUCLID AVE STE 115            SAN DIEGO, CA 92114-3629  <i>Phone:</i> (619) 266-3332  <i>Fax:</i> (619) 266-6000  <i>After Hours Phone:</i> (619) 266-3332  <i>Provider Gender:</i> Male  <i>License number:</i> C55825  <i>NPI:</i> 1447464912  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Portuguese, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Paradise</p>

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## D. Directorio de proveedores de atención especializada

Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: P, EB, IB, E, R, T, W Hours: M-SA 9AM-5PM Website: www.3dcinc.com Email: Medical Group(s): IPA: Imperial Health Holdings Medical Group-Sd	Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: P, EB, IB, E, R, T, W Hours: M-TH 9AM-5PM, F 9AM-3:30PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: lhp Of Southern California, Imperial Health Holdings Medical Group-Sd
<b>DAVE, SHRAVAN S</b> Provider ID: 270450 Board Certified Specialty: No UCSD MEDICAL GROUP 4510 EXECUTIVE DR STE 7 SAN DIEGO, CA 92121-3021 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A139385 NPI: 1588081814 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation:	<b>DESTA, TADDESE T</b> Provider ID: 26477 Board Certified Specialty: No DIGESTIVE DISEASE ASSOCS INC 292 EUCLID AVE STE 115 SAN DIEGO, CA 92114-3629 Phone: (619) 266-3332 Fax: (619) 266-6000 After Hours Phone: (619) 266-3332 Provider Gender: Male License number: A49164 NPI: 1346326246 Provider English Spoken: Yes Provider Language(s) Spoken: Amharic, Arabic, Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy	<b>DESTA, TADDESE T</b> Provider ID: 26477 Board Certified Specialty: No DIGESTIVE DISEASE ASSOCS INC 292 EUCLID AVE STE 115 SAN DIEGO, CA 92114-3629 Phone: (619) 266-3332 Fax: After Hours Phone: (619) 266-3332 Provider Gender: Male License number: A49164 NPI: 1346326246 Provider English Spoken: Yes Provider Language(s) Spoken: Amharic, Arabic, Spanish Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T, W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i> www.3dcinc.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>	<p><i>NPI:</i> 1386805877  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, French, German, Spanish, Urdu  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag Hospital Irvine, Sharp Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
<p><b>GARCIA, MARY ABIGAIL S</b>  <i>Provider ID:</i> 205694  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>  <b>3030 CHILDRENS WAY FL 2 SOUTH</b>  <b>SAN DIEGO, CA 92123-4232</b>  <i>Phone:</i> (858) 966-4003  <i>Fax:</i> (858) 560-6798  <i>After Hours Phone:</i> (858) 966-4003  <i>Provider Gender:</i> Female  <i>License number:</i> A89980</p>	<p><b>HASSANEIN, TAREK I, MD</b>  <i>Provider ID:</i> 269557  <i>Board Certified Specialty:</i> No  <b>COMMUNITY CARE IPA LLC</b>  <b>995 GATEWAY CENTER WAY STE 105</b>  <b>SAN DIEGO, CA 92102-4544</b>  <i>Phone:</i> (619) 264-1934  <i>Fax:</i> (619) 264-1937  <i>After Hours Phone:</i> (619) 264-1934  <i>Provider Gender:</i> Male  <i>License number:</i> A54452  <i>NPI:</i> 1801854450</p>	<p><b>HILDRETH, AMBER N</b>  <i>Provider ID:</i> 280464  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>  <b>3030 CHILDRENS WAY FL 2</b></p>

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female  
 License number: 20A14177  
 NPI: 1548521511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/99  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### HOM, XENIA B

Provider ID: 206024  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2 SOUTH  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Female  
 License number: G86642  
 NPI: 1982775748  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese (Family), Mandarin, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### HUANG, JEANNIE S

Provider ID: 205939  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2 SOUTH

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-1700  
 Provider Gender: Female  
 License number: A61762  
 NPI: 1013088871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Naval Medical Ctr Sd Rbe  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### KALMAZ, DENISE

Provider ID: 63987  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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## D. Directorio de proveedores de atención especializada

Phone: (619) 543-2347	Provider Gender: Male	Provider English Spoken: Yes
Fax: (619) 543-7731	License number: A154916	Provider Language(s) Spoken:
After Hours Phone: (619)	NPI: 1891113288	Japanese
543-2347	Provider English Spoken: Yes	Cultural Competency: No
Provider Gender: Female	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd
License number: A87252	Cultural Competency: No	Medical Ctr, Ucsd La Jolla John
NPI: 1275700973	Hospital Affiliation: Ucsd La	Sally Thornton
Provider English Spoken: Yes	Jolla John Sally Thornton, Ucsd	Medi-Cal Open Panel: No
Provider Language(s) Spoken:	Medical Ctr	Min/Max Age: None
Cultural Competency: No	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Hospital Affiliation: Ucsd	Min/Max Age: 18/999	No
Medical Ctr, Ucsd La Jolla John	American Sign Language (ASL):	♿ Accessibility: W
Sally Thornton	No	Hours: M-SA 9AM-5PM
Medi-Cal Open Panel: No	♿ Accessibility:	Website:
Min/Max Age: None	Hours: M-F 8AM-5PM, SA	Email:
American Sign Language (ASL):	9AM-5PM	Medical Group(s):
No	Website:	IPA:
♿ Accessibility: W	Email:	
Hours: M-SA 9AM-5PM	Medical Group(s):	<b>KONO, YUKO</b>
Website:	IPA: Ucsd Medical Group	Provider ID: 83663
Email:		Board Certified Specialty: No
Medical Group(s):	<b>KONO, YUKO</b>	UCSD MEDICAL GROUP
IPA:	Provider ID: 64589	200 W ARBOR DR
	Board Certified Specialty: No	SAN DIEGO, CA 92103-1911
<b>KLAPHEKE, ROBERT W</b>	UCSD MEDICAL GROUP	Phone: (619) 543-2218
Provider ID: 283346	4168 FRONT ST	Fax: (619) 471-9473
Board Certified Specialty: No	SAN DIEGO, CA 92103-2030	After Hours Phone: (619)
UCSD MEDICAL GROUP	Phone: (619) 543-6248	543-2218
200 W ARBOR DR	Fax:	Provider Gender: Female
SAN DIEGO, CA 92103-1911	After Hours Phone: (619)	License number: A111039
Phone: (800) 926-8273	543-6248	NPI: 1982628665
Fax: (888) 539-8781	Provider Gender: Female	Provider English Spoken: Yes
After Hours Phone: (800)	License number: A111039	Provider Language(s) Spoken:
926-8273	NPI: 1982628665	Japanese

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	Sally Thornton	<i>Min/Max Age:</i> 0/18
<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>
Medical Ctr, Ucsd La Jolla John	<i>Min/Max Age:</i> None	No
Sally Thornton	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>
<i>Medi-Cal Open Panel:</i> No	No	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i>	9AM-5PM
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 9AM-6PM, SA	<i>Website:</i>
No	9AM-5PM	<i>Email:</i>
♿ <i>Accessibility:</i> W	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>	<i>IPA:</i> Rady Childrens Health
<i>Website:</i>	<i>Medical Group(s):</i>	Network
<i>Email:</i>	<i>IPA:</i>	
<i>Medical Group(s):</i>		
<i>IPA:</i>		
<b>KONO, YUKO</b>	<b>KUMAR, SOMA</b>	<b>MENDLER, MICHEL H</b>
<i>Provider ID:</i> 83664	<i>Provider ID:</i> 205377	<i>Provider ID:</i> 210291
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
UCSD MEDICAL GROUP	RADY CHILDRENS HEALTH	UCSD MEDICAL GROUP
330 LEWIS ST STE 202	3030 CHILDRENS WAY FL 2	200 W ARBOR DR FL 2
SAN DIEGO, CA 92103-2108	SOUTH	SAN DIEGO, CA 92103-1911
<i>Phone:</i> (619) 471-9240	SAN DIEGO, CA 92123-4232	<i>Phone:</i> (800) 926-8273
<i>Fax:</i>	<i>Phone:</i> (858) 966-4003	<i>Fax:</i> (888) 539-8781
<i>After Hours Phone:</i> (619)	<i>Fax:</i> (858) 560-6798	<i>After Hours Phone:</i> (800)
471-9240	<i>After Hours Phone:</i> (858)	926-8273
<i>Provider Gender:</i> Female	966-4003	<i>Provider Gender:</i> Male
<i>License number:</i> A111039	<i>Provider Gender:</i> Female	<i>License number:</i> A78316
<i>NPI:</i> 1982628665	<i>License number:</i> A140223	<i>NPI:</i> 1134232051
<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1356502520	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
Japanese	<i>Provider Language(s) Spoken:</i>	French
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Ucsd	<i>Hospital Affiliation:</i> Rady	<i>Hospital Affiliation:</i> Ucsd
Medical Ctr, Ucsd La Jolla John	Childrens Hospital San Diego	Medical Ctr, Lac Usc Medical
	<i>Medi-Cal Open Panel:</i> Yes	Center, Lac Rancho Los Amigos
		National Rehab Center
		<i>Medi-Cal Open Panel:</i> Yes

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## D. Directorio de proveedores de atención especializada

<i>Min/Max Age: 0/999</i>	<i>American Sign Language (ASL): No</i>	<i>No</i>
<i>American Sign Language (ASL): No</i>	<i>♿ Accessibility: W</i>	<i>Hours: M-SA 9AM-5PM</i>
<i>No</i>	<i>♿ Accessibility:</i>	<i>Website:</i>
<i>♿ Accessibility:</i>	<i>Hours: M-F 8AM-5PM, SA</i>	<i>Email:</i>
<i>Hours: M-F 8AM-5PM, SA</i>	<i>9AM-5PM</i>	<i>Medical Group(s):</i>
<i>9AM-5PM</i>	<i>Website:</i>	<i>IPA: Ucsd Medical Group</i>
<i>Website:</i>	<i>Email:</i>	
<i>Email:</i>	<i>Medical Group(s):</i>	
<i>Medical Group(s):</i>	<i>IPA: Ucsd Medical Group</i>	
<i>IPA: Ucsd Medical Group</i>		
	<b>MENDLER, MICHEL H</b>	<b>NOVO, MEGAN E</b>
<b>MENDLER, MICHEL H</b>	<i>Provider ID: 64079</i>	<i>Provider ID: 296066</i>
<i>Provider ID: 210293</i>	<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>
<i>Board Certified Specialty: No</i>	<i>UCSD MEDICAL GROUP</i>	<i>IHP OF SOUTHERN</i>
<i>UCSD MEDICAL GROUP</i>	<i>200 W ARBOR DR</i>	<i>CALIFORNIA</i>
<i>4510 EXECUTIVE DR STE 7</i>	<i>SAN DIEGO, CA 92103-1911</i>	<i>292 EUCLID AVE STE 115</i>
<i>SAN DIEGO, CA 92121-3021</i>	<i>Phone: (619) 543-6222</i>	<i>SAN DIEGO, CA 92114-3629</i>
<i>Phone: (800) 926-8273</i>	<i>Fax: (909) 558-6415</i>	<i>Phone: (619) 266-3332</i>
<i>Fax: (888) 539-8781</i>	<i>After Hours Phone: (619)</i>	<i>Fax: (619) 266-6006</i>
<i>After Hours Phone: (800)</i>	<i>543-6222</i>	<i>After Hours Phone: (619)</i>
<i>926-8273</i>	<i>Provider Gender: Male</i>	<i>266-3332</i>
<i>Provider Gender: Male</i>	<i>License number: A78316</i>	<i>Provider Gender: Female</i>
<i>License number: A78316</i>	<i>NPI: 1134232051</i>	<i>License number: A147981</i>
<i>NPI: 1134232051</i>	<i>Provider English Spoken: Yes</i>	<i>NPI: 1770961971</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>French</i>	<i>Provider Language(s) Spoken:</i>
<i>French</i>	<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>
<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Ucsd</i>	<i>Hospital Affiliation: Ucsd La</i>
<i>Hospital Affiliation: Ucsd</i>	<i>Medical Ctr, Lac Usc Medical</i>	<i>Jolla John Sally Thornton, Ucsd</i>
<i>Medical Ctr, Lac Usc Medical</i>	<i>Center, Lac Rancho Los Amigos</i>	<i>Medical Ctr, University Of</i>
<i>Center, Lac Rancho Los Amigos</i>	<i>National Rehab Center</i>	<i>California Irvine Med Ctr</i>
<i>National Rehab Center</i>	<i>Medi-Cal Open Panel: No</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Min/Max Age: None</i>	<i>Min/Max Age: 18/999</i>
<i>Min/Max Age: 0/999</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
	<i>No</i>	<i>No</i>
	<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	IPA:  <b>POLK, DAVID B</b> Provider ID: 275449 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123-4232 Phone: (760) 294-9260 Fax: (760) 294-9274 After Hours Phone: (760) 294-9260 Provider Gender: Male License number: A43654 NPI: 1427140839 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Provider ID: 34354 Board Certified Specialty: No SUMANA AND ANANTHRAM REDDY MD INC 6699 ALVARADO RD STE 2301 SAN DIEGO, CA 92120-5241 Phone: (619) 588-4074 Fax: (619) 588-4004 After Hours Phone: (619) 588-4074 Provider Gender: Male License number: C52423 NPI: 1124014923 Provider English Spoken: Yes Provider Language(s) Spoken: Cambodian, Hindi, Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
<b>PATEL, DEREK R</b> Provider ID: 64130 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-2347 Fax: After Hours Phone: (619) 543-2347 Provider Gender: Male License number: A69111 NPI: 1073538385 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s):	<b>REDDY, ANANTHRAM P</b>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 34354            Board Certified Specialty: No            SUMANA AND ANANTHRAM            REDDY MD INC            6699 ALVARADO RD STE 2301            SAN DIEGO, CA 92120-5241            Phone: (619) 299-1005            Fax: (619) 326-0380            After Hours Phone: (619)            299-1005            Provider Gender: Male            License number: C52423            NPI: 1124014923            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cambodian, Hindi, Spanish            Cultural Competency: No            Hospital Affiliation: Grossmont            Hospital, Alvarado Hospital Llc            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p>Board Certified Specialty: No            SUMANA AND ANANTHRAM            REDDY MD INC            6699 ALVARADO RD STE 2301            SAN DIEGO, CA 92120-5241            Phone: (619) 588-4074            Fax: (619) 588-4004            After Hours Phone: (619)            588-4074            Provider Gender: Male            License number: C52423            NPI: 1124014923            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cambodian, Hindi, Spanish            Cultural Competency: No            Hospital Affiliation: Grossmont            Hospital, Alvarado Hospital Llc            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8:30AM-5:30PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p>Board Certified Specialty: No            ADVANCED ENDOSCOPY            CONSULTANTS INC            6699 ALVARADO RD STE 2301            SAN DIEGO, CA 92120-5241            Phone: (619) 588-4074            Fax: (619) 588-4004            After Hours Phone: (619)            588-4074            Provider Gender: Male            License number: A46472            NPI: 1245215391            Provider English Spoken: Yes            Provider Language(s) Spoken:            Hindi, Spanish, Telugu            Cultural Competency: No            Hospital Affiliation: Grossmont            Hospital, Alvarado Hospital Llc            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Imperial Health Holdings            Medical Group-Sd</p> <p><b>REDDY, JOSEPH B</b>            Provider ID: 27748            Board Certified Specialty: Yes            ADVANCED ENDOSCOPY</p>
<p><b>REDDY, ANANTHRAM P , MD</b>            Provider ID: 34354</p>	<p><b>REDDY, JOSEPH B</b>            Provider ID: 27748</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

CONSULTANTS INC  
 6699 ALVARADO RD STE 2301  
 SAN DIEGO, CA 92120-5241  
*Phone:* (619) 270-5665  
*Fax:* (619) 588-4004  
*After Hours Phone:* (619)  
 270-5665  
*Provider Gender:* Male  
*License number:* A46472  
*NPI:* 1245215391  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Spanish, Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
 Medical Group-Sd

### **SCHAEFFER, CYNTHIA L**

*Provider ID:* 26694  
*Board Certified Specialty:* No  
 DIGESTIVE DISEASE ASSOCS  
 INC

292 EUCLID AVE STE 115  
 SAN DIEGO, CA 92114-3629  
*Phone:* (619) 266-3332  
*Fax:* (619) 266-6000  
*After Hours Phone:* (619)  
 266-3332  
*Provider Gender:* Female  
*License number:* A91771  
*NPI:* 1740352293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
 Valley Hospital, Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Chula Vista Med Ctr, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California,  
 Imperial Health Holdings  
 Medical Group-Sd

### **SCHAEFFER, CYNTHIA L**

*Provider ID:* 26694

*Board Certified Specialty:* No  
 DIGESTIVE DISEASE ASSOCS  
 INC  
 292 EUCLID AVE STE 115  
 SAN DIEGO, CA 92114-3629  
*Phone:* (619) 266-3332  
*Fax:* (619) 266-6000  
*After Hours Phone:* (619)  
 266-3332  
*Provider Gender:* Female  
*License number:* A91771  
*NPI:* 1740352293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
 Valley Hospital, Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Chula Vista Med Ctr, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T,  
 W  
*Hours:* M-SA 9AM-5PM  
*Website:* www.3dcinc.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California,  
 Imperial Health Holdings  
 Medical Group-Sd

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## D. Directorio de proveedores de atención especializada

### **SCHAEFFER, CYNTHIA L**

*Provider ID:* 295667  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 292 EUCLID AVE STE 115  
 SAN DIEGO, CA 92114-3629  
*Phone:* (619) 266-3332  
*Fax:* (619) 266-6000  
*After Hours Phone:* (619) 266-3332  
*Provider Gender:* Female  
*License number:* A91771  
*NPI:* 1740352293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

### **SHAFFER, KATHERINE M**

*Provider ID:* 295712  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 292 EUCLID AVE STE 115  
 SAN DIEGO, CA 92114-3629  
*Phone:* (619) 266-3332  
*Fax:* (619) 266-6000  
*After Hours Phone:* (619) 266-3332  
*Provider Gender:* Female  
*License number:* A135250  
*NPI:* 1336405695  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **SHAH, SHAILJA C**

*Provider ID:* 283896  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A125800  
*NPI:* 1073803243  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **THOMAS, CARLTON W**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 125014            Board Certified Specialty: No  <b>IMPERIAL HEALTH HOLDINGS</b>  <b>MEDICAL GROUP-SD</b>            292 EUCLID AVE STE 115            SAN DIEGO, CA 92114-3629            Phone: (619) 266-3332            Fax: (619) 266-6000            After Hours Phone: (619)            266-3332            Provider Gender: Male            License number: A88112            NPI: 1205881398            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No            Hospital Affiliation: Paradise            Valley Hospital, Scripps Mercy            Hospital Chula Vista, Sharp            Chula Vista Med Ctr, Scripps            Mercy Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: P, EB, IB, E, R, T            Hours: M-F 9AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California,            Imperial Health Holdings</p>	<p>Medical Group-Sd  <b>THOMAS, CARLTON W</b>            Provider ID: 295772            Board Certified Specialty: No  <b>IHP OF SOUTHERN</b>  <b>CALIFORNIA</b>            292 EUCLID AVE STE 115            SAN DIEGO, CA 92114-3629            Phone: (619) 266-3332            Fax: (619) 266-6000            After Hours Phone: (619)            266-3332            Provider Gender: Male            License number: A88112            NPI: 1205881398            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No            Hospital Affiliation: Paradise            Valley Hospital, Scripps Mercy            Hospital Chula Vista, Sharp            Chula Vista Med Ctr, Scripps            Mercy Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL):            No            ♿ Accessibility: P, EB, IB, E, R, T            Hours: M-F 9AM-5PM, SA            9AM-5PM            Website:            Email:</p>	<p>Medical Group(s):            IPA: Ihp Of Southern California,            Imperial Health Holdings            Medical Group-Sd  <b>THOMAS, CARLTON W</b>            Provider ID: 54337            Board Certified Specialty: No  <b>IMPERIAL HEALTH HOLDINGS</b>  <b>MEDICAL GROUP-SD</b>            1855 1ST AVE STE 200B            SAN DIEGO, CA 92101-2650            Phone: (619) 266-3332            Fax: (619) 266-6000            After Hours Phone: (619)            266-3332            Provider Gender: Male            License number: A88112            NPI: 1205881398            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No            Hospital Affiliation: Paradise            Valley Hospital, Scripps Mercy            Hospital Chula Vista, Sharp            Chula Vista Med Ctr, Scripps            Mercy Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 9AM-5PM, SA</p>
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## D. Directorio de proveedores de atención especializada

9AM-5PM	No	At Mission, Rady Childrens
Website:	♿ Accessibility: P, EB, IB, E, R, T,	Hospital San Diego
Email:	W	Medi-Cal Open Panel: Yes
Medical Group(s):	Hours: M-SA 9AM-5PM	Min/Max Age: 0/18
IPA: Ihp Of Southern California,	Website: www.3dcinc.com	American Sign Language (ASL):
Imperial Health Holdings	Email:	No
Medical Group-Sd	Medical Group(s):	♿ Accessibility:
	IPA: Ihp Of Southern California,	Hours: M-F 8AM-5PM, SA
	Imperial Health Holdings	9AM-5PM
	Medical Group-Sd	Website:
		Email:
<b>THOMAS, CARLTON W</b>	<b>WONG, GREGORY K</b>	Medical Group(s):
Provider ID: 66107	Provider ID: 279598	IPA: Rady Childrens Health
Board Certified Specialty: No	Board Certified Specialty: No	Network
DIGESTIVE DISEASE ASSOCS	RADY CHILDRENS HEALTH	
INC	NETWORK	
292 EUCLID AVE STE 115	3030 CHILDRENS WAY FL 2	<b>YANG, EDWARD</b>
SAN DIEGO, CA 92114-3629	SAN DIEGO, CA 92123-4232	Provider ID: 283165
Phone: (619) 266-3332	Phone: (858) 966-4003	Board Certified Specialty: No
Fax:	Fax: (858) 560-6798	UCSD MEDICAL GROUP
After Hours Phone: (619)	After Hours Phone: (858)	200 W ARBOR DR
266-3332	966-4003	SAN DIEGO, CA 92103-1911
Provider Gender: Male	Provider Gender: Male	Phone: (800) 926-8273
License number: A88112	License number: A124939	Fax: (888) 539-8781
NPI: 1205881398	NPI: 1386977288	After Hours Phone: (800)
Provider English Spoken: Yes	Provider English Spoken: Yes	926-8273
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Gender: Male
Spanish	Cultural Competency: No	License number: A154057
Cultural Competency: No	Hospital Affiliation: Childrens	NPI: 1437545654
Hospital Affiliation: Paradise	Hospital Of Orange County,	Provider English Spoken: Yes
Valley Hospital, Scripps Mercy	Pomona Valley Hosp Med Ctr,	Provider Language(s) Spoken:
Hospital Chula Vista, Sharp	Providence St Joseph Hospital,	Cultural Competency: No
Chula Vista Med Ctr, Scripps	Fountain Valley Regional Hosp	Hospital Affiliation: Ucsd La
Mercy Hospital	And Med Ctr, Childrens Hospital	Jolla John Sally Thornton, Ucsd
Medi-Cal Open Panel: No		Medical Ctr
Min/Max Age: None		
American Sign Language (ASL):		

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

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### GENERAL PRACTICE

---

#### BORRERO, MARCOS

Provider ID: 125077

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

3490 PALM AVE

SAN DIEGO, CA 92154-1664

Phone: (619) 423-5616

Fax: (619) 423-5684

After Hours Phone: (619)

423-5616

Provider Gender: Male

License number: A38907

NPI: 1952312621

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Imperial Health Holdings

Medical Group-Sd

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### GENETICS CLINICAL

#### BIOCHEMICAL

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#### LEVINE, FRED

Provider ID: 206098

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 4

NORTH

SAN DIEGO, CA 92123-4232

Phone: (858) 966-5840

Fax: (858) 966-7942

After Hours Phone: (858)

966-5840

Provider Gender: Male

License number: G65341

NPI: 1154493476

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

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### GENETICS CLINICAL

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#### JONES, KENNETH L

Provider ID: 276105

Board Certified Specialty: No

UCSD MEDICAL GROUP

7910 FROST ST STE 230

SAN DIEGO, CA 92123-2776

Phone: (858) 502-1100

Fax: (858) 505-9931

After Hours Phone: (858)

502-1100

Provider Gender: Male

License number: G29045

NPI: 1962550673

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### GENETICS MEDICAL

#### BARSHOP, BRUCE A

*Provider ID:* 202349  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 212 DICKINSON ST STE CTFB213  
 SAN DIEGO, CA 92103-2071  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G58157  
*NPI:* 1477624237  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

### BIRD, LYNNE M

*Provider ID:* 206065  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:* (858) 966-4064  
*After Hours Phone:* (858) 966-7484  
*Provider Gender:* Female  
*License number:* A45464  
*NPI:* 1487725230  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

### BIRD, LYNNE M

*Provider ID:* 257903  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-1700  
*Fax:* (858) 966-4064  
*After Hours Phone:* (858) 966-1700  
*Provider Gender:* Female  
*License number:* A45464  
*NPI:* 1487725230  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SU 12AM-11:59PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BIRD, LYNNE M**

*Provider ID:* 52305  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:* (858) 966-4064  
*After Hours Phone:* (858) 966-7484  
*Provider Gender:* Female  
*License number:* A45464  
*NPI:* 1487725230  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DEL CAMPO CASANELLES, MIGUEL**

*Provider ID:* 102437  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:* (858) 966-4064  
*After Hours Phone:* (858) 966-7484  
*Provider Gender:* Male  
*License number:* F30

*NPI:* 1598141475  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Italian, Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DEL CAMPO CASANELLES, MIGUEL**

*Provider ID:* 206013  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-7484	SAN DIEGO, CA 92121-3814	SAN DIEGO, CA 92123-4289
Fax: (858) 966-4064	Phone: (800) 926-8273	Phone: (858) 966-7484
After Hours Phone: (858) 966-7484	Fax: (888) 539-8781	Fax: (858) 966-4064
Provider Gender: Male	After Hours Phone: (800) 926-8273	After Hours Phone: (858) 966-7484
License number: F30	Provider Gender: Female	Provider Gender: Female
NPI: 1598141475	License number: G30850	License number: G30850
Provider English Spoken: Yes	NPI: 1295806040	NPI: 1295806040
Provider Language(s) Spoken: French, Italian, Portuguese, Spanish	Provider English Spoken: Yes	Provider English Spoken: Yes
Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla	Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla	Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla
John Sally Thornton	John Sally Thornton	John Sally Thornton
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Min/Max Age: 0/999	Min/Max Age: 0/999	Min/Max Age: 0/18
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility:	♿ Accessibility:	♿ Accessibility: P, EB, IB, E, R, T
Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
Website:	Website:	Website:
Email:	Email:	Email:
Medical Group(s):	Medical Group(s):	Medical Group(s):
IPA: Rady Childrens Health Network	IPA: Rady Childrens Health Network, Ucsd Medical Group	IPA: Rady Childrens Health Network, Ucsd Medical Group
<b>JONES, MARILYN C</b>	<b>JONES, MARILYN C</b>	<b>JONES, MARILYN C</b>
Provider ID: 202348	Provider ID: 206268	Provider ID: 243882
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
UCSD MEDICAL GROUP	RADY CHILDRENS HEALTH NETWORK	RADY CHILDRENS HEALTH NETWORK
4910 DIRECTORS PL STE 200	7920 FROST ST STE 200	3020 CHILDRENS WAY

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5840  
 Fax: (858) 966-8550  
 After Hours Phone: (858) 966-5840  
 Provider Gender: Female  
 License number: G30850  
 NPI: 1295806040  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **MARDACH, REBECCA**

Provider ID: 241946  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289

Phone: (858) 966-5840  
 Fax:  
 After Hours Phone: (858)  
 966-5840  
 Provider Gender: Female  
 License number: A45110  
 NPI: 1457330607  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ronald  
 Reagan Ucla Med Ctr, Uc Davis  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **MARDACH, REBECCA**

Provider ID: 241947  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-5840  
 Fax:  
 After Hours Phone: (858)  
 966-5840  
 Provider Gender: Female  
 License number: A45110  
 NPI: 1457330607  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ronald  
 Reagan Ucla Med Ctr, Uc Davis  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **NIEMI, ANNA-KAISA**

Provider ID: 127720  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDRN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Directorio de proveedores de atención especializada

---

Phone: (858) 966-5841

Fax:

After Hours Phone: (858)  
966-5841

Provider Gender: Female

License number: A104907

NPI: 1497941397

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **NIEMI, ANNA-KAISA**

Provider ID: 127721

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

4077 5TH AVE

SAN DIEGO, CA 92103-2105

Phone: (619) 260-7046

Fax:

After Hours Phone: (619)  
260-7046

Provider Gender: Female

License number: A104907

NPI: 1497941397

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **WIGBY, KRISTEN M**

Provider ID: 206185

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

Phone: (858) 966-7484

Fax: (858) 966-4064

After Hours Phone: (858)  
966-7484

Provider Gender: Female

License number: A136240

NPI: 1487920724

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

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### **GYNECOLOGY**

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### **WEBER, AKILAH F**

Provider ID: 206332

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7920 FROST ST STE 200

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-7484  
 Fax: (858) 966-4064  
 After Hours Phone: (858) 966-7484  
 Provider Gender: Female  
 License number: C56035  
 NPI: 1760652713  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego, Childrens  
 Hosp And Resrch Ctr At  
 Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

---

### HEARING AID DEALER / SUPPLIER

---

**ANDERSON, ELAINE M , MD**  
 Provider ID: 268689

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6367 ALVARADO CT STE 101  
 SAN DIEGO, CA 92120-4914  
 Phone: (619) 583-7002  
 Fax: (619) 583-9404  
 After Hours Phone: (619)  
 583-7002  
 Provider Gender: Female  
 License number: HA7100  
 NPI: 1063558856  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**ANDERSON, ELAINE M , MD**  
 Provider ID: 268691  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9340 CLAIREMONT MESA  
 BLVD STE D  
 SAN DIEGO, CA 92123-1224

Phone: (858) 278-9911  
 Fax: (858) 565-7324  
 After Hours Phone: (858)  
 278-9911  
 Provider Gender: Female  
 License number: HA7100  
 NPI: 1063558856  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**DANDURAND, JOHN M , MD**  
 Provider ID: 269781  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6367 ALVARADO CT  
 SAN DIEGO, CA 92120-4904  
 Phone: (619) 824-3138  
 Fax: (619) 583-9404  
 After Hours Phone: (619)  
 824-3138  
 Provider Gender: Male

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## D. Directorio de proveedores de atención especializada

---

<i>License number:</i> HA2056	<i>Hospital Affiliation:</i>	No
<i>NPI:</i> 1497901680	<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i>
<i>Provider English Spoken:</i> Yes	<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-F 8:30AM-5PM, SA
<i>Provider Language(s) Spoken:</i>	<i>American Sign Language (ASL):</i>	9AM-5PM
<i>Cultural Competency:</i> No	No	<i>Website:</i>
<i>Hospital Affiliation:</i>	♿ <i>Accessibility:</i>	<i>Email:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-F 8:30AM-5PM, SA	<i>Medical Group(s):</i>
<i>Min/Max Age:</i> 0/999	9AM-5PM	<i>IPA:</i> Community Care Ipa Llc
<i>American Sign Language (ASL):</i>	<i>Website:</i>	
No	<i>Email:</i>	
♿ <i>Accessibility:</i>	<i>Medical Group(s):</i>	
<i>Hours:</i> M-F 8:30AM-5PM, SA	<i>IPA:</i> Community Care Ipa Llc	
9AM-5PM		
<i>Website:</i>	<b>DAVIS, KELLE L , MD</b>	
<i>Email:</i>	<i>Provider ID:</i> 268653	
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	
<i>IPA:</i> Community Care Ipa Llc	COMMUNITY CARE IPA LLC	
	9340 CLAIREMONT MESA	
	BLVD STE D	
	SAN DIEGO, CA 92123-1224	
	<i>Phone:</i> (858) 278-9911	
	<i>Fax:</i> (858) 565-7324	
	<i>After Hours Phone:</i> (858)	
	278-9911	
	<i>Provider Gender:</i> Female	
	<i>License number:</i> HA6083	
	<i>NPI:</i> 1902853344	
	<i>Provider English Spoken:</i> Yes	
	<i>Provider Language(s) Spoken:</i>	
	<i>Cultural Competency:</i> No	
	<i>Hospital Affiliation:</i>	
	<i>Medi-Cal Open Panel:</i> Yes	
	<i>Min/Max Age:</i> 0/999	
	<i>American Sign Language (ASL):</i>	

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### HEMATOLOGY / ONCOLOGY

---

#### ARISTIZABAL, MARIA P

*Provider ID:* 78395  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDRN  
3010 CHILDRENS WAY STE 2W  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:*  
*After Hours Phone:* (858)  
966-5811  
*Provider Gender:* Female  
*License number:* A127586  
*NPI:* 1154662583  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): Center No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>
<p><b>BESSUDO, ALBERTO, MD</b> Provider ID: 256962 Board Certified Specialty: No COMMUNITY CARE IPA LLC 16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127-3455 Phone: (858) 649-5100 Fax: (858) 649-5099 After Hours Phone: (858) 649-5100 Provider Gender: Male License number: A50309 NPI: 1003888074 Provider English Spoken: Yes Provider Language(s) Spoken: Hebrew, Spanish Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Pomerado Hospital, Palomar Medical</p>	<p><b>BOTTA, GREGORY P</b> Provider ID: 242347 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A140495 NPI: 1881006955 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Green Hospital, Ucsd La Jolla John Sally Thornton, Ucsd</p>	<p><b>DING, HILDA H</b> Provider ID: 109323 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN 3010 CHILDRENS WAY STE 2W SAN DIEGO, CA 92123-4223 Phone: (858) 966-5811 Fax: After Hours Phone: (858) 966-5811 Provider Gender: Female License number: A144295 NPI: 1780813923 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No</p>

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## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: None            American Sign Language (ASL): No            No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>American Sign Language (ASL):            ♿ Accessibility:            Hours: M-F 8:30AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Scripps Memorial Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>EISENBERG, STEVEN G</b>            Provider ID: 242455            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            16918 DOVE CANYON RD STE 103            SAN DIEGO, CA 92127-3455            Phone: (858) 649-5100            Fax: (858) 649-5099            After Hours Phone: (858) 649-5100            Provider Gender: Male            License number: 20A8293            NPI: 1831162627            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Tagalog            Cultural Competency: No            Hospital Affiliation: Pomerado Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999</p>	<p><b>FLORES, EDNA I</b>            Provider ID: 115370            Board Certified Specialty: No            CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL            16918 DOVE CANYON RD STE 103            SAN DIEGO, CA 92127-3455            Phone: (858) 649-5100            Fax:            After Hours Phone: (858) 649-5100            Provider Gender: Female            License number: A114373            NPI: 1396994604            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Pioneers Memorial Hospital, Scripps Memorial Hospital Encinitas,</p>	<p><b>FRAKES, LAURIE A</b>            Provider ID: 68216            Board Certified Specialty: No            CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL            16918 DOVE CANYON RD STE 103            SAN DIEGO, CA 92127-3455            Phone: (858) 649-5100            Fax:            After Hours Phone: (858) 649-5100            Provider Gender: Female            License number: A52663            NPI: 1174595144            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Tri City</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medical Ctr, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>GLOUDE, NICHOLAS J</b>  <i>Provider ID:</i> 117121  <i>Board Certified Specialty:</i> No  CHILDRENS HOSP SAN DIEGO CHADWICK CTR  3010 CHILDRENS WAY STE 2W SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5811  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-5811  <i>Provider Gender:</i> Male  <i>License number:</i> A119146  <i>NPI:</i> 1447527833  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady</p>	<p>Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>GOODMAN, AARON M</b>  <i>Provider ID:</i> 216895  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  8899 UNIVERSITY CENTER LN SAN DIEGO, CA 92122-1013  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A130400  <i>NPI:</i> 1851603559  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No</p>	<p><i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>LAMON, JOEL M , MD</b>  <i>Provider ID:</i> 241036  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  16918 DOVE CANYON RD STE 103  SAN DIEGO, CA 92127-3455  <i>Phone:</i> (858) 649-5100  <i>Fax:</i> (858) 649-5099  <i>After Hours Phone:</i> (858) 649-5100  <i>Provider Gender:</i> Male  <i>License number:</i> G28164  <i>NPI:</i> 1699721035  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> French, German, Spanish, Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Palomar Medical Center, Pomerado Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i> No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p><i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p>No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health            Network</p>
<p><b>LAMON, JOEL M</b>  <i>Provider ID:</i> 68222  <i>Board Certified Specialty:</i> No            CALIFORNIA CANCER ASSOCS            FOR RESEARCH AND EXCELL            16918 DOVE CANYON RD STE            103            SAN DIEGO, CA 92127-3455  <i>Phone:</i> (858) 649-5100  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            649-5100  <i>Provider Gender:</i> Male  <i>License number:</i> G28164  <i>NPI:</i> 1699721035  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            French, German, Spanish,            Tagalog  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Palomar            Medical Center, Pomerado            Hospital  <i>Medi-Cal Open Panel:</i> No</p>	<p><b>LEE, KAREN K</b>  <i>Provider ID:</i> 284165  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            3010 CHILDRENS WAY FL 2            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5811  <i>Fax:</i> (858) 966-8035  <i>After Hours Phone:</i> (858)            966-5811  <i>Provider Gender:</i> Female  <i>License number:</i> A154276  <i>NPI:</i> 1518352970  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i></p>	<p><b>MCKAY, RANA R</b>  <i>Provider ID:</i> 110729  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (858) 822-6100  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            822-6100  <i>Provider Gender:</i> Female  <i>License number:</i> A145444  <i>NPI:</i> 1306013610  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA:</p> <p><b>PAUL, MEGAN R</b> Provider ID: 274499 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3010 CHILDRENS WAY STE 2W SAN DIEGO, CA 92123-4223 Phone: (858) 966-5811 Fax: (858) 966-8035 After Hours Phone: (858) 966-5811 Provider Gender: Female License number: A141572 NPI: 1427495894 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health</p>	<p>Network</p> <p><b>VON DRYGALSKI, ANNETTE</b> Provider ID: 101374 Board Certified Specialty: No UCSD MEDICAL GROUP 8929 UNIVERSITY CENTER LN STE 201 SAN DIEGO, CA 92122-1008 Phone: (858) 657-5947 Fax: After Hours Phone: (858) 657-5947 Provider Gender: Female License number: A100681 NPI: 1376607036 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>VU, PETER</b> Provider ID: 272716</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A149741 NPI: 1861810830 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>ZHOU, JENNY Y</b> Provider ID: 273188 Board Certified Specialty: No UCSD MEDICAL GROUP 9333 GENESEE AVE STE 310</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92121-2103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A133845  
 NPI: 1598007924  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Phone: (800) 826-5273  
 Fax:  
 After Hours Phone: (800) 826-5273  
 Provider Gender: Male  
 License number: A162554  
 NPI: 1023301991  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A123642  
 NPI: 1891084257  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### HEPATOLOGY

#### **BARMAN, PRANAB M**

Provider ID: 241953  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 315  
 SAN DIEGO, CA 92121-3029

#### **SHARPTON, SUZANNE**

Provider ID: 245666  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 2  
 SAN DIEGO, CA 92103-2030

#### **SHARPTON, SUZANNE**

Provider ID: 245668  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 7  
 SAN DIEGO, CA 92121-3021

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A123642  
 NPI: 1891084257  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

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### **HOSPICE AND PALLIATIVE MEDICINE**

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#### **BOWER, KIMBERLY A**

Provider ID: 260051  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY STE 2

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-8022  
 Fax: (858) 966-8457  
 After Hours Phone: (858) 966-8022  
 Provider Gender: Female  
 License number: A83280  
 NPI: 1114005741  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Green Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/99  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

#### **RUBENZIK, TAMARA T**

Provider ID: 125355  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A119245  
 NPI: 1811200652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

#### **RUBENZIK, TAMARA T**

Provider ID: 245573  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>License number:</i> A119245	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>NPI:</i> 1811200652	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd La	Memorial Hospital, Rady
<i>Provider Language(s) Spoken:</i>	Jolla John Sally Thornton, Ucsd	Childrens Hospital San Diego,
<i>Cultural Competency:</i> No	Medical Ctr	Scripps Green Hospital, Ucsf
<i>Hospital Affiliation:</i> Ucsd La	<i>Medi-Cal Open Panel:</i> Yes	Benioff Children's Hospital
Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> 0/999	Oakland
Medical Ctr	<i>American Sign Language (ASL):</i>	<i>Medi-Cal Open Panel:</i> No
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Min/Max Age:</i> None
<i>Min/Max Age:</i> 0/999	<i>♿ Accessibility:</i>	<i>American Sign Language (ASL):</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	No
No	9AM-5PM	<i>♿ Accessibility:</i> W
<i>♿ Accessibility:</i>	<i>Website:</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	<i>Website:</i>
9AM-5PM	<i>Medical Group(s):</i>	<i>Email:</i>
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	<i>Medical Group(s):</i>
<i>Email:</i>		<i>IPA:</i> Rady Childrens Health
<i>Medical Group(s):</i>	<b>SCHIFF, DEBORAH E</b>	Network
<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 52321	
	<i>Board Certified Specialty:</i> No	<b>HOSPITALIST MD/DO</b>
<b>RUBENZIK, TAMARA T</b>	RADY CHILDRENS	
<i>Provider ID:</i> 276671	SPECIALISTS SAN DIEGO MED	<b>CHILDERS, DIANA J</b>
<i>Board Certified Specialty:</i> No	FNDTN	<i>Provider ID:</i> 275068
UCSD MEDICAL GROUP	3010 CHILDRENS WAY STE 2W	<i>Board Certified Specialty:</i> No
4168 FRONT ST	SAN DIEGO, CA 92123-4223	UCSD MEDICAL GROUP
SAN DIEGO, CA 92103-2030	<i>Phone:</i> (858) 966-5811	200 W ARBOR DR
<i>Phone:</i> (800) 926-8273	<i>Fax:</i> (858) 966-8035	SAN DIEGO, CA 92103-1911
<i>Fax:</i> (888) 539-8781	<i>After Hours Phone:</i> (858)	<i>Phone:</i> (800) 926-8273
<i>After Hours Phone:</i> (800)	966-5811	<i>Fax:</i> (888) 539-8781
926-8273	<i>Provider Gender:</i> Female	<i>After Hours Phone:</i> (800)
<i>Provider Gender:</i> Female	<i>License number:</i> G68457	926-8273
<i>License number:</i> A119245	<i>NPI:</i> 1922179779	<i>Provider Gender:</i> Female
<i>NPI:</i> 1811200652	<i>Provider English Spoken:</i> Yes	<i>License number:</i> A86157

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>NPI: 1033128376  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>FIRESTEIN, CATHERINE E</b>  Provider ID: 275387  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: A143013  NPI: 1427348382  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p><b>HAGGERTY, LAUREN E</b>  Provider ID: 291310  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: A164175  NPI: 1871090993  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes</p>	<p><b>HAMMOND, CHARLES F</b>  Provider ID: 278588  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Male  License number: A169655  NPI: 1033641816  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La  Jolla John Sally Thornton, Ucsd  Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SCANLON, ASHLEY A**

Provider ID: 287138

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A165174

NPI: 1932605086

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SHINDO, YURI**

Provider ID: 284743

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A167796

NPI: 1700271939

Provider English Spoken: Yes

Provider Language(s) Spoken:

Japanese

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas,

Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SPILMAN, SAMANTHA L**

Provider ID: 272704

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A161231

NPI: 1134651607

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

INFECTIOUS DISEASE		
	IPA: Ihp Of Southern California	Network
<b>ALDOUS, JEANNETTE L</b>	<b>ARNOLD, JOHN C</b>	<b>ARONOFF SPENCER, ELIAH S</b>
Provider ID: 290420	Provider ID: 260077	Provider ID: 83195
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
IHP OF SOUTHERN CALIFORNIA	RADY CHILDRENS HEALTH NETWORK	UCSD MEDICAL GROUP
950 S EUCLID AVE	3030 CHILDRENS WAY FL 2	4168 FRONT ST
SAN DIEGO, CA 92114-6201	SAN DIEGO, CA 92123-4232	SAN DIEGO, CA 92103-2030
Phone: (619) 662-4100	Phone: (885) 966-7785	Phone: (619) 543-6146
Fax: (619) 205-6384	Fax: (858) 966-8658	Fax: (619) 543-6614
After Hours Phone: (619) 662-4100	After Hours Phone: (885) 966-7785	After Hours Phone: (619) 543-6146
Provider Gender: Female	Provider Gender: Male	Provider Gender: Male
License number: A101017	License number: A70189	License number: A104748
NPI: 1073650339	NPI: 1023191053	NPI: 1770737579
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: French, Portuguese, Spanish
Cultural Competency: No	Hospital Affiliation: Valley Childrens Hospital, Bakersfield Memorial Hosp, Rady Childrens Hospital San Diego	Cultural Competency: No
Hospital Affiliation: Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center	Medi-Cal Open Panel: Yes	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
Medi-Cal Open Panel: Yes	Min/Max Age: 0/99	Medi-Cal Open Panel: No
Min/Max Age: 0/999	American Sign Language (ASL): No	Min/Max Age: None
American Sign Language (ASL): No	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	American Sign Language (ASL): No
♿ Accessibility: Hours: M-SA 9AM-5PM	Website:	♿ Accessibility: W
Website:	Email:	Hours: M-SA 9AM-5PM
Email:	Medical Group(s):	Website:
Medical Group(s):	IPA: Rady Childrens Health	Email:
		Medical Group(s):
		IPA:
		<b>ASLAM, SAIMA</b>
		Provider ID: 64526

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103-2030  
*Phone:* (858) 657-8000  
*Fax:*  
*After Hours Phone:* (858)  
 657-8000  
*Provider Gender:* Female  
*License number:* A112604  
*NPI:* 1477565257  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BAMFORD, LAURA P**

*Provider ID:* 276546  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6382  
*Fax:* (888) 539-8781  
*After Hours Phone:* (619)  
 543-6382  
*Provider Gender:* Female  
*License number:* C169020  
*NPI:* 1750435996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BHARTI, AJAY R**

*Provider ID:* 64532  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6146  
*Fax:* (619) 543-7841  
*After Hours Phone:* (619)  
 543-6146  
*Provider Gender:* Male  
*License number:* A85085  
*NPI:* 1902954910  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BLANCHARD, JENNIFER N**

*Provider ID:* 64536  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-3995  
*Fax:* (619) 543-7841  
*After Hours Phone:* (619)  
 543-3995

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## D. Directorio de proveedores de atención especializada

<p>Provider Gender: Female  License number: A65285  NPI: 1972545077  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Rady Childrens  Hospital San Diego, Ucsd La  Jolla John Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>
<p><b>BLUMENTHAL, JILL S</b>  Provider ID: 122503  Board Certified Specialty: No  UCSD MEDICAL GROUP  330 LEWIS ST  SAN DIEGO, CA 92103-2108  Phone: (800) 926-8273  Fax:  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: A117338  NPI: 1336308378</p>	<p><b>BLUMENTHAL, JILL S</b>  Provider ID: 88097  Board Certified Specialty: No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  Phone: (619) 543-6146  Fax: (619) 543-3511  After Hours Phone: (619)  543-6146  Provider Gender: Female  License number: A117338  NPI: 1336308378  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd</p>	<p><b>BURNS, JANE C</b>  Provider ID: 206071  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  Phone: (858) 246-0157  Fax: (858) 966-8527  After Hours Phone: (858)  246-0157  Provider Gender: Female  License number: G68119  NPI: 1619040953  Provider English Spoken: Yes  Provider Language(s) Spoken:  French, Italian, Spanish  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: Yes</p>

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## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility:  
 Hours: M,TU,TH-SA 9AM-5PM,  
 W 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CACHAY, EDWARD R**

Provider ID: 64541  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-6248  
 Fax: (619) 543-7841  
 After Hours Phone: (619)  
 543-6248  
 Provider Gender: Male  
 License number: A84561  
 NPI: 1336290071  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL):  
 Email:  
 Medical Group(s):  
 IPA:  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DAN, JENNIFER M**

Provider ID: 110016  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-6146  
 Fax:  
 After Hours Phone: (619)  
 543-6146  
 Provider Gender: Female  
 License number: A119193  
 NPI: 1225343601  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA:  
**DEISS, ROBERT G**  
 Provider ID: 258330  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-3995  
 Fax:  
 After Hours Phone: (619)  
 543-3995  
 Provider Gender: Male  
 License number: A111310  
 NPI: 1194977652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Portuguese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

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## D. Directorio de proveedores de atención especializada

IPA: Ucsd Medical Group

### **HORTON, LUCY E**

Provider ID: 240887

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A137391

NPI: 1427324821

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **KATSIVAS, THEODOROS F , MD**

Provider ID: 269840

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-3000

Fax:

After Hours Phone: (619)

543-3000

Provider Gender: Male

License number: A78543

NPI: 1679526164

Provider English Spoken: Yes

Provider Language(s) Spoken:

German, Greek, Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **LATHER, TUYET T**

Provider ID: 245064

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST FL 3

SAN DIEGO, CA 92103-2030

Phone: (619) 543-3995

Fax:

After Hours Phone: (619)

543-3995

Provider Gender: Female

License number: 20A9180

NPI: 1467668053

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LAW, NANCY**

Provider ID: 117545

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

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## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6222	Phone: (619) 543-3995	Phone: (619) 515-2545
Fax:	Fax:	Fax:
After Hours Phone: (619) 543-6222	After Hours Phone: (619) 543-3995	After Hours Phone: (619) 515-2545
Provider Gender: Female	Provider Gender: Male	Provider Gender: Female
License number: 20A15618	License number: A63591	License number: A109633
NPI: 1225327349	NPI: 1588696660	NPI: 1659535094
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Mandarin	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
Cultural Competency: No	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	Medi-Cal Open Panel: No	Medi-Cal Open Panel: Yes
Medi-Cal Open Panel: No	Min/Max Age: None	Min/Max Age: None
Min/Max Age: None	American Sign Language (ASL): No	American Sign Language (ASL): No
American Sign Language (ASL): No	♿ Accessibility: W	♿ Accessibility:
♿ Accessibility: W	Hours: M-SA 9AM-5PM	Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM
Hours: M-SA 9AM-5PM	Website:	Website: www.fhcsd.org
Website:	Email:	Email:
Email:	Medical Group(s):	Medical Group(s): Family Hlth Ctr Sd Hillcrest
Medical Group(s):	IPA:	IPA:
IPA:	<b>LEWINSKI, MARY K</b>	<b>LITTLE, SUSAN J</b>
<b>LETENDRE, SCOTT L</b>	Provider ID: 114987	Provider ID: 64601
Provider ID: 64599	Board Certified Specialty: No	Board Certified Specialty: No
Board Certified Specialty: No	FAMILY HLTH CTR SD HILLCREST	UCSD MEDICAL GROUP
UCSD MEDICAL GROUP	4094 4TH AVE	4168 FRONT ST
4168 FRONT ST	SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92103-2030
SAN DIEGO, CA 92103-2030		

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## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6146	License number: A70228	Provider English Spoken: Yes
Fax: (619) 298-0177	NPI: 1699727321	Provider Language(s) Spoken:
After Hours Phone: (619) 543-6146	Provider English Spoken: Yes	Cultural Competency: No
Provider Gender: Female	Provider Language(s) Spoken: Chinese	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
License number: G70574	Cultural Competency: No	Medi-Cal Open Panel: Yes
NPI: 1033134572	Hospital Affiliation: Cedars Sinai Medical Center, Rady Childrens Hospital San Diego	Min/Max Age: 0/999
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: 0/18	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM
Hospital Affiliation: Medi-Cal Open Panel: No	American Sign Language (ASL): No	Website:
Min/Max Age: None	♿ Accessibility: Hours: M-SA 9AM-5PM	Email:
American Sign Language (ASL): No	Website:	Medical Group(s):
♿ Accessibility: W	IPA: Rady Childrens Health Network	IPA: Ucsd Medical Group
Hours: M-SA 9AM-5PM		
Website:		
Email:		
Medical Group(s):		
IPA:		
	<b>MARTIN, THOMAS C</b>	<b>MARTIN, THOMAS C</b>
<b>LIU, GEORGE Y</b>	Provider ID: 277225	Provider ID: 277226
Provider ID: 208185	Board Certified Specialty: No	Board Certified Specialty: No
Board Certified Specialty: No	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
RADY CHILDRENS HEALTH NETWORK	4168 FRONT ST FL 3	200 W ARBOR DR
3030 CHILDRENS WAY FL 2S	SAN DIEGO, CA 92103-2030	SAN DIEGO, CA 92103-1911
SAN DIEGO, CA 92123-4232	Phone: (619) 543-5890	Phone: (800) 926-8273
Phone: (885) 966-7785	Fax: (888) 539-8781	Fax: (888) 539-8781
Fax:	After Hours Phone: (619) 543-5890	After Hours Phone: (800) 926-8273
After Hours Phone: (885) 966-7785	Provider Gender: Male	Provider Gender: Male
Provider Gender: Male	License number: A155619	License number: A155619
	NPI: 1093193583	NPI: 1093193583
		Provider English Spoken: Yes
		Provider Language(s) Spoken: Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> 0/18	<i>Min/Max Age:</i> 0/999
Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>Medi-Cal Open Panel:</i> Yes	<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>
<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>American Sign Language (ASL):</i> No	<i>Website:</i>	<i>Website:</i>
<i>♿ Accessibility:</i>	<i>Email:</i>	<i>Website:</i>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Medical Group(s):</i>	<i>Email:</i>
<i>Website:</i>	<i>IPA:</i> Rady Childrens Health Network	<i>Medical Group(s):</i>
<i>Email:</i>	<b>PROMER, KATHERINE E</b>	<i>IPA:</i> Ihp Of Southern California, Ucsd Medical Group
<i>Medical Group(s):</i>	<i>Provider ID:</i> 258545	<b>RAJAGOPAL, AMUTHA V</b>
<i>IPA:</i> Ucsd Medical Group	<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 221088
<b>MOODLEY, AMARAN</b>	UCSD MEDICAL GROUP	<i>Board Certified Specialty:</i> No
<i>Provider ID:</i> 208558	4168 FRONT ST FL 3	UCSD MEDICAL GROUP
<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-2030	4168 FRONT ST FL 3
RADY CHILDRENS HEALTH NETWORK	<i>Phone:</i> (800) 926-8273	SAN DIEGO, CA 92103-2030
3030 CHILDRENS WAY FL 2	<i>Fax:</i> (888) 539-8781	<i>Phone:</i> (800) 926-8273
SAN DIEGO, CA 92123-4232	<i>After Hours Phone:</i> (800)	<i>Fax:</i>
<i>Phone:</i> (885) 966-7785	926-8273	<i>After Hours Phone:</i> (800)
<i>Fax:</i> (858) 966-8658	<i>Provider Gender:</i> Female	926-8273
<i>After Hours Phone:</i> (885)	<i>License number:</i> A131952	<i>Provider Gender:</i> Female
966-7785	<i>NPI:</i> 1306280607	<i>License number:</i> A135167
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1124465745
<i>License number:</i> A108369	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1104023670	Spanish	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd La	<i>Hospital Affiliation:</i> Ucsd
<i>Cultural Competency:</i> No	Jolla John Sally Thornton, Ucsd	Medical Ctr
<i>Hospital Affiliation:</i>	Medical Ctr, Scripps Memorial	<i>Medi-Cal Open Panel:</i> Yes
<i>Medi-Cal Open Panel:</i> Yes	Hospital, Palomar Medical	<i>Min/Max Age:</i> 0/999
	Center	<i>American Sign Language (ASL):</i>
	<i>Medi-Cal Open Panel:</i> Yes	No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>RAMCHANDAR, NANDA</b>  <i>Provider ID:</i> 285942  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            3030 CHILDRENS WAY FL 2            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-7785  <i>Fax:</i> (858) 966-8658  <i>After Hours Phone:</i> (858)            966-7785  <i>Provider Gender:</i> Male  <i>License number:</i> A154225  <i>NPI:</i> 1477998912  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p> <p><b>RAWLINGS, STEPHEN A</b>  <i>Provider ID:</i> 284363  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            4168 FRONT ST            SAN DIEGO, CA 92103-2030  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A146123  <i>NPI:</i> 1861888984  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i></p>	<p><i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>RAWLINGS, STEPHEN A</b>  <i>Provider ID:</i> 284364  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            4168 FRONT ST FL 3            SAN DIEGO, CA 92103-2030  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A146123  <i>NPI:</i> 1861888984  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>REED, SHARON L</b></p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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*Provider ID:* 64632  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6146  
*Fax:*  
*After Hours Phone:* (619) 543-6146  
*Provider Gender:* Female  
*License number:* G40122  
*NPI:* 1710902044  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RITTER, MICHELE L**

*Provider ID:* 64637  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619) 543-6248  
*Provider Gender:* Female  
*License number:* A112536  
*NPI:* 1225262975  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TOVAR PADUA, LEIDY J**

*Provider ID:* 205357  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-7785  
*Fax:* (858) 966-8658  
*After Hours Phone:* (858) 966-7785

*Provider Gender:* Female  
*License number:* A130894  
*NPI:* 1033491311  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles, Long Beach Memorial Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **TOVAR PADUA, LEIDY J**

*Provider ID:* 265093  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>Provider Gender: Female  License number: A130894  NPI: 1033491311  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego,  Childrens Hosp Of Los Angeles,  Long Beach Memorial Med Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/99  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>	<p>License number: A108967  NPI: 1992962245  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La  Jolla John Sally Thornton, Ucsd  Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>NPI: 1093791014  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Southwest  Healthcare System Wildomar,  Southwest Healthcare System  Murrieta, Scripps Memorial  Hospital, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<hr/> <p><b>INTERNAL MEDICINE CRITICAL  CARE MEDICINE</b></p> <hr/>		
<p><b>WAGNER, GABRIEL A</b>  Provider ID: 102090  Board Certified Specialty: No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  Phone: (619) 543-3995  Fax: (619) 543-7841  After Hours Phone: (619)  543-3995  Provider Gender: Male</p>	<p><b>BEGOVIC, ADNAN</b>  Provider ID: 210825  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (800) 926-8273  Fax:  After Hours Phone: (800)  926-8273  Provider Gender: Male  License number: A79574</p>	<p><b>BEGOVIC, ADNAN</b>  Provider ID: 276290  Board Certified Specialty: No  UCSD MEDICAL GROUP  555 WASHINGTON ST  SAN DIEGO, CA 92103-2289  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Male</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

License number: A79574  
NPI: 1093791014  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Southwest  
Healthcare System Wildomar,  
Southwest Healthcare System  
Murrieta, Scripps Memorial  
Hospital, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BEGOVIC, ADNAN**

Provider ID: 276291  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR STE 3-313  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Male  
License number: A79574  
NPI: 1093791014  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Southwest  
Healthcare System Wildomar,  
Southwest Healthcare System  
Murrieta, Scripps Memorial  
Hospital, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BOROK, ZEA**

Provider ID: 284704  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121-3028

Phone: (800) 926-5273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-5273  
Provider Gender: Female  
License number: A47911  
NPI: 1750317251  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hebrew  
Cultural Competency: No  
Hospital Affiliation: Ronald  
Reagan UCLA Med Ctr, Lac Usc  
Medical Center, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BOROK, ZEA**

Provider ID: 284705  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-5273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-5273  
 Provider Gender: Female  
 License number: A47911  
 NPI: 1750317251  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hebrew  
 Cultural Competency: No  
 Hospital Affiliation: Ronald Reagan Ucla Med Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BOROK, ZEA**

Provider ID: 284706  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Phone: (800) 926-5273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-5273  
 Provider Gender: Female  
 License number: A47911  
 NPI: 1750317251  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hebrew  
 Cultural Competency: No  
 Hospital Affiliation: Ronald Reagan Ucla Med Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **ODISH, MAZEN F**

Provider ID: 271466  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE P2  
 SAN DIEGO, CA 92121-3028

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A133179  
 NPI: 1992141428  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **ODISH, MAZEN F**

Provider ID: 271467  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

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## D. Directorio de proveedores de atención especializada

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A133179  
NPI: 1992141428  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **ODISH, MAZEN F**

Provider ID: 271469  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A133179  
NPI: 1992141428  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TRAN, LINH N**

Provider ID: 271939  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A122603  
NPI: 1851682728  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr, Southwest  
Healthcare System Murrieta  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

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### **INTERNAL MEDICINE GERIATRIC MEDICINE**

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### **AGNIHOTRI, PARAG**

Provider ID: 247292  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: C52218

NPI: 1447351085

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Mercy

General Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **BOULAND, DANIEL L**

Provider ID: 63814

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Male

License number: G50358

NPI: 1669498630

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Riverside

Community Hosp, Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **GUTIERREZ, AIREEN L**

Provider ID: 247325

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A77031

NPI: 1306857701

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp Chula  
Vista Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Ucsd Medical Group

### **YOURMAN, LINDSEY C**

Provider ID: 124823

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: A122839

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NPI: 1174813943          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>
<b>INTERNAL MEDICINE</b>		
<p><b>ABDELMALEK, JOSEPH A</b>          Provider ID: 63765          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 471-9186          Fax:          After Hours Phone: (619) 471-9186          Provider Gender: Male          License number: A107185          NPI: 1740485531</p>	<p><b>ABELES, SHIRA R</b>          Provider ID: 83076          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Female          License number: A103260          NPI: 1720240625          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p>	<p><b>ALASSIL, SALLY</b>          Provider ID: 124640          Board Certified Specialty: No          LOGAN HEIGHTS FAMILY HEALTH CENTER          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113          Phone: (619) 515-2300          Fax:          After Hours Phone: (619) 515-2300          Provider Gender: Female          License number: A122238          NPI: 1982044483          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

☯ Accessibility: ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan  
 Heights Family Health Center  
 IPA:

### **ALLY, MARYANN T**

Provider ID: 116564  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Female  
 License number: C146011  
 NPI: 1316104359  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA:  
**AMIRREZVANI, ALI**  
 Provider ID: 63781  
 Board Certified Specialty: No  
 UCSD DEPARTMENT OF MED  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: G88284  
 NPI: 1861485005  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ANTONUCCI, STEPHEN A**

Provider ID: 113895  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: A143234  
 NPI: 1124331426  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

☯ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ARUTYUNOV, BORIS S**

Provider ID: 201910  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Male  
 License number: A137892  
 NPI: 1144562703  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian  
 Cultural Competency: No  
 Hospital Affiliation: Good  
 Samaritan Hospital, Good  
 Samaritan Hospital Los  
 Angeles, Sutter Medical Center  
 Sacramento, Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **ASUDANI, DEEPAK G**

Provider ID: 63785

Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax: (619) 543-8255  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: A100515  
 NPI: 1548208812  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BAJWA, JASWINDER P**

Provider ID: 63791  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax: (619) 543-8255  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: A118049  
 NPI: 1306000922  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Punjabi  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BALL, SHELDON S**

Provider ID: 294136  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Provider Gender: Male  
 License number: G61521  
 NPI: 1689646275  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M,W-F 8:30AM-5:30PM,  
 TU 8:30AM-8:30PM, SA  
 9AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **BALL, SHELDON S**

Provider ID: 294137  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Provider Gender: Male  
 License number: G61521  
 NPI: 1689646275  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M,W-F 8:30AM-5:30PM,  
 TU 8:30AM-8:30PM, SA  
 9AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **BAZICK, JESSICA G**

Provider ID: 63801  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Female  
 License number: A121356  
 NPI: 1114155082  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BEGOVIC, ADNAN**

Provider ID: 63803  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A79574  
 NPI: 1093791014  
 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/120  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p><i>Hospital Affiliation:</i> Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>BEHREND, TERRY L , MD</b>  <i>Provider ID:</i> 244798  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            7910 FROST ST STE 220            SAN DIEGO, CA 92123-2781  <i>Phone:</i> (858) 637-4700  <i>Fax:</i> (858) 637-4701  <i>After Hours Phone:</i> (858) 637-4700  <i>Provider Gender:</i> Male  <i>License number:</i> A75812  <i>NPI:</i> 1790780484  <i>Provider English Spoken:</i> Yes</p>	<p><b>BELL, JOHN F</b>  <i>Provider ID:</i> 63805  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i> (619) 543-8255  <i>After Hours Phone:</i> (619) 543-6222  <i>Provider Gender:</i> Male  <i>License number:</i> A120667  <i>NPI:</i> 1699978445  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No</p>	<p><b>BIRGERSDOTTER GREEN, ULRIKA M</b>  <i>Provider ID:</i> 64534  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            4168 FRONT ST            SAN DIEGO, CA 92103-2030  <i>Phone:</i> (619) 543-5743  <i>Fax:</i> (619) 543-2917  <i>After Hours Phone:</i> (619) 543-5743  <i>Provider Gender:</i> Female  <i>License number:</i> A49525  <i>NPI:</i> 1851349757  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>No          ☯ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>BORDIN-WOSK, TALYA S</b>          Provider ID: 273983          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (760) 471-9186          Fax: (619) 543-8255          After Hours Phone: (760) 471-9186          Provider Gender: Female          License number: A123772          NPI: 1801184973          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL):          No          ☯ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM</p>	<p>Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>BROWNE, SARA H</b>          Provider ID: 64540          Board Certified Specialty: No          UCSD MEDICAL GROUP          4168 FRONT ST FL 3          SAN DIEGO, CA 92103-2030          Phone: (858) 657-8000          Fax:          After Hours Phone: (858) 657-8000          Provider Gender: Female          License number: A51877          NPI: 1275571176          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ☯ Accessibility: W          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p><b>CAPERNA, JOSEPH C</b>          Provider ID: 63155          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax: (858) 822-5362          After Hours Phone: (619) 543-6222          Provider Gender: Male          License number: A49951          NPI: 1720141153          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Ucsd La          Jolla John Sally Thornton, Ucsd          Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ☯ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>CARLIN, AARON F</b>          Provider ID: 83255          Board Certified Specialty: No</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Male  
 License number: A115480  
 NPI: 1760718035  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CASTELLANOS, LUIS R**

Provider ID: 64282  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108

Phone: (619) 471-9260  
 Fax:  
 After Hours Phone: (619)  
 471-9260  
 Provider Gender: Male  
 License number: A89654  
 NPI: 1013059286  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr, Pioneers Memorial  
 Hospital, El Centro Regional  
 Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **CHACE, CONSTANCE R**

Provider ID: 117244  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Female  
 License number: A129086  
 NPI: 1154682953  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CHANG, JOHN T**

Provider ID: 63841  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6222	License number: A166013	Provider English Spoken: Yes
Fax: (858) 822-7652	NPI: 1316174568	Provider Language(s) Spoken:
After Hours Phone: (619) 543-6222	Provider English Spoken: Yes	Cultural Competency: No
Provider Gender: Male	Provider Language(s) Spoken: Chinese	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
License number: A110350	Cultural Competency: No	Medi-Cal Open Panel: Yes
NPI: 1265594527	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Min/Max Age: 18/999
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: 18/999	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM
Hospital Affiliation: Ucsd Medical Ctr	American Sign Language (ASL): No	Website:
Medi-Cal Open Panel: No	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:
Min/Max Age: None	Website:	Medical Group(s):
American Sign Language (ASL): No	Medical Group(s):	IPA: Ucsd Medical Group
♿ Accessibility: W	IPA: Ucsd Medical Group	
Hours: M-SA 9AM-5PM		
Website:		
Email:		
Medical Group(s):		
IPA:		
<b>CHENG, GEORGE Z</b>	<b>CHEN, CHUNG-JIAH J</b>	<b>CHOE, CHARLES H</b>
Provider ID: 247639	Provider ID: 272667	Provider ID: 64549
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
200 W ARBOR DR	200 W ARBOR DR	4168 FRONT ST
SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-2030
Phone: (800) 926-8273	Phone: (800) 926-8273	Phone: (649) 543-6303
Fax:	Fax: (888) 539-8781	Fax: (619) 543-7352
After Hours Phone: (800) 926-8273	After Hours Phone: (800) 926-8273	After Hours Phone: (649) 543-6303
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
	License number: A158441	License number: A77451
	NPI: 1548792377	NPI: 1891733846
		Provider English Spoken: Yes
		Provider Language(s) Spoken: Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ☒ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA:</p>	<p><i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i>            No            ☒ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc,            Ihp Of Southern California</p>	<p><i>American Sign Language (ASL):</i>            No            ☒ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA:</p>
<p><b>CHONGKRAIRATANAKUL,            TEPSIRI, MD</b>  <i>Provider ID:</i> 269868  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            8010 FROST ST STE 510            SAN DIEGO, CA 92123-4284  <i>Phone:</i> (858) 637-4700  <i>Fax:</i> (858) 637-4701  <i>After Hours Phone:</i> (858)            637-4700  <i>Provider Gender:</i> Male  <i>License number:</i> C157995  <i>NPI:</i> 1982806329  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Thai  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp            Memorial Hospital</p>	<p><b>CHOUAIRI, MICHEL B</b>  <i>Provider ID:</i> 113618  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 471-9186  <i>Fax:</i> (619) 543-8255  <i>After Hours Phone:</i> (619)            471-9186  <i>Provider Gender:</i> Male  <i>License number:</i> A117112  <i>NPI:</i> 1780991869  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None</p>	<p><b>CLAY, BRIAN J</b>  <i>Provider ID:</i> 63856  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 471-9198  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            471-9198  <i>Provider Gender:</i> Male  <i>License number:</i> A83799  <i>NPI:</i> 1831124635  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ☒ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i></p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medical Group(s):          IPA:  <b>DASHI, ARBEN</b>          Provider ID: 291393          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A119142          NPI: 1790055705          Provider English Spoken: Yes          Provider Language(s) Spoken: Italian          Cultural Competency: No          Hospital Affiliation: Palomar Medical Center, Palomar Health, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL): No          Accessibility: No          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):</p>	<p>IPA: Ucsd Medical Group  <b>DAVIS, JASON T , MD</b>          Provider ID: 270967          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          7910 FROST ST STE 250          SAN DIEGO, CA 92123-2752          Phone: (858) 637-4800          Fax: (858) 637-4801          After Hours Phone: (858) 637-4800          Provider Gender: Male          License number: A100799          NPI: 1295911469          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility: No          Hours: M-F 9AM-5PM, SA 9AM-5PM</p>	<p>Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings          Medical Group-Sd  <b>DAVIS, JASON T , MD</b>          Provider ID: 80404          Board Certified Specialty: No          BALBOA NEPHROLOGY MED GRP INC          4060 4TH AVE STE 220          SAN DIEGO, CA 92103-2120          Phone: (619) 299-2350          Fax: (619) 297-8379          After Hours Phone: (619) 299-2350          Provider Gender: Male          License number: A100799          NPI: 1295911469          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital          Medi-Cal Open Panel: Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/120	American Sign Language (ASL): No	American Sign Language (ASL): No
American Sign Language (ASL): No	♿ Accessibility: W	♿ Accessibility: W
No	Hours: M-SA 9AM-5PM	Hours: M-SA 9AM-5PM
♿ Accessibility: P, IB, E	Website:	Website:
Hours: M-F 9AM-5PM, SA	Email:	Email:
9AM-5PM	Medical Group(s):	Medical Group(s):
Website:	IPA: Community Care Ipa Llc,	IPA: Community Care Ipa Llc,
Email:	Imperial Health Holdings	Imperial Health Holdings
Medical Group(s):	Medical Group-Sd	Medical Group-Sd
IPA: Community Care Ipa Llc,		
Imperial Health Holdings		
Medical Group-Sd		
<b>DJEKIC, KRISTINA</b>	<b>EISENBERG, STEVEN G</b>	<b>EL KAREH, ROBERT E</b>
Provider ID: 286668	Provider ID: 68214	Provider ID: 63891
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
UCSD MEDICAL GROUP	CALIFORNIA CANCER ASSOCS	UCSD MEDICAL GROUP
200 W ARBOR DR	FOR RESEARCH AND EXCELL	200 W ARBOR DR
SAN DIEGO, CA 92103-1911	16918 DOVE CANYON RD STE	SAN DIEGO, CA 92103-1911
Phone: (800) 926-8273	103	Phone: (619) 471-9185
Fax: (888) 539-8781	SAN DIEGO, CA 92127-3455	Fax: (619) 543-8255
After Hours Phone: (800)	Phone: (858) 649-5100	After Hours Phone: (619)
926-8273	Fax:	471-9185
Provider Gender: Female	After Hours Phone: (858)	Provider Gender: Male
License number: 20A15063	649-5100	License number: A112957
NPI: 1417343732	Provider Gender: Male	NPI: 1497944656
Provider English Spoken: Yes	License number: 20A8293	Provider English Spoken: Yes
Provider Language(s) Spoken:	NPI: 1831162627	Provider Language(s) Spoken:
Cultural Competency: No	Provider English Spoken: Yes	Cultural Competency: No
Hospital Affiliation: Ucsd La	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd
Jolla John Sally Thornton, Ucsd	Spanish, Tagalog	Medical Ctr, Ucsd La Jolla John
Medical Ctr	Cultural Competency: No	Sally Thornton
Medi-Cal Open Panel: Yes	Hospital Affiliation: Pomerado	Medi-Cal Open Panel: No
Min/Max Age: 0/999	Hospital	Min/Max Age: None
	Medi-Cal Open Panel: No	American Sign Language (ASL):
	Min/Max Age: None	No
	American Sign Language (ASL):	♿ Accessibility: W

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **FARKHONDEHPOUR, MOHAMMAD A**

Provider ID: 115440

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: A134730

NPI: 1265876890

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **FIRESTEIN, CATHERINE E**

Provider ID: 110393

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Female

License number: A143013

NPI: 1427348382

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **FREDERICK, WILLIAM J**

Provider ID: 83441

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 471-9186

Fax: (619) 543-8255

After Hours Phone: (619)

471-9186

Provider Gender: Male

License number: A123614

NPI: 1841592805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **GANDHI, NIKHIL R**

Provider ID: 63912

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	SAN DIEGO, CA 92103-1911	4520 EXECUTIVE DR STE 111
Fax:	Phone: (800) 926-8273	SAN DIEGO, CA 92121-3019
After Hours Phone: (800) 926-8273	Fax: (888) 539-8781	Phone: (800) 926-8273
Provider Gender: Male	After Hours Phone: (800) 926-8273	Fax:
License number: A81799	Provider Gender: Female	After Hours Phone: (800) 926-8273
NPI: 1609934538	License number: A105308	Provider Gender: Male
Provider English Spoken: Yes	NPI: 1104004258	License number: A65336
Provider Language(s) Spoken: Gujarati, Hindi	Provider English Spoken: Yes	NPI: 1497791339
Cultural Competency: No	Provider Language(s) Spoken: Russian	Provider English Spoken: Yes
Hospital Affiliation: Sharp Memorial Hospital, Vibra Hospital Of San Diego, Ucsd Medical Ctr, Alvarado Hospital Llc, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton	Cultural Competency: No	Provider Language(s) Spoken: Portuguese, Spanish
Medi-Cal Open Panel: No	Hospital Affiliation: Palomar Health, Palomar Medical Center, Hoag Memorial Hospital Presbyterian, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	Cultural Competency: No
Min/Max Age: None	Medi-Cal Open Panel: Yes	Hospital Affiliation: Ucsd Medical Ctr
American Sign Language (ASL): No	Min/Max Age: 18/999	Medi-Cal Open Panel: No
♿ Accessibility: W	American Sign Language (ASL): No	Min/Max Age: None
Hours: M-SA 9AM-5PM	♿ Accessibility:	American Sign Language (ASL): No
Website:	Hours: M-F 8AM-5PM, SA 9AM-5PM	♿ Accessibility:
Email:	Website:	Hours: M-SU 9AM-5PM
Medical Group(s):	Email:	Website:
IPA:	Medical Group(s):	Email:
	IPA: Ucsd Medical Group	Medical Group(s):
<b>GELBERG, ANNA</b>		IPA: Ucsd Medical Group
Provider ID: 285638	<b>GRUNVALD, EDUARDO L</b>	
Board Certified Specialty: No	Provider ID: 127696	<b>GRUNVALD, EDUARDO L</b>
UCSD MEDICAL GROUP	Board Certified Specialty: No	Provider ID: 286343
200 W ARBOR DR	UCSD MEDICAL GROUP	Board Certified Specialty: No
		UCSD MEDICAL GROUP
		4303 LA JOLLA VILLAGE DR
		STE 2110
		SAN DIEGO, CA 92122-1396

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A65336  
NPI: 1497791339  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **GRUNVALD, EDUARDO L**

Provider ID: 286344  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A65336  
NPI: 1497791339  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HASTIE, ELIZABETH B**

Provider ID: 291431  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A166345  
NPI: 1154818797  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HAZELBAKER, PAUL N**

Provider ID: 109909  
Board Certified Specialty: No  
DOWNTOWN FAMILY CTR AT CONNECTIONS  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2430  
Fax:  
After Hours Phone: (619) 515-2430  
Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

License number: 20A7147	Provider Language(s) Spoken:	Reagan UCLA Med Ctr, Ucsd
NPI: 1831106103	Cultural Competency: No	Medical Ctr, Ucsd La Jolla John
Provider English Spoken: Yes	Hospital Affiliation:	Sally Thornton
Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: No
Cultural Competency: No	Min/Max Age: None	Min/Max Age: None
Hospital Affiliation:	American Sign Language (ASL):	American Sign Language (ASL):
Medi-Cal Open Panel: Yes	No	No
Min/Max Age: None	♿ Accessibility:	♿ Accessibility: W
American Sign Language (ASL):	Hours: M-TH 8AM-9PM, F	Hours: M-SA 9AM-5PM
No	8AM-5PM, SA 9AM-5PM	Website:
♿ Accessibility:	Website: www.fhcsd.org	Email:
Hours: M-F 8AM-5PM, SA	Email:	Medical Group(s):
9AM-5PM	Medical Group(s): Family Hlth	IPA:
Website: www.fhcsd.org	Ctr Sd Hillcrest	
Email:	IPA:	<b>HOGARTH, MICHAEL A</b>
Medical Group(s): Downtown		Provider ID: 214386
Family Ctr At Connections	<b>HILL, DEANNA L</b>	Board Certified Specialty: No
IPA:	Provider ID: 64320	UCSD MEDICAL GROUP
<b>HENDERSON, PHILIP L</b>	Board Certified Specialty: No	200 W ARBOR DR
Provider ID: 121132	UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-1911
Board Certified Specialty: No	330 LEWIS ST STE 400	Phone: (800) 926-8273
FAMILY HLTH CTR SD	SAN DIEGO, CA 92103-2108	Fax:
HILLCREST	Phone: (619) 471-9260	After Hours Phone: (800)
4094 4TH AVE	Fax:	926-8273
SAN DIEGO, CA 92103-2143	After Hours Phone: (619)	Provider Gender: Male
Phone: (619) 515-2545	471-9260	License number: A51060
Fax:	Provider Gender: Female	NPI: 1225019193
After Hours Phone: (619)	License number: A101349	Provider English Spoken: Yes
515-2545	NPI: 1417194614	Provider Language(s) Spoken:
Provider Gender: Male	Provider English Spoken: Yes	Portuguese, Spanish
License number: A140324	Provider Language(s) Spoken:	Cultural Competency: No
NPI: 1447678834	Cultural Competency: No	Hospital Affiliation: Ucsd
Provider English Spoken: Yes	Hospital Affiliation: Santa	Medical Ctr, Ucsd La Jolla John
	Monica UCLA Med Ctr, Ronald	Sally Thornton, UC Davis

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## D. Directorio de proveedores de atención especializada

Medical Ctr	No	9AM-5PM
Medi-Cal Open Panel: Yes	♿ Accessibility: W	Website:
Min/Max Age: 18/999	Hours: M-SA 9AM-5PM	Email:
American Sign Language (ASL):	Website:	Medical Group(s):
No	Email:	IPA: Ucsd Medical Group
♿ Accessibility:	Medical Group(s):	<b>JASSAL, SIMERJOT K</b>
Hours: M-F 8AM-5PM, SA	IPA:	Provider ID: 103183
9AM-5PM	<b>JABBOUR, MOUSSA</b>	Board Certified Specialty: No
Website:	Provider ID: 256659	UCSD MEDICAL GROUP
Email:	Board Certified Specialty: No	200 W ARBOR DR
Medical Group(s):	UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-1911
IPA: Ucsd Medical Group	200 W ARBOR DR	Phone: (619) 471-9186
<b>HUANG, BRYAN J</b>	SAN DIEGO, CA 92103-1911	Fax:
Provider ID: 63970	Phone: (800) 926-8273	After Hours Phone: (619)
Board Certified Specialty: No	Fax:	471-9186
UCSD MEDICAL GROUP	After Hours Phone: (800)	Provider Gender: Female
200 W ARBOR DR	926-8273	License number: A70679
SAN DIEGO, CA 92103-1911	Provider Gender: Male	NPI: 1689698052
Phone: (619) 543-6222	License number: A148314	Provider English Spoken: Yes
Fax:	NPI: 1255741633	Provider Language(s) Spoken:
After Hours Phone: (619)	Provider English Spoken: Yes	Cultural Competency: No
543-6222	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd
Provider Gender: Male	Arabic	Medical Ctr
License number: A87875	Cultural Competency: No	Medi-Cal Open Panel: No
NPI: 1881652394	Hospital Affiliation: Ucsd La	Min/Max Age: None
Provider English Spoken: Yes	Jolla John Sally Thornton, Ucsd	American Sign Language (ASL):
Provider Language(s) Spoken:	Medical Ctr	No
Cultural Competency: No	Medi-Cal Open Panel: Yes	♿ Accessibility: W
Hospital Affiliation: Ucsd	Min/Max Age: 18/999	Hours: M-SA 9AM-5PM
Medical Ctr	American Sign Language (ASL):	Website:
Medi-Cal Open Panel: No	No	Email:
Min/Max Age: None	♿ Accessibility:	Medical Group(s):
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	IPA:

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## D. Directorio de proveedores de atención especializada

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### **JENKINS, IAN H**

Provider ID: 63983  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 471-9198  
Fax:  
After Hours Phone: (619)  
471-9198  
Provider Gender: Male  
License number: A87009  
NPI: 1992762520  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **JIANG, JUN Y**

Provider ID: 291415  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A164182  
NPI: 1447792171  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **KAFI, AARYA**

Provider ID: 271608  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A123008

NPI: 1255612339  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Cedars  
Sinai Medical Center, Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **KAFI, AARYA**

Provider ID: 271609  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121-3028  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A123008  
NPI: 1255612339

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Farsi, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>KAFI, AARYA</b>  <i>Provider ID:</i> 271610  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A123008  <i>NPI:</i> 1255612339  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Farsi, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>KAHN, ANDREW M</b>  <i>Provider ID:</i> 63985  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  200 W ARBOR DR STE I505  SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-2218  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-2218  <i>Provider Gender:</i> Male  <i>License number:</i> A78646  <i>NPI:</i> 1841247384  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>KAHN, ANDREW M</b>  <i>Provider ID:</i> 64332  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  330 LEWIS ST STE 202  SAN DIEGO, CA 92103-2108  <i>Phone:</i> (619) 471-9240  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 471-9240  <i>Provider Gender:</i> Male  <i>License number:</i> A78646  <i>NPI:</i> 1841247384  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John</p>
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## D. Directorio de proveedores de atención especializada

<p>Sally Thornton            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ⚠ Accessibility:            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p> <p><b>KALUNIAN, KENNETH C</b>            Provider ID: 64580            Board Certified Specialty: No            UCSD MEDICAL GROUP            4168 FRONT ST            SAN DIEGO, CA 92103-2030            Phone: (619) 543-6248            Fax: (619) 543-3511            After Hours Phone: (619) 543-6248            Provider Gender: Male            License number: G43645            NPI: 1346269990            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):</p>	<p>No            ⚠ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p> <p><b>KARL, BETHANY E</b>            Provider ID: 83646            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911            Phone: (619) 471-9186            Fax: (858) 543-8255            After Hours Phone: (619) 471-9186            Provider Gender: Female            License number: 20A10783            NPI: 1790980472            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ⚠ Accessibility: W            Hours: M-SA 9AM-5PM            Website:</p>	<p>Email:            Medical Group(s):            IPA:</p> <p><b>KATZ, YISRAEL</b>            Provider ID: 272936            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911            Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273            Provider Gender: Male            License number: A158910            NPI: 1730507872            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 18/999            American Sign Language (ASL): No            ⚠ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p> <p><b>KHALID, SHAFI M</b>            Provider ID: 125346</p>
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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No  SAN DIEGO PAIN  CONSULTANTS PROF CORP  5850 OBERLIN DR STE 100  SAN DIEGO, CA 92121-4710  <i>Phone:</i> (858) 485-1523  <i>Fax:</i>  <i>After Hours Phone:</i> (858)  485-1523  <i>Provider Gender:</i> Male  <i>License number:</i> C51093  <i>NPI:</i> 1750343760  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Bengali, Farsi, Spanish,  Tagalog, Urdu  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Pomerado  Hospital, Palomar Medical  Center  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.sdpain.org  <i>Email:</i>  <i>Medical Group(s):</i>  IPA:</p> <p><b>KLINE, LAWRENCE E</b>  <i>Provider ID:</i> 118395  <i>Board Certified Specialty:</i> No</p>	<p>UCSD MEDICAL GROUP  4520 EXECUTIVE DR STE 1  SAN DIEGO, CA 92121-3018  <i>Phone:</i> (619) 543-6312  <i>Fax:</i>  <i>After Hours Phone:</i> (619)  543-6312  <i>Provider Gender:</i> Male  <i>License number:</i> 20A3294  <i>NPI:</i> 1730140278  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton, Scripps Green  Hospital, Scripps Memorial  Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA:</p> <p><b>KOMSOUKANIANTS, ARKADY</b>  <i>Provider ID:</i> 116695  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  200 W ARBOR DR</p>	<p>SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 471-9186  <i>Fax:</i>  <i>After Hours Phone:</i> (619)  471-9186  <i>Provider Gender:</i> Male  <i>License number:</i> A139258  <i>NPI:</i> 1720498959  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Russian  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA:</p> <p><b>KOOLA, JEJO D</b>  <i>Provider ID:</i> 111071  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 471-9186  <i>Fax:</i>  <i>After Hours Phone:</i> (619)  471-9186</p>
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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	Finnish, French, Hebrew, Spanish	<i>Cultural Competency:</i> No
<i>License number:</i> A122014		<i>Hospital Affiliation:</i>
<i>NPI:</i> 1073775532	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> None
<i>Provider Language(s) Spoken:</i>	Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>American Sign Language (ASL):</i> No
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>♿ Accessibility:</i> W
<i>Hospital Affiliation:</i> Ucsd Medical Ctr	<i>Min/Max Age:</i> 18/999	<i>Hours:</i> M-SA 9AM-5PM
<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i> No	<i>Website:</i>
<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i>	<i>Email:</i>
<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Medical Group(s):</i>
<i>♿ Accessibility:</i> W	<i>Website:</i>	<i>IPA:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>	<b>LAGO HERNANDEZ, CARLOS A</b>
<i>Website:</i>	<i>Medical Group(s):</i>	<i>Provider ID:</i> 238622
<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group	<i>Board Certified Specialty:</i> No
<i>Medical Group(s):</i>		UCSD MEDICAL GROUP
<i>IPA:</i>		200 W ARBOR DR
	<b>KWAK, KEVIN W</b>	SAN DIEGO, CA 92103-1911
<b>KVIATKOVSKY, MILLA J</b>	<i>Provider ID:</i> 116427	<i>Phone:</i> (800) 926-8273
<i>Provider ID:</i> 274003	<i>Board Certified Specialty:</i> No	<i>Fax:</i>
<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (800)
UCSD MEDICAL GROUP	200 W ARBOR DR	926-8273
200 W ARBOR DR	SAN DIEGO, CA 92103-1911	<i>Provider Gender:</i> Male
SAN DIEGO, CA 92103-1911	<i>Phone:</i> (619) 471-9186	<i>License number:</i> A146029
<i>Phone:</i> (619) 543-6222	<i>Fax:</i>	<i>NPI:</i> 1558756270
<i>Fax:</i>	<i>After Hours Phone:</i> (619)	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (619)	471-9186	<i>Provider Language(s) Spoken:</i>
543-6222	<i>Provider Gender:</i> Male	Spanish
<i>Provider Gender:</i> Female	<i>License number:</i> A149375	<i>Cultural Competency:</i> No
<i>License number:</i> 20A15453	<i>NPI:</i> 1033538632	<i>Hospital Affiliation:</i> Ucsd
<i>NPI:</i> 1366855355	<i>Provider English Spoken:</i> Yes	Medical Ctr, Ucsd La Jolla John Sally Thornton
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>Provider Language(s) Spoken:</i>	Korean	

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## D. Directorio de proveedores de atención especializada

Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>LAM, MICHAEL T</b> Provider ID: 274410 Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR STE P2 SAN DIEGO, CA 92121-3028 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A141055 NPI: 1578974259 Provider English Spoken: Yes Provider Language(s) Spoken: Mandarin Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No	<b>LAM, MICHAEL T</b> Provider ID: 274411 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A141055 NPI: 1578974259 Provider English Spoken: Yes Provider Language(s) Spoken: Mandarin Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	<b>LEE, DANIEL</b> Provider ID: 64596 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030 Phone: (619) 543-3995 Fax: (619) 543-7841 After Hours Phone: (619) 543-3995 Provider Gender: Male License number: A61630 NPI: 1104876093 Provider English Spoken: Yes Provider Language(s) Spoken: Chinese, Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM Website: Email:

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## D. Directorio de proveedores de atención especializada

<i>Medical Group(s):</i>	<i>Provider ID:</i> 63158	SAN DIEGO, CA 92103-2030
<i>IPA:</i>	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 543-5415
<b>LEVERONE, NICHOLAS A</b>	UCSD MEDICAL GROUP	<i>Fax:</i>
<i>Provider ID:</i> 272692	4168 FRONT ST	<i>After Hours Phone:</i> (619)
<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-2030	543-5415
UCSD MEDICAL GROUP	<i>Phone:</i> (619) 543-3995	<i>Provider Gender:</i> Male
200 W ARBOR DR	<i>Fax:</i>	<i>License number:</i> A98657
SAN DIEGO, CA 92103-1911	<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1578593521
<i>Phone:</i> (800) 926-8273	543-3995	<i>Provider English Spoken:</i> Yes
<i>Fax:</i> (888) 539-8781	<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (800)	<i>License number:</i> A55815	<i>Cultural Competency:</i> No
926-8273	<i>NPI:</i> 1962427310	<i>Hospital Affiliation:</i>
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> No
<i>License number:</i> A159232	<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> None
<i>NPI:</i> 1407388564	<i>Cultural Competency:</i> No	<i>American Sign Language (ASL):</i>
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd	No
<i>Provider Language(s) Spoken:</i>	Medical Ctr, Ucsd La Jolla John	<i>Accessibility:</i>
<i>Cultural Competency:</i> No	Sally Thornton	<i>Hours:</i> M-F 9AM-5PM, SA
<i>Hospital Affiliation:</i> Ucsd La	<i>Medi-Cal Open Panel:</i> No	9AM-5PM
Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> None	<i>Website:</i>
Medical Ctr	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Medical Group(s):</i>
<i>Min/Max Age:</i> 18/999	<i>Accessibility:</i> W	<i>IPA:</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM	<b>LUNDE, OTTAR V</b>
No	<i>Website:</i>	<i>Provider ID:</i> 64349
<i>Accessibility:</i>	<i>Email:</i>	<i>Board Certified Specialty:</i> No
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Medical Group(s):</i>	UCSD MEDICAL GROUP
9AM-5PM	<i>IPA:</i>	330 LEWIS ST STE 400
<i>Website:</i>	<b>LOOMBA, ROHIT</b>	SAN DIEGO, CA 92103-2108
<i>Email:</i>	<i>Provider ID:</i> 64603	<i>Phone:</i> (619) 471-9260
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	<i>Fax:</i>
<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (619)
<b>LONERGAN, JOSEPH T</b>	4168 FRONT ST FL 2	471-9260

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>License number:</i> A97573	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Rady
<i>NPI:</i> 1932257268	<i>Hospital Affiliation:</i> Ucsd La	Childrens Hospital San Diego,
<i>Provider English Spoken:</i> Yes	Jolla John Sally Thornton, Ucsd	Ucsd Medical Ctr, Ucsd La Jolla
<i>Provider Language(s) Spoken:</i>	Medical Ctr	John Sally Thornton, Tri City
German, Norwegian, Spanish	<i>Medi-Cal Open Panel:</i> Yes	Medical Ctr, Scripps Memorial
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 18/999	Hospital
<i>Hospital Affiliation:</i> Ucsd	<i>American Sign Language (ASL):</i>	<i>Medi-Cal Open Panel:</i> No
Medical Ctr	No	<i>Min/Max Age:</i> None
<i>Medi-Cal Open Panel:</i> No	<i>♿ Accessibility:</i>	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8AM-5PM, SA	No
<i>American Sign Language (ASL):</i>	9AM-5PM	<i>♿ Accessibility:</i> W
No	<i>Website:</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>♿ Accessibility:</i> W	<i>Email:</i>	<i>Website:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>	<i>Email:</i>
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	<i>Medical Group(s):</i>
<i>Email:</i>		<i>IPA:</i> Rady Childrens Health
<i>Medical Group(s):</i>	<b>MARC AURELE, KRISHELLE L</b>	Network
<i>IPA:</i>	<i>Provider ID:</i> 118776	
<b>MAJITHIA, AMIT R</b>	<i>Board Certified Specialty:</i> No	<b>MARC AURELE, KRISHELLE L</b>
<i>Provider ID:</i> 255882	RADY CHILDRENS	<i>Provider ID:</i> 52542
<i>Board Certified Specialty:</i> No	SPECIALISTS SAN DIEGO MED	<i>Board Certified Specialty:</i> No
UCSD MEDICAL GROUP	FNDTN	RADY CHILDRENS
4168 FRONT ST	3020 CHILDRENS WAY	SPECIALISTS SAN DIEGO MED
SAN DIEGO, CA 92103-2030	SAN DIEGO, CA 92123-4223	FNDTN
<i>Phone:</i> (800) 926-8273	<i>Phone:</i> (858) 966-5841	200 W ARBOR DR
<i>Fax:</i>	<i>Fax:</i>	SAN DIEGO, CA 92103-1911
<i>After Hours Phone:</i> (800)	<i>After Hours Phone:</i> (858)	<i>Phone:</i> (619) 543-3759
926-8273	966-5841	<i>Fax:</i> (619) 543-3812
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Female	<i>After Hours Phone:</i> (619)
<i>License number:</i> C158025	<i>License number:</i> A99634	543-3759
<i>NPI:</i> 1801091459	<i>NPI:</i> 1952503435	<i>Provider Gender:</i> Female
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>License number:</i> A99634
	<i>Provider Language(s) Spoken:</i>	<i>NPI:</i> 1952503435

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## D. Directorio de proveedores de atención especializada

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton, Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **MARTINEZ, ARMANDO R**

*Provider ID:* 291421  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A164016  
*NPI:* 1598261091

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MARTIN, LESLIE M**

*Provider ID:* 64065  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* G79006  
*NPI:* 1306895495  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John

Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MCGEHRIN, KEVIN M**

*Provider ID:* 256020  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3018  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A140783  
*NPI:* 1972913101  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No	9AM-5PM	IPA:
♿ Accessibility:	Website:	<b>MEHDI, HARSHAL S</b>
Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:	Provider ID: 117537
Website:	Medical Group(s):	Board Certified Specialty: No
Email:	IPA: Ucsd Medical Group	UCSD MEDICAL GROUP
Medical Group(s):	<b>MCLNTYRE, JONATHAN S</b>	200 W ARBOR DR
IPA: Ucsd Medical Group	Provider ID: 117548	SAN DIEGO, CA 92103-1911
<b>MCGEHRIN, KEVIN M</b>	Board Certified Specialty: No	Phone: (619) 471-9186
Provider ID: 256021	UCSD MEDICAL GROUP	Fax:
Board Certified Specialty: No	200 W ARBOR DR	After Hours Phone: (619)
UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-1911	471-9186
200 W ARBOR DR	Phone: (619) 471-9186	Provider Gender: Male
SAN DIEGO, CA 92103-1911	Fax:	License number: A149919
Phone: (800) 926-8273	After Hours Phone: (619)	NPI: 1144631359
Fax:	471-9186	Provider English Spoken: Yes
After Hours Phone: (800)	Provider Gender: Male	Provider Language(s) Spoken:
926-8273	License number: A149315	Cultural Competency: No
Provider Gender: Male	NPI: 1134462211	Hospital Affiliation: Ucsd La
License number: A140783	Provider English Spoken: Yes	Jolla John Sally Thornton, Ucsd
NPI: 1972913101	Provider Language(s) Spoken:	Medical Ctr
Provider English Spoken: Yes	Cultural Competency: No	Medi-Cal Open Panel: No
Provider Language(s) Spoken:	Hospital Affiliation: Ucsd	Min/Max Age: None
Cultural Competency: No	Medical Ctr, Ucsd La Jolla John	American Sign Language (ASL):
Hospital Affiliation: Ucsd	Sally Thornton	No
Medical Ctr, Ucsd La Jolla John	Medi-Cal Open Panel: No	♿ Accessibility: W
Sally Thornton	Min/Max Age: None	Hours: M-SA 9AM-5PM
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	Website:
Min/Max Age: 18/999	No	Email:
American Sign Language (ASL):	♿ Accessibility: W	Medical Group(s):
No	Hours: M-SA 9AM-5PM	IPA:
♿ Accessibility:	Website:	<b>MEHTA, GITA</b>
Hours: M-F 8AM-5PM, SA	Email:	Provider ID: 125321
	Medical Group(s):	Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 330 LEWIS ST STE 400 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9260 Fax: After Hours Phone: (619) 471-9260 Provider Gender: Female License number: A45647 NPI: 1538215264 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi, Punjabi Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Phone: (858) 657-8000 Fax: After Hours Phone: (858) 657-8000 Provider Gender: Male License number: A89714 NPI: 1437150299 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital Encinitas Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: <b>MILLER, RUSSELL J</b> Provider ID: 122251 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911	Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: A108650 NPI: 1619175528 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: <b>MOAZZAM, ALAN A</b> Provider ID: 120032 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911
<b>MEHTA, SANJAY R</b> Provider ID: 64613 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST FL 3 SAN DIEGO, CA 92103-2030		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 471-9186	Phone: (619) 543-6222	License number: A137142
Fax:	Fax:	NPI: 1720354095
After Hours Phone: (619) 471-9186	After Hours Phone: (619) 543-6222	Provider English Spoken: Yes
Provider Gender: Male	Provider Gender: Male	Provider Language(s) Spoken: Cultural Competency: No
License number: A121629	License number: A82120	Hospital Affiliation: Ucsd Medical Ctr
NPI: 1811218274	NPI: 1629279997	Medi-Cal Open Panel: No
Provider English Spoken: Yes	Provider English Spoken: Yes	Min/Max Age: None
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: French	American Sign Language (ASL): No
Cultural Competency: No	Cultural Competency: No	⌘ Accessibility: W
Hospital Affiliation: Huntington Hospital, Huntington Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Hospital Affiliation: Medi-Cal Open Panel: No	Hours: M-F 9AM-5PM, SA 9AM-5PM
Medi-Cal Open Panel: No	Min/Max Age: None	Website:
Min/Max Age: None	American Sign Language (ASL): No	Email:
American Sign Language (ASL): No	⌘ Accessibility: W	Medical Group(s):
⌘ Accessibility: W	Hours: M-SA 9AM-5PM	IPA:
Hours: M-SA 9AM-5PM	Website:	<b>MUNCE, DANIELLE F</b>
Website:	Email:	Provider ID: 272577
Email:	Medical Group(s):	Board Certified Specialty: No
Medical Group(s):	IPA:	UCSD MEDICAL GROUP
IPA:	<b>MOYO, STEVEN C</b>	200 W ARBOR DR
<b>MONTGRAIN, PHILIPPE R</b>	Provider ID: 110487	SAN DIEGO, CA 92103-1911
Provider ID: 64096	Board Certified Specialty: No	Phone: (800) 926-8273
Board Certified Specialty: No	UCSD MEDICAL GROUP	Fax: (888) 539-8781
UCSD MEDICAL GROUP	200 W ARBOR DR	After Hours Phone: (800) 926-8273
200 W ARBOR DR	SAN DIEGO, CA 92103-1911	Provider Gender: Female
SAN DIEGO, CA 92103-1911	Phone: (619) 543-6222	License number: A152693
	Fax:	NPI: 1740644509
	After Hours Phone: (619) 543-6222	Provider English Spoken: Yes
	Provider Gender: Male	Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	Memorial Hospital	<i>Medi-Cal Open Panel:</i> Yes
<i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 18/120
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 18/120	<i>American Sign Language (ASL):</i> No
<i>Min/Max Age:</i> 18/999	<i>American Sign Language (ASL):</i> No	<i>Accessibility:</i>
<i>American Sign Language (ASL):</i> No	<i>Accessibility:</i>	<i>Hours:</i> M-F 7:30AM-4:30PM, SA 9AM-5PM
<i>Accessibility:</i>	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Website:</i>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Website:</i>	<i>Email:</i>
<i>Website:</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	
<i>IPA:</i> Ucsd Medical Group		
<b>NAMAZY, DAVID S, MD</b>	<b>NAMAZY, DAVID S, MD</b>	<b>NARANJO, RODRIGO A</b>
<i>Provider ID:</i> 258027	<i>Provider ID:</i> 258028	<i>Provider ID:</i> 293268
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC	IHP OF SOUTHERN CALIFORNIA
7910 FROST ST STE 220	6402 EL CAJON BLVD STE 100	6973 LINDA VISTA RD
SAN DIEGO, CA 92123-2781	SAN DIEGO, CA 92115-2645	SAN DIEGO, CA 92111-6342
<i>Phone:</i> (858) 637-4700	<i>Phone:</i> (858) 637-4700	<i>Phone:</i> (858) 279-0925
<i>Fax:</i> (858) 637-4701	<i>Fax:</i> (858) 637-4701	<i>Fax:</i> (858) 633-4680
<i>After Hours Phone:</i> (858) 637-4700	<i>After Hours Phone:</i> (858) 637-4700	<i>After Hours Phone:</i> (858) 279-0925
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male
<i>License number:</i> A74630	<i>License number:</i> A74630	<i>License number:</i> A119010
<i>NPI:</i> 1477558013	<i>NPI:</i> 1477558013	<i>NPI:</i> 1609095264
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Spanish
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Sharp	<i>Hospital Affiliation:</i> Sharp	<i>Hospital Affiliation:</i>
Memorial Hospital	Memorial Hospital	<i>Medi-Cal Open Panel:</i> Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 18/999          American Sign Language (ASL): No          Accessibility:            Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p>Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p>Medical Group(s):          IPA: Ucsd Medical Group</p>
<p><b>NARANJO, RODRIGO A</b>          Provider ID: 293269          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          7011 LINDA VISTA RD          SAN DIEGO, CA 92111-6307          Phone: (858) 810-8700          Fax: (858) 633-4680          After Hours Phone: (858) 810-8700          Provider Gender: Male          License number: A119010          NPI: 1609095264          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL): No          Accessibility: </p>	<p><b>NGUYEN, KATHERINE H</b>          Provider ID: 279375          Board Certified Specialty: No          UCSD MEDICAL GROUP          4168 FRONT ST          SAN DIEGO, CA 92103-2030          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: G79343          NPI: 1356319875          Provider English Spoken: Yes          Provider Language(s) Spoken: Vietnamese          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL): No          Accessibility:           Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:</p>	<p><b>NGUYEN, TONY TAN</b>          Provider ID: 24568          Board Certified Specialty: No          NR MEDICAL ASSOCIATES          555 WASHINGTON ST          SAN DIEGO, CA 92103-2289          Phone: (619) 250-8300          Fax:          After Hours Phone: (619) 250-8300          Provider Gender: Male          License number: G67119          NPI: 1609839299          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Vibra Hospital Of San Diego, Garden Grove Hospital And Medical Center          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:           Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>
		<p><b>NOBARI, MATTHEW M</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 119529  Board Certified Specialty: No  UCSD MEDICAL GROUP  4520 EXECUTIVE DR STE 2  SAN DIEGO, CA 92121-3018  Phone: (855) 355-5864  Fax:  After Hours Phone: (855)  355-5864  Provider Gender: Male  License number: A145102  NPI: 1619140902  Provider English Spoken: Yes  Provider Language(s) Spoken:  Farsi  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>4520 EXECUTIVE DR STE P2  SAN DIEGO, CA 92121-3028  Phone: (855) 355-5864  Fax:  After Hours Phone: (855)  355-5864  Provider Gender: Male  License number: A145102  NPI: 1619140902  Provider English Spoken: Yes  Provider Language(s) Spoken:  Farsi  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Male  License number: A155580  NPI: 1487040051  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La  Jolla John Sally Thornton, Ucsd  Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>NOBARI, MATTHEW M</b>  Provider ID: 242035  Board Certified Specialty: No  UCSD MEDICAL GROUP</p>	<p><b>NOKES, BRANDON T</b>  Provider ID: 287582  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911</p>	<p><b>ORR, JEREMY E</b>  Provider ID: 99606  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (619) 471-9186	License number: A111366	Hospital Affiliation: Ucsd
Fax: (619) 543-8255	NPI: 1992940969	Medical Ctr, Ucsd La Jolla John
After Hours Phone: (619) 471-9186	Provider English Spoken: Yes	Sally Thornton, Rady Childrens
Provider Gender: Male	Provider Language(s) Spoken:	Hospital San Diego
License number: A111366	Cultural Competency: No	Medi-Cal Open Panel: No
NPI: 1992940969	Hospital Affiliation: Santa	Min/Max Age: None
Provider English Spoken: Yes	Monica UCLA Med Ctr	American Sign Language (ASL):
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	No
Cultural Competency: No	Min/Max Age: None	♿ Accessibility: W
Hospital Affiliation: Santa	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
Monica UCLA Med Ctr	No	9AM-5PM
Medi-Cal Open Panel: No	♿ Accessibility:	Website:
Min/Max Age: None	Hours: M-SA 9AM-5PM	Email:
American Sign Language (ASL):	Website:	Medical Group(s):
No	Email:	IPA: Rady Childrens Health
♿ Accessibility: W	Medical Group(s):	Network
Hours: M-SA 9AM-5PM	IPA:	
Website:	<b>PARDEE, PERRIE E</b>	<b>PATEL, BIJAL V</b>
Email:	Provider ID: 101191	Provider ID: 257501
Medical Group(s):	Board Certified Specialty: No	Board Certified Specialty: Yes
IPA:	UCSD MEDICAL GROUP	BLUE SHIELD PROMISE
	200 W ARBOR DR	HEALTH PLAN DIRECT
	SAN DIEGO, CA 92103-1911	8010 FROST ST STE 510
<b>ORR, JEREMY E</b>	Phone: (619) 543-6222	SAN DIEGO, CA 92123-4284
Provider ID: 99610	Fax:	Phone: (858) 637-4700
Board Certified Specialty: No	After Hours Phone: (619)	Fax: (858) 637-4701
UCSD MEDICAL GROUP	543-6222	After Hours Phone: (858)
4520 EXECUTIVE DR STE 111	Provider Gender: Female	637-4700
SAN DIEGO, CA 92121-3019	License number: A123826	Provider Gender: Male
Phone: (858) 355-5864	NPI: 1578850988	License number: A74638
Fax: (858) 657-6171	Provider English Spoken: Yes	NPI: 1639266026
After Hours Phone: (858)	Provider Language(s) Spoken:	Provider English Spoken: Yes
355-5864	Cultural Competency: No	Provider Language(s) Spoken:
Provider Gender: Male		Spanish

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## D. Directorio de proveedores de atención especializada

Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PATEL, KRUTI**

Provider ID: 276541  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: C170176  
 NPI: 1043574262  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PRATHIPATI, KUMARA S**

Provider ID: 61851  
 Board Certified Specialty: No  
 KUMARA PRATHIPATI MD INC  
 4276 54TH PL STE B  
 SAN DIEGO, CA 92115-6011  
 Phone: (619) 267-0553  
 Fax:  
 After Hours Phone: (619) 267-0553  
 Provider Gender: Male  
 License number: A40438  
 NPI: 1538267778  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PRATHIPATI, LAKSHMI**

Provider ID: 53410  
 Board Certified Specialty: No  
 KUMARA PRATHIPATI MD INC  
 4276 54TH PL STE B  
 SAN DIEGO, CA 92115-6011  
 Phone: (619) 286-3222  
 Fax: (619) 286-3223  
 After Hours Phone: (619) 286-3222  
 Provider Gender: Female  
 License number: A47821  
 NPI: 1245338490  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Telugu  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

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No	<i>Email:</i>	<i>Provider ID:</i> 64153
♿ <i>Accessibility:</i> W	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
<i>Hours:</i> M-SA 9AM-5PM	<i>IPA:</i>	UCSD MEDICAL GROUP
<i>Website:</i>	<b>RAISINGHANI, AJIT B</b>	200 W ARBOR DR
<i>Email:</i>	<i>Provider ID:</i> 64630	SAN DIEGO, CA 92103-1911
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 543-6222
<i>IPA:</i>	UCSD MEDICAL GROUP	<i>Fax:</i> (619) 543-8255
<b>QUARTAROLO, JENNIFER M</b>	4168 FRONT ST	<i>After Hours Phone:</i> (619)
<i>Provider ID:</i> 64149	SAN DIEGO, CA 92103-2030	543-6222
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 543-6248	<i>Provider Gender:</i> Male
UCSD MEDICAL GROUP	<i>Fax:</i>	<i>License number:</i> A91945
200 W ARBOR DR	<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1861566366
SAN DIEGO, CA 92103-1911	543-6248	<i>Provider English Spoken:</i> Yes
<i>Phone:</i> (619) 543-6222	<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>
<i>Fax:</i>	<i>License number:</i> G75914	Spanish
<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1831292796	<i>Cultural Competency:</i> No
543-6222	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i>
<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> No
<i>License number:</i> A96235	<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None
<i>NPI:</i> 1841213865	<i>Hospital Affiliation:</i> Ucsd La	<i>American Sign Language (ASL):</i>
<i>Provider English Spoken:</i> Yes	Jolla John Sally Thornton, Ucsd	No
<i>Provider Language(s) Spoken:</i>	Medical Ctr	♿ <i>Accessibility:</i> W
Spanish	<i>Medi-Cal Open Panel:</i> No	<i>Hours:</i> M-SA 9AM-5PM
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None	<i>Website:</i>
<i>Hospital Affiliation:</i> Ucsd	<i>American Sign Language (ASL):</i>	<i>Email:</i>
Medical Ctr	No	<i>Medical Group(s):</i>
<i>Medi-Cal Open Panel:</i> No	♿ <i>Accessibility:</i> W	<i>IPA:</i>
<i>Min/Max Age:</i> None	<i>Hours:</i> M-SA 9AM-5PM	<b>RENARD, AYSEL</b>
<i>American Sign Language (ASL):</i>	<i>Website:</i>	<i>Provider ID:</i> 271842
No	<i>Email:</i>	<i>Board Certified Specialty:</i> No
♿ <i>Accessibility:</i> W	<i>Medical Group(s):</i>	UCSD MEDICAL GROUP
<i>Hours:</i> M-SA 9AM-5PM	<i>IPA:</i>	200 W ARBOR DR
<i>Website:</i>	<b>RAMOS, PEDRO</b>	SAN DIEGO, CA 92103-1911

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A169429  
 NPI: 1225567456  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Turkish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **RIES, DAVID C**

Provider ID: 87181  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 471-9186  
 Fax: (619) 543-8255  
 After Hours Phone: (619) 471-9186  
 Provider Gender: Male  
 License number: A127233  
 NPI: 1376705483  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **RIVERA, TANIA L**

Provider ID: 78921  
 Board Certified Specialty: No  
 DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619) 515-2560  
 Provider Gender: Female  
 License number: A126958  
 NPI: 1336346972  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Diamond Neighborhoods Family Hlth Ctrs Inc  
 IPA:

### **SANTOS CAVAIOLA, TRICIA**

Provider ID: 84769  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6248	License number: A112780	Cultural Competency: No
Fax:	NPI: 1972817302	Hospital Affiliation:
After Hours Phone: (619) 543-6248	Provider English Spoken: Yes	Medi-Cal Open Panel: No
Provider Gender: Female	Provider Language(s) Spoken:	Min/Max Age: None
License number: A108282	Cultural Competency: No	American Sign Language (ASL):
NPI: 1518163799	Hospital Affiliation: Ucsd	No
Provider English Spoken: Yes	Medical Ctr	♿ Accessibility:
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	Hours: M-F 8AM-5PM, SA
Cultural Competency: No	Min/Max Age: None	9AM-5PM
Hospital Affiliation: Ucsd	American Sign Language (ASL):	Website:
Medical Ctr	No	Email:
Medi-Cal Open Panel: No	♿ Accessibility: W	Medical Group(s):
Min/Max Age: None	Hours: M-SA 9AM-5PM	IPA:
American Sign Language (ASL):	Website:	<b>SCHOOLEY, ROBERT T</b>
No	Email:	Provider ID: 64641
♿ Accessibility: W	Medical Group(s):	Board Certified Specialty: No
Hours: M-SA 9AM-5PM	IPA:	UCSD MEDICAL GROUP
Website:	<b>SCHMICKL, CHRISTOPHER N</b>	4168 FRONT ST FL 3
Email:	Provider ID: 127692	SAN DIEGO, CA 92103-2030
Medical Group(s):	Board Certified Specialty: No	Phone: (858) 657-8000
IPA: Ucsd Medical Group	UCSD MEDICAL GROUP	Fax:
<b>SASAKI, REID A</b>	4520 EXECUTIVE DR STE 111	After Hours Phone: (858)
Provider ID: 64182	SAN DIEGO, CA 92121-3019	657-8000
Board Certified Specialty: No	Phone: (858) 657-8860	Provider Gender: Male
UCSD MEDICAL GROUP	Fax:	License number: C51865
200 W ARBOR DR	After Hours Phone: (858)	NPI: 1346298502
SAN DIEGO, CA 92103-1911	657-8860	Provider English Spoken: Yes
Phone: (619) 543-6222	Provider Gender: Male	Provider Language(s) Spoken:
Fax: (619) 543-8255	License number: A155053	Cultural Competency: No
After Hours Phone: (619) 543-6222	NPI: 1720498496	Hospital Affiliation: Ucsd
Provider Gender: Male	Provider English Spoken: Yes	Medical Ctr
	Provider Language(s) Spoken:	Medi-Cal Open Panel: No
	German	Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Medical Group(s):          IPA:</p>
<p><b>SEBASKY, MEGHAN M</b>          Provider ID: 273962          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax: (619) 543-8255          After Hours Phone: (619) 543-6222          Provider Gender: Female          License number: A114146          NPI: 1538351408          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 18/999          American Sign Language (ASL): No          Accessibility: W</p>	<p><b>SEGAR, SANDEEP</b>          Provider ID: 116375          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Male          License number: A149780          NPI: 1982017067          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: W</p>	<p><b>SEYMANN, GREGORY B</b>          Provider ID: 64195          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Male          License number: A55150          NPI: 1710920442          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>
		<p><b>SHAHATTO, LOBNA</b>          Provider ID: 129681          Board Certified Specialty: No          UCSD MEDICAL GROUP</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Female  
 License number: A117647  
 NPI: 1477879906  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SHAHATTO, LOBNA

Provider ID: 201324  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Female  
 License number: A117647  
 NPI: 1477879906  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SMITHERMAN, KENTON O

Provider ID: 64208  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: G84563  
 NPI: 1205888724  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### SMITH, CHELSEY J

Provider ID: 239920  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (858) 657-6110  
 Fax:  
 After Hours Phone: (858) 657-6110  
 Provider Gender: Female  
 License number: A126660

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NPI: 1013264506  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>SPECKART, PAUL F</b>  Provider ID: 64652  Board Certified Specialty: No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  Phone: (619) 543-6248  Fax:  After Hours Phone: (619) 543-6248  Provider Gender: Male  License number: C31776  NPI: 1447346192  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p><b>TANTISIRA, LALITA K</b>  Provider ID: 275926  Board Certified Specialty: No  UCSD MEDICAL GROUP  4520 EXECUTIVE DR  SAN DIEGO, CA 92121-3018  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: C170095  NPI: 1508874298  Provider English Spoken: Yes  Provider Language(s) Spoken: Thai  Cultural Competency: No  Hospital Affiliation:</p>	<p><b>TANTISIRA, LALITA K</b>  Provider ID: 275927  Board Certified Specialty: No  UCSD MEDICAL GROUP  16950 VIA TAZON  SAN DIEGO, CA 92127-1607  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: C170095  NPI: 1508874298  Provider English Spoken: Yes  Provider Language(s) Spoken: Thai  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL): No</p>

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>THOMAS, ROBERT L</b>  <i>Provider ID:</i> 238929  <i>Board Certified Specialty:</i> Yes            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A151319  <i>NPI:</i> 1053765909  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i>            No</p> <p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>VARUGHESE, JAY I</b>  <i>Provider ID:</i> 64239  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR</p>	<p><i>Provider ID:</i> 109494  <i>Board Certified Specialty:</i> No            DTFHC AT CONNECTIONS            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368  <i>Phone:</i> (619) 515-2430  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            515-2430  <i>Provider Gender:</i> Male  <i>License number:</i> A137394  <i>NPI:</i> 1659634517  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Farsi  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No</p> <p>♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>TAYLOR, DAVID S</b>  <i>Provider ID:</i> 274469  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A169407  <i>NPI:</i> 1033572995  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i>            No</p> <p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM</p>	<p><b>VAFADARAN, ASHKAN</b></p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax: (619) 543-8255

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: A105937

NPI: 1447490230

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **VODKIN, IRINE E**

Provider ID: 102009

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-5415

Fax:

After Hours Phone: (619)

543-5415

Provider Gender: Female

License number: A113664

NPI: 1861762619

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **VODKIN, IRINE E**

Provider ID: 102012

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-5415

Fax:

After Hours Phone: (619)

543-5415

Provider Gender: Female

License number: A113664

NPI: 1861762619

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **VUONG, NHAN D**

Provider ID: 117217

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 471-9186

Fax:

After Hours Phone: (619)

471-9186

Provider Gender: Male

License number: A132811

NPI: 1194169573

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>No</p> <p>♿ <i>Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p> <p><b>VYAS, DHWANIL V</b></p> <p><i>Provider ID:</i> 289672</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>8899 UNIVERSITY CENTER LN</p> <p>SAN DIEGO, CA 92122-1013</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i> (888) 539-8781</p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A125364</p> <p><i>NPI:</i> 1295043388</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 18/999</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p>	<p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ucsd Medical Group</p> <p><b>VYAS, DHWANIL V</b></p> <p><i>Provider ID:</i> 289673</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>330 LEWIS ST</p> <p>SAN DIEGO, CA 92103-2108</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i> (888) 539-8781</p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A125364</p> <p><i>NPI:</i> 1295043388</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 18/999</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ucsd Medical Group</p> <p><b>WANG, ANGELA C</b></p>	<p><i>Provider ID:</i> 259534</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>4520 EXECUTIVE DR STE P2</p> <p>SAN DIEGO, CA 92121-3028</p> <p><i>Phone:</i> (855) 355-5864</p> <p><i>Fax:</i> (888) 539-8781</p> <p><i>After Hours Phone:</i> (855) 355-5864</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> G62974</p> <p><i>NPI:</i> 1730133976</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 18/999</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ucsd Medical Group</p> <p><b>WANG, ANGELA C</b></p> <p><i>Provider ID:</i> 259535</p> <p><i>Board Certified Specialty:</i> No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: G62974 NPI: 1730133976 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A159228 NPI: 1235660887 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (619) 471-9185 Fax: After Hours Phone: (619) 471-9185 Provider Gender: Female License number: A141944 NPI: 1790128924 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:
<b>WEBSTER, LUKE A</b> Provider ID: 272681 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR	<b>WINTERS, KATHRYN D</b> Provider ID: 115623 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911	<b>WITZTUM, JOSEPH L</b> Provider ID: 64664 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030 Phone: (619) 543-6248 Fax: After Hours Phone: (619) 543-6248

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider Gender: Male  License number: G29598  NPI: 1699791491  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>WOOTEN, DARCY A</b>  Provider ID: 130066  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 471-9186  Fax: (619) 543-8255  After Hours Phone: (619)  471-9186  Provider Gender: Female  License number: A114007  NPI: 1538495973  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p><b>WYATT, WENDELL D</b>  Provider ID: 255535  Board Certified Specialty: No  UCSD MEDICAL GROUP  8899 UNIVERSITY CENTER LN  STE 220  SAN DIEGO, CA 92122-1040  Phone: (800) 926-8273  Fax:  After Hours Phone: (800)  926-8273  Provider Gender: Male  License number: C136244  NPI: 1316906696  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John</p>	<p><b>YANG, JENNY Z</b>  Provider ID: 283026  Board Certified Specialty: No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: A145538  NPI: 1346636453  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Sharp  Memorial Hospital, Sharp  Coronado Hosp And Healthcare  Ctr, Ucsd Medical Ctr, Ucsd La  Jolla John Sally Thornton</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL): No  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Min/Max Age: 18/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>♿ Accessibility: W  Hours: M-F 9AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>
<p><b>YANG, JENNY Z</b>  Provider ID: 283027  Board Certified Specialty: No  UCSD MEDICAL GROUP  4520 EXECUTIVE DR STE P2  SAN DIEGO, CA 92121-3028  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: A145538  NPI: 1346636453  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Sharp  Memorial Hospital, Sharp  Coronado Hosp And Healthcare  Ctr, Ucsd Medical Ctr, Ucsd La  Jolla John Sally Thornton  Medi-Cal Open Panel: Yes</p>	<p><b>YOUNG, MAILE A</b>  Provider ID: 64667  Board Certified Specialty: No  UCSD MEDICAL GROUP  4168 FRONT ST FL 3  SAN DIEGO, CA 92103-2030  Phone: (619) 543-3995  Fax:  After Hours Phone: (619)  543-3995  Provider Gender: Female  License number: A93568  NPI: 1093904997  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No</p>	<p><b>ZARRINPAR, AMIR</b>  Provider ID: 84248  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 543-6222  Fax:  After Hours Phone: (619)  543-6222  Provider Gender: Male  License number: A110886  NPI: 1417110917  Provider English Spoken: Yes  Provider Language(s) Spoken:  Farsi  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:</p>

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Provider ID:</i> 272657	<b>CARLSON, STEVEN K , MD</b>
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 244810
<i>IPA:</i>	UCSD MEDICAL GROUP	<i>Board Certified Specialty:</i> No
<b>ZAYETS, STANISLAV</b>	200 W ARBOR DR	COMMUNITY CARE IPA LLC
<i>Provider ID:</i> 123480	SAN DIEGO, CA 92103-1911	292 EUCLID AVE STE 210
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (800) 926-8273	SAN DIEGO, CA 92114-3629
UCSD MEDICAL GROUP	<i>Fax:</i> (888) 539-8781	<i>Phone:</i> (619) 616-2100
200 W ARBOR DR	<i>After Hours Phone:</i> (800)	<i>Fax:</i> (619) 616-2104
SAN DIEGO, CA 92103-1911	926-8273	<i>After Hours Phone:</i> (619)
<i>Phone:</i> (619) 471-9186	<i>Provider Gender:</i> Female	616-2100
<i>Fax:</i>	<i>License number:</i> A158102	<i>Provider Gender:</i> Male
<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1588198147	<i>License number:</i> A109957
471-9186	<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1467602946
<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes
<i>License number:</i> A141681	Mandarin	<i>Provider Language(s) Spoken:</i>
<i>NPI:</i> 1437313178	<i>Cultural Competency:</i> No	Spanish
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd La	<i>Cultural Competency:</i> No
<i>Provider Language(s) Spoken:</i>	Jolla John Sally Thornton, Ucsd	<i>Hospital Affiliation:</i> Garfield
<i>Cultural Competency:</i> No	Medical Ctr	Medical Center, Santa Monica
<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> Yes	Ucla Med Ctr, Ronald Reagan
Medical Ctr, Ucsd La Jolla John	<i>Min/Max Age:</i> 18/999	Ucla Med Ctr, Scripps Mercy
Sally Thornton	<i>American Sign Language (ASL):</i>	Hospital, Sharp Chula Vista
<i>Medi-Cal Open Panel:</i> No	No	Med Ctr, Sharp Memorial
<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i>	Hospital, Alvarado Hospital Llc,
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	Grossmont Hospital
No	9AM-5PM	<i>Medi-Cal Open Panel:</i> Yes
<i>♿ Accessibility:</i> W	<i>Website:</i>	<i>Min/Max Age:</i> 18/999
<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>	<i>American Sign Language (ASL):</i>
<i>Website:</i>	<i>Medical Group(s):</i>	No
<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group	<i>♿ Accessibility:</i>
<i>Medical Group(s):</i>		<i>Hours:</i> M-F 8AM-5PM, SA
<i>IPA:</i>	<b>INTERVENTIONAL</b>	9AM-5PM
	<b>CARDIOLOGY</b>	<i>Website:</i>
		<i>Email:</i>

### ZHANG, SHERRY S

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s):            IPA: Community Care Ipa Llc</p> <p><b>MOUSSAVIAN, MEHRAN</b>            Provider ID: 114977            Board Certified Specialty: No            CARDIOVASCULAR INSTITUTE            OF SAN DIEGO            292 EUCLID AVE STE 210            SAN DIEGO, CA 92114-3629            Phone: (619) 616-2100            Fax: (619) 616-2104            After Hours Phone: (619)            616-2100            Provider Gender: Male            License number: 20A7241            NPI: 1689788234            Provider English Spoken: Yes            Provider Language(s) Spoken:            Farsi, Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Chula            Vista Med Ctr, Tri City Medical            Ctr, Sharp Memorial Hospital,            Alvarado Hospital Llc,            Grossmont Hospital, Scripps            Mercy Hospital, Scripps            Memorial Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            Accessibility: W            Hours: M-F 8AM-5PM, SA</p>	<p>9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Ihp Of Southern California</p> <p><b>MOUSSAVIAN, MEHRAN</b>            Provider ID: 126078            Board Certified Specialty: No            DIAMOND NEIGHBORHOODS            FAMILY HLTH CTRS INC            4725 MARKET ST            SAN DIEGO, CA 92102-4715            Phone: (619) 263-2499            Fax:            After Hours Phone: (619)            263-2499            Provider Gender: Male            License number: 20A7241            NPI: 1689788234            Provider English Spoken: Yes            Provider Language(s) Spoken:            Farsi, Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Chula            Vista Med Ctr, Tri City Medical            Ctr, Sharp Memorial Hospital,            Alvarado Hospital Llc,            Grossmont Hospital, Scripps            Mercy Hospital, Scripps            Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: None</p>	<p>American Sign Language (ASL):            No            Accessibility: P, EB, IB, E, R, T,            ME            Hours: M-F 8:30AM-5:30PM, SA            9AM-5PM            Website: www.fhcsd.org            Email:            Medical Group(s): Diamond            Neighborhoods Family Hlth            Ctrs Inc            IPA: Community Care Ipa Llc,            Ihp Of Southern California</p> <p><b>SUDHAKAR, DEEPTHI</b>            Provider ID: 296050            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            292 EUCLID AVE STE 210            SAN DIEGO, CA 92114-3629            Phone: (619) 616-2100            Fax: (619) 616-2104            After Hours Phone: (619)            616-2100            Provider Gender: Female            License number: A171932            NPI: 1811307051            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Sharp            Grossmont Hospital, Sharp            Chula Vista Med Ctr            Medi-Cal Open Panel: Yes</p>
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## D. Directorio de proveedores de atención especializada

<i>Min/Max Age:</i> 15/99	<i>American Sign Language (ASL):</i> No	Birch Hosp For Women And Newborns
<i>American Sign Language (ASL):</i> No	<i>Accessibility:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Min/Max Age:</i> 0/18
<i>Website:</i>	<i>Website:</i>	<i>American Sign Language (ASL):</i> No
<i>Email:</i>	<i>Email:</i>	<i>Accessibility:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	<i>IPA:</i> Ucsd Medical Group	<i>Website:</i>

### **MATERNAL AND FETAL MEDICINE**

#### **LICENSED PROFESSIONAL CLINICAL COUNSELOR**

##### **NAKAMURA, TIFFANY**

*Provider ID:* 239584  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 315  
 SAN DIEGO, CA 92121-3029  
*Phone:* (858) 534-8019  
*Fax:*  
*After Hours Phone:* (858) 534-8019  
*Provider Gender:* Female  
*License number:* LPCC4383  
*NPI:* 1356846349  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

##### **ADAMCZAK, JOANNA E**

*Provider ID:* 205633  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:* (885) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A116982  
*NPI:* 1447428420  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

##### **ADAMCZAK, JOANNA E**

*Provider ID:* 258901  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2700  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A116982  
*NPI:* 1447428420  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

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## D. Directorio de proveedores de atención especializada

Sharp Memorial Hospital, Tri  
City Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **ADAMCZAK, JOANNA E**

*Provider ID:* 277210

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)  
966-6710

*Provider Gender:* Female

*License number:* A116982

*NPI:* 1447428420

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Tri  
City Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **ADAMCZAK, JOANNA E**

*Provider ID:* 287119

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 220  
SAN DIEGO, CA 92123-2781

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)  
966-6710

*Provider Gender:* Female

*License number:* A116982

*NPI:* 1447428420

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Tri  
City Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **ADAMI, REBECCA R**

*Provider ID:* 272669

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)  
966-6710

*Provider Gender:* Female

*License number:* A149389

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

---

NPI: 1992149447

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Sharp Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

NPI: 1992149447

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Sharp Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

NPI: 1992149447

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Sharp Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **ADAMI, REBECCA R**

Provider ID: 272670

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

License number: A149389

### **ADAMI, REBECCA R**

Provider ID: 272674

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 463  
SAN DIEGO, CA 92123-2771

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

License number: A149389

### **ADAMI, REBECCA R**

Provider ID: 277179

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

License number: A149389

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

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NPI: 1992149447  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **ADAMI, REBECCA R**

Provider ID: 287129  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 220  
SAN DIEGO, CA 92123-2781  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
License number: A149389

NPI: 1992149447  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **CASELE, HOLLY L**

Provider ID: 205838  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
License number: G87630

NPI: 1255348744  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **CASELE, HOLLY L**

Provider ID: 258870  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-6710  
 Fax: (858) 939-4102  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: G87630  
 NPI: 1255348744  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CASELE, HOLLY L**

Provider ID: 277247  
 Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: G87630  
 NPI: 1255348744  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CASELE, HOLLY L**

Provider ID: 287071  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123-2781  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: G87630  
 NPI: 1255348744  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ESFANDIARI, RAHELEH**

*Provider ID:* 242013  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2700  
*Phone:* (858) 939-3400  
*Fax:* (858) 277-1475  
*After Hours Phone:* (858) 939-3400  
*Provider Gender:* Female  
*License number:* A100932  
*NPI:* 1235320185  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ESFANDIARI, RAHELEH**

*Provider ID:* 287055  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123-2781  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A100932  
*NPI:* 1235320185  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LAURENT, LOUISE C**

*Provider ID:* 208640  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A80409  
*NPI:* 1770532707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>♿ <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>MCCULLOUGH, DEIRDRE M</b>  <i>Provider ID:</i> 210033  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  7910 FROST ST STE 430  SAN DIEGO, CA 92123-2795  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> C159758  <i>NPI:</i> 1639153018  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i></p>	<p><b>MCCULLOUGH, DEIRDRE M</b>  <i>Provider ID:</i> 210034  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  3003 HEALTH CENTER DR  SAN DIEGO, CA 92123-2700  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 939-4102  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> C159758  <i>NPI:</i> 1639153018  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><b>MCCULLOUGH, DEIRDRE M</b>  <i>Provider ID:</i> 277260  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> C159758  <i>NPI:</i> 1639153018  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Hospital Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>MCCULLOUGH, DEIRDRE M</b> Provider ID: 287117 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 220 SAN DIEGO, CA 92123-2781 Phone: (858) 966-6710 Fax: (858) 966-6711 After Hours Phone: (858) 966-6710 Provider Gender: Female License number: C159758 NPI: 1639153018 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont	<b>MOORE, THOMAS R</b> Provider ID: 208643 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: G49930 NPI: 1184682379 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Scripps Memorial	<b>MOORE, THOMAS R</b> Provider ID: 208644 Board Certified Specialty: No UCSD MEDICAL GROUP 4910 DIRECTORS PL STE 200 SAN DIEGO, CA 92121-3814 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: G49930 NPI: 1184682379 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Scripps Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 16/999

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Ucsd Medical Group</p>	<p>Hours: M-SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Rady Childrens Health Network</p>	<p>Medical Group(s):           IPA: Rady Childrens Health Network</p>
<p><b>REIMERS, REBECCA M</b>          Provider ID: 294647          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          3003 HEALTH CENTER DR          SAN DIEGO, CA 92123-2700          Phone: (858) 966-6710          Fax: (858) 939-4102          After Hours Phone: (858) 966-6710          Provider Gender: Female          License number: A176526          NPI: 1801207634          Provider English Spoken: Yes          Provider Language(s) Spoken:           Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility:            Hours: M-SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Rady Childrens Health Network</p>	<p><b>REIMERS, REBECCA M</b>          Provider ID: 294648          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          7910 FROST ST STE 220          SAN DIEGO, CA 92123-2781          Phone: (858) 966-6710          Fax: (858) 966-6711          After Hours Phone: (858) 966-6710          Provider Gender: Female          License number: A176526          NPI: 1801207634          Provider English Spoken: Yes          Provider Language(s) Spoken:           Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility:            Hours: M-SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Rady Childrens Health Network</p>	<p><b>REIMERS, REBECCA M</b>          Provider ID: 294650          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          3020 CHILDRENS WAY          SAN DIEGO, CA 92123-4223          Phone: (858) 966-6710          Fax: (858) 966-6711          After Hours Phone: (858) 966-6710          Provider Gender: Female          License number: A176526          NPI: 1801207634          Provider English Spoken: Yes          Provider Language(s) Spoken:           Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility:            Hours: M-SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Rady Childrens Health Network</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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### **RICHARDSON, ALVIE C**

*Provider ID:* 214435  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* C160063  
*NPI:* 1154305977  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **RICHARDSON, ALVIE C**

*Provider ID:* 214436  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700  
*Phone:* (858) 966-6710  
*Fax:* (858) 939-4102  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* C160063  
*NPI:* 1154305977  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **RICHARDSON, ALVIE C**

*Provider ID:* 277314  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* C160063  
*NPI:* 1154305977  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

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### **RICHARDSON, ALVIE C**

Provider ID: 287096

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 220  
SAN DIEGO, CA 92123-2781

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)

966-6710

Provider Gender: Male

License number: C160063

NPI: 1154305977

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Rady

Childrens Hospital San Diego,  
Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **RICHARD, JOHN D**

Provider ID: 217176

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700

Phone: (858) 966-6710

Fax:

After Hours Phone: (858)

966-6710

Provider Gender: Male

License number: A96329

NPI: 1568448116

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Naval  
Medical Ctr Sd Rbe, Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **RICHARD, JOHN D**

Provider ID: 217177

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 140  
SAN DIEGO, CA 92123-2712

Phone: (858) 966-6710

Fax:

After Hours Phone: (858)

966-6710

Provider Gender: Male

License number: A96329

NPI: 1568448116

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Naval  
Medical Ctr Sd Rbe, Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SCHWENDEMANN, WADE D**

Provider ID: 205438

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### NETWORK

7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Male  
 License number: A109228  
 NPI: 1477563302  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital,  
 Grossmont Hospital, Sharp  
 Memorial Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Tri City Medical Ctr,  
 Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### SCHWENDEMANN, WADE D

Provider ID: 277304  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Male  
 License number: A109228  
 NPI: 1477563302  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital,  
 Grossmont Hospital, Sharp  
 Memorial Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Tri City Medical Ctr,  
 Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:

### Email:

Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### SCHWENDEMANN, WADE D

Provider ID: 277307  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2700  
 Phone: (858) 966-6710  
 Fax: (858) 939-4102  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Male  
 License number: A109228  
 NPI: 1477563302  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital,  
 Grossmont Hospital, Sharp  
 Memorial Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Tri City Medical Ctr,  
 Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p><i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p>Memorial Hospital Encinitas,            Scripps Memorial Hospital,            Palomar Medical Center, Ucsd            La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>
<p><b>SCHWENDEMANN, WADE D</b>  <i>Provider ID:</i> 287080  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            7910 FROST ST STE 220            SAN DIEGO, CA 92123-2781  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858)            966-6710  <i>Provider Gender:</i> Male  <i>License number:</i> A109228  <i>NPI:</i> 1477563302  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Scripps Memorial Hospital,            Grossmont Hospital, Sharp            Memorial Hospital, Sharp Mary            Birch Hosp For Women And            Newborns, Tri City Medical Ctr,            Sharp Grossmont Hospital</p>	<p><b>THOMAS, STEVEN J</b>  <i>Provider ID:</i> 209479  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6600  <i>Fax:</i> (619) 543-5767  <i>After Hours Phone:</i> (619)            543-6600  <i>Provider Gender:</i> Male  <i>License number:</i> A40379  <i>NPI:</i> 1639242589  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Scripps Mercy            Hospital, Scripps Mercy            Hospital Chula Vista, Scripps</p>	<p><b>TITH, TEVY</b>  <i>Provider ID:</i> 205388  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            7910 FROST ST STE 430            SAN DIEGO, CA 92123-2795  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858)            966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> A103521  <i>NPI:</i> 1588816086  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **TITH, TEVY**

*Provider ID:* 262371  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2700  
*Phone:* (858) 966-6710  
*Fax:* (858) 939-4102  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521

*NPI:* 1588816086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **TITH, TEVY**

*Provider ID:* 277325  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
**TITH, TEVY**  
*Provider ID:* 287052

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123-2781  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health Network  
**WESTERMANN, MELISSA L**  
*Provider ID:* 242521  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A130149  
*NPI:* 1760730758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
**WESTERMANN, MELISSA L**  
*Provider ID:* 242522  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2700  
*Phone:* (858) 966-6710  
*Fax:* (858) 939-4102  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A130149  
*NPI:* 1760730758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network*

### **WESTERMANN, MELISSA L**

*Provider ID: 277353*

*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH*

*NETWORK*

*3020 CHILDRENS WAY*

*SAN DIEGO, CA 92123-4223*

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858)*

*966-6710*

*Provider Gender: Female*

*License number: A130149*

*NPI: 1760730758*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Sharp Mary*

*Birch Hosp For Women And*

*Newborns, Earl And Lorraine*

*Miller Childrens Hsp, Long*

*Beach Memorial Med Ctr,*

*University Of California Irvine*

*Med Ctr, Sharp Memorial*

*Hospital, Grossmont Hospital,*

*Sharp Grossmont Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network*

### **WESTERMANN, MELISSA L**

*Provider ID: 287084*

*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH*

*NETWORK*

*7910 FROST ST STE 220*

*SAN DIEGO, CA 92123-2781*

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858)*

*966-6710*

*Provider Gender: Female*

*License number: A130149*

*NPI: 1760730758*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Sharp Mary*

*Birch Hosp For Women And*

*Newborns, Earl And Lorraine*

*Miller Childrens Hsp, Long*

*Beach Memorial Med Ctr,*

*University Of California Irvine*

*Med Ctr, Sharp Memorial*

*Hospital, Grossmont Hospital,*

*Sharp Grossmont Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network*

### **WILLIAMS, KRISTIN M**

*Provider ID: 206229*

*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH*

*NETWORK*

*7910 FROST ST STE 430*

*SAN DIEGO, CA 92123-2795*

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858)*

*966-6710*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

<p><i>Provider Gender:</i> Female  <i>License number:</i> A72985  <i>NPI:</i> 1992847131  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> A72985  <i>NPI:</i> 1992847131  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Provider ID:</i> 277387  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3003 HEALTH CENTER DR            SAN DIEGO, CA 92123-2700  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858) 966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> A72985  <i>NPI:</i> 1992847131  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i></p>
<p><b>WILLIAMS, KRISTIN M</b>  <i>Provider ID:</i> 277383  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY</p>	<p><b>WILLIAMS, KRISTIN M</b></p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medical Group(s):  
IPA: Rady Childrens Health Network

### **WILLIAMS, KRISTIN M**

Provider ID: 287114  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 220  
SAN DIEGO, CA 92123-2781

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858) 966-6710

Provider Gender: Female

License number: A72985

NPI: 1992847131

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Stanford Health Care, Lucile Salter Packard Childrens Hosp, San

Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And

Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):  
IPA: Rady Childrens Health Network

### **WOLF, RICHARD B**

Provider ID: 209253  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

4910 DIRECTORS PL STE 200  
SAN DIEGO, CA 92121-3814

Phone: (800) 926-8273

Fax:

After Hours Phone: (800) 926-8273

Provider Gender: Male

License number: 20A6028

NPI: 1497713846

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Chula Vista, Scripps Memorial Hospital Encinitas,

Palomar Medical Center, Ucsd Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999  
American Sign Language (ASL): No

Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):  
IPA: Ucsd Medical Group

## **NEONATAL / PERINATAL MEDICINE**

### **CARROLL, JEANNE M**

Provider ID: 205727  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858) 966-5818

Provider Gender: Female

License number: A118050

NPI: 1386928224

Provider English Spoken: Yes

Provider Language(s) Spoken:


Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes


Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/0  
 American Sign Language (ASL): No  
 Accessibility:  Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network


### CASSEY, LINDSAY E

Provider ID: 270421  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 220 EUCLID AVE STE 30  
 SAN DIEGO, CA 92114-3617  
 Phone: (209) 576-3526  
 Fax:  
 After Hours Phone: (209) 576-3526  
 Provider Gender: Female  
 License number: 20A14218  
 NPI: 1457762619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Uc Davis Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  Accessibility:

Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### COHENMEYER, CASEY L

Provider ID: 206102  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5841  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 License number: A80114  
 NPI: 1033286430  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Murrieta, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/0  
 American Sign Language (ASL): No  
 Accessibility:  Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### CULWELL, KELLY R

Provider ID: 270475  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 220 EUCLID AVE STE 30  
 SAN DIEGO, CA 92114-3617  
 Phone: (209) 576-3526  
 Fax:  
 After Hours Phone: (209) 576-3526  
 Provider Gender: Female  
 License number: A76983  
 NPI: 1043508377  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Uc Davis Medical Ctr, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
<p><b>DEL ROSARIO, PAMELA G</b>  <i>Provider ID:</i> 295000  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            3010 CHILDRENS WAY FL 3            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5888  <i>Fax:</i>  <i>After Hours Phone:</i> (858)            966-5888  <i>Provider Gender:</i> Female  <i>License number:</i> A142139  <i>NPI:</i> 1952691941  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Rady Childrens            Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>	<p><b>FARRELL, MAUREEN E</b>  <i>Provider ID:</i> 270157  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            2017 1ST AVE STE 201            SAN DIEGO, CA 92101-2033  <i>Phone:</i> (619) 881-4589  <i>Fax:</i> (619) 291-0959  <i>After Hours Phone:</i> (619)            881-4589  <i>Provider Gender:</i> Female  <i>License number:</i> A82843  <i>NPI:</i> 1508842303  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Memorial Hospital Encinitas,            Sharp Memorial Hospital, Naval            Hsp Camp Pendleton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 7:30AM-4PM, SA            9AM-5PM</p>	<p><b>FLEMING, SARAH E</b>  <i>Provider ID:</i> 205645  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            4077 5TH AVE            SAN DIEGO, CA 92103-2105  <i>Phone:</i> (619) 260-7046  <i>Fax:</i> (619) 686-3843  <i>After Hours Phone:</i> (619)            260-7046  <i>Provider Gender:</i> Female  <i>License number:</i> A89838  <i>NPI:</i> 1679809826  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **GOLEMBESKI, DAVID J**

Provider ID: 205892  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-3759

Fax: (619) 543-3812

After Hours Phone: (619)  
 543-3759

Provider Gender: Male

License number: G63111

NPI: 1376614131

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital  
 Encinitas, Pomerado Hospital,  
 Southwest Healthcare System  
 Wildomar, Southwest

Healthcare System Murrieta,  
 Palomar Medical Center,  
 Scripps Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

Website:

Email:

Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **HIETALATI, SAMANTHA M**

Provider ID: 294251

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

3010 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5888

Fax: (858) 249-5839

After Hours Phone: (858)

966-5888

Provider Gender: Female

License number: A162427

NPI: 1245617489

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
 Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **HONOLD, JOSE A**

Provider ID: 205941

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
 966-5818

Provider Gender: Male

License number: A51798

NPI: 1093886855

Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Spanish

Cultural Competency: No

Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Pioneers Memorial Hospital,  
 Southwest Healthcare System  
 Wildomar, Southwest

Healthcare System Murrieta,  
 Scripps Mercy Hospital Chula  
 Vista, El Centro Regional  
 Medical Center, Scripps Mercy

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## D. Directorio de proveedores de atención especializada

<p>Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p>Pioneers Memorial Hospital,            Southwest Healthcare System            Wildomar, Southwest            Healthcare System Murrieta,            Scripps Mercy Hospital Chula            Vista, El Centro Regional            Medical Center, Scripps Mercy            Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp            Memorial Hospital, Sharp Mary            Birch Hosp For Women And            Newborns, Palomar Medical            Center, Pomerado Hospital,            Sierra Vista Regional Med Ctr,            Rady Childrens Hospital San            Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>
<p><b>HONOLD, JOSE A</b>  <i>Provider ID:</i> 242881  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            4077 5TH AVE            SAN DIEGO, CA 92103-2105  <i>Phone:</i> (619) 691-7000  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            691-7000  <i>Provider Gender:</i> Male  <i>License number:</i> A51798  <i>NPI:</i> 1093886855  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,</p>	<p><b>HUSKEY, DANA E</b>  <i>Provider ID:</i> 262264  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            3003 HEALTH CENTER DR            SAN DIEGO, CA 92123-2700  <i>Phone:</i> (858) 966-6710  <i>Fax:</i> (858) 966-6711  <i>After Hours Phone:</i> (858)            966-6710  <i>Provider Gender:</i> Female  <i>License number:</i> A99128  <i>NPI:</i> 1538146337</p>	<p><b>HUSKEY, DANA E</b>  <i>Provider ID:</i> 262266  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            7910 FROST ST STE 430            SAN DIEGO, CA 92123-2795</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A99128  
 NPI: 1538146337  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Palomar Health, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **KO, KIMBERLY J**

Provider ID: 214506  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A77120  
 NPI: 1437448917  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **LANE, BRIAN P**

Provider ID: 205707  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5818  
 Provider Gender: Male  
 License number: A73829  
 NPI: 1427129287  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/0  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **LEIBEL, SANDRA L**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 205951</p> <p><i>Board Certified Specialty:</i> No</p> <p><b>RADY CHILDRENS HEALTH NETWORK</b></p> <p>3020 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123-4223</p> <p><i>Phone:</i> (858) 966-5855</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (858) 966-5855</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A121976</p> <p><i>NPI:</i> 1407024995</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> French, Polish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/0</p> <p><i>American Sign Language (ASL):</i> No</p> <p><b>♿ Accessibility:</b></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Rady Childrens Health Network</p>	<p><b>LE, CRYSTAL N</b></p> <p><i>Provider ID:</i> 205630</p> <p><i>Board Certified Specialty:</i> No</p> <p><b>RADY CHILDRENS HEALTH NETWORK</b></p> <p>3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p> <p><i>Phone:</i> (858) 966-5818</p> <p><i>Fax:</i> (858) 966-7483</p> <p><i>After Hours Phone:</i> (858) 966-5818</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A97634</p> <p><i>NPI:</i> 1003028416</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/0</p> <p><i>American Sign Language (ASL):</i> No</p> <p><b>♿ Accessibility:</b></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p>	<p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Rady Childrens Health Network</p> <p><b>MARC AURELE, KRISHELLE L</b></p> <p><i>Provider ID:</i> 206206</p> <p><i>Board Certified Specialty:</i> No</p> <p><b>RADY CHILDRENS HEALTH NETWORK</b></p> <p>200 W ARBOR DR SAN DIEGO, CA 92103-1911</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i> (619) 543-3812</p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A99634</p> <p><i>NPI:</i> 1952503435</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/0</p> <p><i>American Sign Language (ASL):</i> No</p> <p><b>♿ Accessibility:</b></p> <p><i>Hours:</i> M-F 8AM-5PM, SA</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

9AM-5PM	♿ <i>Accessibility:</i>	<i>American Sign Language (ASL):</i>
<i>Website:</i>	<i>Hours: M-F 8AM-5PM, SA</i>	No
<i>Email:</i>	9AM-5PM	♿ <i>Accessibility:</i>
<i>Medical Group(s):</i>	<i>Website:</i>	<i>Hours: M-F 8AM-5PM, SA</i>
<i>IPA: Rady Childrens Health Network</i>	<i>Email:</i>	9AM-5PM
	<i>Medical Group(s):</i>	<i>Website:</i>
	<i>IPA: Rady Childrens Health Network</i>	<i>Email:</i>
<b>MARC AURELE, KRISHELLE L</b>	<b>MARC AURELE, KRISHELLE L</b>	<i>Medical Group(s):</i>
<i>Provider ID: 206208</i>	<i>Provider ID: 206210</i>	<i>IPA: Rady Childrens Health Network</i>
<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>	
RADY CHILDRENS HEALTH NETWORK	RADY CHILDRENS HEALTH NETWORK	<b>MARENGO BARBICK, ANTOINETTE</b>
3020 CHILDRENS WAY	3030 CHILDRENS WAY FL 2	<i>Provider ID: 271176</i>
SAN DIEGO, CA 92123-4223	SAN DIEGO, CA 92123-4232	<i>Board Certified Specialty: No</i>
<i>Phone: (858) 966-5818</i>	<i>Phone: (858) 966-8022</i>	COMMUNITY CARE IPA LLC
<i>Fax: (858) 966-7483</i>	<i>Fax: (858) 966-8457</i>	2017 1ST AVE STE 301
<i>After Hours Phone: (858) 966-5818</i>	<i>After Hours Phone: (858) 966-8022</i>	SAN DIEGO, CA 92101-2033
<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>	<i>Phone: (619) 881-4500</i>
<i>License number: A99634</i>	<i>License number: A99634</i>	<i>Fax: (619) 291-0959</i>
<i>NPI: 1952503435</i>	<i>NPI: 1952503435</i>	<i>After Hours Phone: (619) 881-4500</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider Gender: Female</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>License number: A87783</i>
<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>	<i>NPI: 1144200718</i>
<i>Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital</i>	<i>Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital</i>	<i>Provider English Spoken: Yes</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Provider Language(s) Spoken:</i>
<i>Min/Max Age: 0/0</i>	<i>Min/Max Age: 0/0</i>	<i>Cultural Competency: No</i>
<i>American Sign Language (ASL): No</i>		<i>Hospital Affiliation: University Of California Irvine Med Ctr, Scripps Memorial Hospital Encinitas</i>
		<i>Medi-Cal Open Panel: Yes</i>
		<i>Min/Max Age: 0/999</i>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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

No

♿ Accessibility:

Hours: M-F 7:30AM-4PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **MCCULLEY, DAVID J**

Provider ID: 277177

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)

966-5818

Provider Gender: Male

License number: A88660

NPI: 1235304155

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **MESTAN, KAREN K**

Provider ID: 285932

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5888

Fax:

After Hours Phone: (858)  
966-5888

Provider Gender: Female

License number: C173648

NPI: 1942253356

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **MODY, SHEILA K**

Provider ID: 270296

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2017 1ST AVE STE 100  
SAN DIEGO, CA 92101-9001

Phone: (619) 543-6777

Fax: (619) 291-0959

After Hours Phone: (619)  
543-6777

Provider Gender: Female

License number: A117818

NPI: 1952561102

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 7:30AM-4PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### NIEMI, ANNA-KAISA

*Provider ID:* 262157  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858) 966-5818  
*Provider Gender:* Female  
*License number:* A104907  
*NPI:* 1497941397  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### NIEMI, ANNA-KAISA

*Provider ID:* 262158

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 4077 5TH AVE  
 SAN DIEGO, CA 92103-2105  
*Phone:* (619) 260-7107  
*Fax:*  
*After Hours Phone:* (619) 260-7107  
*Provider Gender:* Female  
*License number:* A104907  
*NPI:* 1497941397  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### ODONNELL, F JANE D

*Provider ID:* 205578  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH

NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858) 966-5818  
*Provider Gender:* Female  
*License number:* G81056  
*NPI:* 1477625325  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **RAMOS, CARLOS G**

Provider ID: 206060

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-3759

Fax: (619) 543-3812

After Hours Phone: (619)  
543-3759

Provider Gender: Male

License number: A91944

NPI: 1205047545

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, El Centro Regional  
Medical Center, Southwest

Healthcare System Wildomar,  
Southwest Healthcare System

Murrieta, Rady Childrens

Hospital San Diego, Ucsd La

Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **ROBERTSON, LAUREN A**

Provider ID: 271054

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

2017 1ST AVE STE 100

SAN DIEGO, CA 92101-9001

Phone: (858) 455-7520

Fax: (619) 291-0959

After Hours Phone: (858)

455-7520

Provider Gender: Female

License number: A109671

NPI: 1710211867

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-F 7:30AM-4PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SAJTI, ENIKO C**

Provider ID: 206171

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-3759

Fax: (619) 543-3812

After Hours Phone: (619)  
543-3759

Provider Gender: Female

License number: A115973

NPI: 1649433103

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Childrens  
Hosp And Resrch Ctr At

Oakland, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/0

American Sign Language (ASL):

No

Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

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## D. Directorio de proveedores de atención especializada

Network

### **SHANNON, KELLI K**

*Provider ID:* 208474

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)  
966-6710

*Provider Gender:* Female

*License number:* A125621

*NPI:* 1922156397

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp  
Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **SONG, RICHARD S**

*Provider ID:* 206143

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5818

*Fax:* (858) 966-7483

*After Hours Phone:* (858)  
966-5818

*Provider Gender:* Male

*License number:* A112147

*NPI:* 1881893477

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Pomerado Hospital, Southwest  
Healthcare System Murrieta,  
Scripps Memorial Hospital,  
Scripps Memorial Hospital  
Encinitas, Palomar Medical  
Center, Southwest Healthcare  
System Wildomar

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/0

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **SPEZIALE, MARK V**

*Provider ID:* 206126

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5818

*Fax:* (858) 966-7483

*After Hours Phone:* (858)  
966-5818

*Provider Gender:* Male

*License number:* G78658

*NPI:* 1801978143

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
Memorial Hospital, Scripps  
Mercy Hospital Chula Vista,  
Rady Childrens Hospital San  
Diego, Southwest Healthcare  
System Wildomar, Southwest  
Healthcare System Murrieta,  
Scripps Mercy Hospital, Ucsd  
Medical Ctr




*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/0

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## D. Directorio de proveedores de atención especializada

<p><i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>   <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/0  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>   <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Hospital Affiliation:</i> Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Palomar Medical Center  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/0  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>   <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>SUTTNER, DENISE M</b>  <i>Provider ID:</i> 265085  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5818  <i>Fax:</i> (858) 966-7483  <i>After Hours Phone:</i> (858) 966-5818  <i>Provider Gender:</i> Female  <i>License number:</i> A52313  <i>NPI:</i> 1457433799  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Southwest Healthcare System</p>	<p><b>SWEENEY, NATHALY M</b>  <i>Provider ID:</i> 206182  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5818  <i>Fax:</i> (858) 966-7483  <i>After Hours Phone:</i> (858) 966-5818  <i>Provider Gender:</i> Female  <i>License number:</i> A110761  <i>NPI:</i> 1164572632  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No</p>	<p><b>VAUCHER, YVONNE E</b>  <i>Provider ID:</i> 205652  <i>Board Certified Specialty:</i> Yes            RADY CHILDRENS HEALTH NETWORK            4077 5TH AVE            SAN DIEGO, CA 92103-2105  <i>Phone:</i> (619) 260-7046  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 260-7046  <i>Provider Gender:</i> Female  <i>License number:</i> G25444  <i>NPI:</i> 1275615510  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/0  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **WEISS, KATHERINE J**

Provider ID: 264677  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5818  
 Provider Gender: Female  
 License number: C154876  
 NPI: 1053541862  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/25  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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### **NEPHROLOGY**

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### **AHMED, KAMAL E**

Provider ID: 63771  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: C50781  
 NPI: 1952352411  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, French, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BARANSKI, JOEL J**

Provider ID: 257541  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 299-2350  
 Fax: (619) 297-8379  
 After Hours Phone: (619) 299-2350  
 Provider Gender: Male  
 License number: G67559  
 NPI: 1548265234  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Kindred Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Vibra Hospital Of San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility: P, IB, E, W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Blue Shield Promise Health Plan Direct</p> <p><b>BEBEN, TOMASZ</b>          Provider ID: 101291          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Male          License number: A113430          NPI: 1689839441          Provider English Spoken: Yes          Provider Language(s) Spoken: Polish          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No</p>	<p>Accessibility: W          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>BEHREND, TERRY L</b>          Provider ID: 262197          Board Certified Specialty: No          IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD          6402 EL CAJON BLVD STE 100          SAN DIEGO, CA 92115-2645          Phone: (619) 582-4490          Fax: (619) 582-4737          After Hours Phone: (619) 582-4490          Provider Gender: Male          License number: A75812          NPI: 1790780484          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:          Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM</p>	<p>Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>BEHREND, TERRY L , MD</b>          Provider ID: 87090          Board Certified Specialty: No          BALBOA NEPHROLOGY MED GRP INC          6402 EL CAJON BLVD STE 100          SAN DIEGO, CA 92115-2645          Phone: (619) 582-4490          Fax: (619) 582-4737          After Hours Phone: (619) 582-4490          Provider Gender: Male          License number: A75812          NPI: 1790780484          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:          Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM          Website:</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>IPA: Community Care Ipa Llc,</i>	<i>Medical Group-Sd</i>
<i>Medical Group(s):</i>	<i>Imperial Health Holdings</i>	
<i>IPA: Community Care Ipa Llc,</i>	<i>Medical Group-Sd</i>	<b>CARTER, CAITLIN E</b>
<i>Imperial Health Holdings</i>		<i>Provider ID: 68211</i>
<i>Medical Group-Sd</i>		<i>Board Certified Specialty: No</i>
<b>BEHREND, TERRY L</b>	<b>BROWN, KRISTIAN L</b>	<i>RADY CHILDRENS</i>
<i>Provider ID: 87090</i>	<i>Provider ID: 262237</i>	<i>SPECIALISTS SAN DIEGO MED</i>
<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>	<i>FNDTN</i>
<i>BALBOA NEPHROLOGY MED</i>	<i>IMPERIAL HEALTH HOLDINGS</i>	<i>8001 FROST ST</i>
<i>GRP INC</i>	<i>MEDICAL GROUP-SD</i>	<i>SAN DIEGO, CA 92123-2746</i>
<i>6402 EL CAJON BLVD STE 100</i>	<i>8010 FROST ST STE 510</i>	<i>Phone: (858) 966-5855</i>
<i>SAN DIEGO, CA 92115-2645</i>	<i>SAN DIEGO, CA 92123-4284</i>	<i>Fax:</i>
<i>Phone: (619) 582-4490</i>	<i>Phone: (858) 637-4800</i>	<i>After Hours Phone: (858)</i>
<i>Fax: (619) 582-4737</i>	<i>Fax: (858) 637-4801</i>	<i>966-5855</i>
<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (858)</i>	<i>Provider Gender: Female</i>
<i>582-4490</i>	<i>637-4800</i>	<i>License number: A93600</i>
<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>	<i>NPI: 1255514618</i>
<i>License number: A75812</i>	<i>License number: A124291</i>	<i>Provider English Spoken: Yes</i>
<i>NPI: 1790780484</i>	<i>NPI: 1023272051</i>	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Cultural Competency: No</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation: Rady</i>
<i>Cultural Competency: No</i>	<i>Cultural Competency: No</i>	<i>Childrens Hospital San Diego,</i>
<i>Hospital Affiliation: Sharp</i>	<i>Hospital Affiliation: Sharp</i>	<i>Scripps Green Hospital, Scripps</i>
<i>Memorial Hospital</i>	<i>Memorial Hospital</i>	<i>Memorial Hospital Encinitas,</i>
<i>Medi-Cal Open Panel: No</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Scripps Memorial Hospital</i>
<i>Min/Max Age: None</i>	<i>Min/Max Age: 0/999</i>	<i>Medi-Cal Open Panel: No</i>
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	<i>Min/Max Age: None</i>
<i>No</i>	<i>No</i>	<i>American Sign Language (ASL):</i>
<i>♿ Accessibility: W</i>	<i>♿ Accessibility:</i>	<i>No</i>
<i>Hours: M-SA 9AM-5PM</i>	<i>Hours: M-F 9AM-5PM, SA</i>	<i>♿ Accessibility: W</i>
<i>Website: www.balboacare.com</i>	<i>9AM-5PM</i>	<i>Hours: M-F 9AM-5PM, SA</i>
<i>Email:</i>	<i>Website:</i>	<i>9AM-5PM</i>
<i>Medical Group(s):</i>	<i>Email:</i>	<i>Website:</i>
	<i>Medical Group(s):</i>	<i>Email:</i>
	<i>IPA: Imperial Health Holdings</i>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**CHONGKRAIRATANAKUL, TEPSIRI**

*Provider ID:* 295928  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4700  
*Fax:* (858) 637-4701  
*After Hours Phone:* (858) 637-4700

*Provider Gender:* Male  
*License number:* C157995  
*NPI:* 1982806329  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Thai

*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

**♿ Accessibility:**  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**DAVIS, JASON T**

*Provider ID:* 62916  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4800  
*Fax:* (858) 637-4801  
*After Hours Phone:* (858) 637-4800

*Provider Gender:* Male  
*License number:* A100799  
*NPI:* 1295911469  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

**♿ Accessibility:**  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DAVIS, JASON T**

*Provider ID:* 80404  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103-2120  
*Phone:* (619) 299-2350  
*Fax:* (619) 297-8379  
*After Hours Phone:* (619) 299-2350

*Provider Gender:* Male  
*License number:* A100799  
*NPI:* 1295911469  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
**♿ Accessibility:** P, IB, E

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Grossmont Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, IB, E, W Hours: M-SA 9AM-5PM Website: www.balboacare.com Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>DAVIS, JASON T</b> Provider ID: 80404 Board Certified Specialty: No BALBOA NEPHROLOGY MED GRP INC 4060 4TH AVE STE 220 SAN DIEGO, CA 92103-2120 Phone: (619) 299-2350 Fax: After Hours Phone: (619) 299-2350 Provider Gender: Male License number: A100799 NPI: 1295911469 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego,</p>	<p><b>FARAVARDEH, ARMAN</b> Provider ID: 262114 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 8010 FROST ST STE 510 SAN DIEGO, CA 92123-4284 Phone: (858) 637-4800 Fax: (858) 637-4801 After Hours Phone: (858) 637-4800 Provider Gender: Male License number: A94375 NPI: 1467410019 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Swedish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital</p>	<p><b>FARAVARDEH, ARMAN, MD</b> Provider ID: 82852 Board Certified Specialty: No BALBOA NEPHROLOGY MED GRP INC 8010 FROST ST STE 510 SAN DIEGO, CA 92123-4284 Phone: (858) 637-4800 Fax: (858) 637-4801 After Hours Phone: (858) 637-4800 Provider Gender: Male License number: A94375 NPI: 1467410019 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Swedish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital</p>

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **FARAVARDEH, ARMAN**

Provider ID: 82852

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC

8010 FROST ST STE 510

SAN DIEGO, CA 92123-4284

Phone: (858) 637-4700

Fax:

After Hours Phone: (858)  
637-4700

Provider Gender: Male

License number: A94375

NPI: 1467410019

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Farsi, Swedish

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website: www.balboacare.com

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **GANESAN, LAKSHMI L**

Provider ID: 289152

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-8574

Fax: (858) 966-7789

After Hours Phone: (858)  
966-8574

Provider Gender: Female

License number: A127348

NPI: 1821356288

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Hindi

Cultural Competency: No

Hospital Affiliation: Loma Linda  
University Childrens Hospital,  
Loma Linda University Med Ctr,

Rady Childrens Hospital San  
Diego

Medi-Cal Open Panel: No  
Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **HALLDORSON, JEFFREY B**

Provider ID: 262155

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

8010 FROST ST STE 510

SAN DIEGO, CA 92123-4284

Phone: (858) 637-4800

Fax: (858) 637-4801

After Hours Phone: (858)

637-4800

Provider Gender: Male

License number: G86089

NPI: 1558446351

Provider English Spoken: Yes  
Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp

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## D. Directorio de proveedores de atención especializada

<p>Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility: No          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p><i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No          ♿ <i>Accessibility:</i> P, IB, E  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>          IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>	<p><i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No          ♿ <i>Accessibility:</i> P, IB, E, W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.balboacare.com  <i>Email:</i>  <i>Medical Group(s):</i>          IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>
<p><b>HAMMES, JOHN S</b>  <i>Provider ID:</i> 262327  <i>Board Certified Specialty:</i> No          IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD          4060 4TH AVE STE 220          SAN DIEGO, CA 92103-2120  <i>Phone:</i> (619) 299-2350  <i>Fax:</i> (619) 297-8379  <i>After Hours Phone:</i> (619) 299-2350  <i>Provider Gender:</i> Male  <i>License number:</i> G84351  <i>NPI:</i> 1891766994  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> French, Spanish  <i>Cultural Competency:</i> No</p>	<p><b>HAMMES, JOHN S</b>  <i>Provider ID:</i> 76487  <i>Board Certified Specialty:</i> No          BALBOA NEPHROLOGY MED GRP INC          4060 4TH AVE STE 220          SAN DIEGO, CA 92103-2120  <i>Phone:</i> (619) 299-2350  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 299-2350  <i>Provider Gender:</i> Male  <i>License number:</i> G84351  <i>NPI:</i> 1891766994  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> French, Spanish  <i>Cultural Competency:</i> No</p>	<p><b>HAMMES, JOHN S , MD</b>  <i>Provider ID:</i> 76487  <i>Board Certified Specialty:</i> No          BALBOA NEPHROLOGY MED GRP INC          4060 4TH AVE STE 220          SAN DIEGO, CA 92103-2120  <i>Phone:</i> (619) 299-2350  <i>Fax:</i> (619) 297-8379  <i>After Hours Phone:</i> (619) 299-2350  <i>Provider Gender:</i> Male  <i>License number:</i> G84351  <i>NPI:</i> 1891766994  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> French, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i></p>

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          No          Accessability: P, IB, E          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings          Medical Group-Sd</p>	<p>Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessability:          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessability:          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc, Imperial Health Holdings          Medical Group-Sd</p>
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### **KHAING, KATHY, MD**

Provider ID: 205002  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
 Phone: (858) 637-4700  
 Fax: (858) 637-4701  
 After Hours Phone: (858) 637-4700  
 Provider Gender: Female  
 License number: A127006  
 NPI: 1912219155  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Burmese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy

### **LUND, GUY L**

Provider ID: 262178  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
 Phone: (858) 637-4700  
 Fax: (858) 637-4701  
 After Hours Phone: (858) 637-4700  
 Provider Gender: Male  
 License number: A68839  
 NPI: 1700859279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Slovak, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp

### **LUND, GUY L, MD**

Provider ID: 87088  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
 Phone: (858) 637-4700  
 Fax: (858) 637-4701  
 After Hours Phone: (858) 637-4700  
 Provider Gender: Male  
 License number: A68839  
 NPI: 1700859279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Slovak, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp

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## D. Directorio de proveedores de atención especializada

<p>Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Memorial Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.balboacare.com  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health Network</p>
<p><b>LUND, GUY L</b>  <i>Provider ID:</i> 87088  <i>Board Certified Specialty:</i> No            BALBOA NEPHROLOGY MED GRP INC            8010 FROST ST STE 510            SAN DIEGO, CA 92123-4284  <i>Phone:</i> (858) 637-4700  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 637-4700  <i>Provider Gender:</i> Male  <i>License number:</i> A68839  <i>NPI:</i> 1700859279  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Slovak, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp</p>	<p><b>MAK, ROBERT H</b>  <i>Provider ID:</i> 206177  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            8001 FROST ST STE 10            SAN DIEGO, CA 92123-2746  <i>Phone:</i> (858) 966-8052  <i>Fax:</i> (858) 966-7789  <i>After Hours Phone:</i> (858) 966-8052  <i>Provider Gender:</i> Male  <i>License number:</i> A43991  <i>NPI:</i> 1740295252  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens</p>	<p><b>MAK, ROBERT H</b>  <i>Provider ID:</i> 52566  <i>Board Certified Specialty:</i> No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            8001 FROST ST            SAN DIEGO, CA 92123-2746  <i>Phone:</i> (858) 966-5855  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-5855  <i>Provider Gender:</i> Male  <i>License number:</i> A43991  <i>NPI:</i> 1740295252  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Sally Thornton, Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No Ⓜ Accessibility: W Hours: M-SA 9AM-5PM Website: www.balboacare.com Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	Min/Max Age: 0/999 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd
<b>NAMAZY, DAVID S</b> Provider ID: 119925 Board Certified Specialty: No BALBOA NEPHROLOGY MED GRP INC 6402 EL CAJON BLVD STE 100 SAN DIEGO, CA 92115-2645 Phone: (619) 582-4490 Fax: (619) 582-4737 After Hours Phone: (619) 582-4490 Provider Gender: Male License number: A74630 NPI: 1477558013 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital	<b>NAMAZY, DAVID S</b> Provider ID: 262262 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 6402 EL CAJON BLVD STE 100 SAN DIEGO, CA 92115-2645 Phone: (858) 637-4700 Fax: (858) 637-4701 After Hours Phone: (858) 637-4700 Provider Gender: Male License number: A74630 NPI: 1477558013 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital Medi-Cal Open Panel: Yes	<b>NGUYEN, VIET D , MD</b> Provider ID: 270191 Board Certified Specialty: No COMMUNITY CARE IPA LLC 4060 4TH AVE STE 220 SAN DIEGO, CA 92103-2120 Phone: (619) 299-2350 Fax: (619) 297-8379 After Hours Phone: (619) 299-2350 Provider Gender: Male License number: A149088 NPI: 1184019051 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Vietnamese Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy

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## D. Directorio de proveedores de atención especializada

Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	Hosp And Resrch Ctr At Oakland Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Hosp And Resrch Ctr At Oakland Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>NOURBAKSH, NOUREDDIN D</b> Provider ID: 101316 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 8001 FROST ST SAN DIEGO, CA 92123-2746 Phone: (858) 966-5855 Fax: After Hours Phone: (858) 966-5855 Provider Gender: Male License number: 20A11746 NPI: 1801082003 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens	<b>NOURBAKSH, NOUREDDIN D</b> Provider ID: 102313 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST FL 3 SAN DIEGO, CA 92103-2030 Phone: (619) 543-6248 Fax: (858) 657-8000 After Hours Phone: (619) 543-6248 Provider Gender: Male License number: 20A11746 NPI: 1801082003 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens	<b>PATEL, BIJAL V</b> Provider ID: 262121 Board Certified Specialty: Yes IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 8010 FROST ST STE 510 SAN DIEGO, CA 92123-4284 Phone: (858) 637-4700 Fax: (858) 637-4701 After Hours Phone: (858) 637-4700 Provider Gender: Male License number: A74638 NPI: 1639266026 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:  No            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Memorial Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            Accessibility:  W            Hours: M-SA 9AM-5PM            Website: www.balboacare.com            Email:            Medical Group(s):            IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            Accessibility:  No            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>PATEL, BIJAL V</b>            Provider ID: 34506            Board Certified Specialty: No            BALBOA NEPHROLOGY MED GRP INC            8010 FROST ST STE 510            SAN DIEGO, CA 92123-4284            Phone: (858) 637-4700            Fax:            After Hours Phone: (858) 637-4700            Provider Gender: Male            License number: A74638            NPI: 1639266026            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Sharp</p>	<p><b>PATEL, BIJAL V , MD</b>            Provider ID: 34506            Board Certified Specialty: Yes            BALBOA NEPHROLOGY MED GRP INC            8010 FROST ST STE 510            SAN DIEGO, CA 92123-4284            Phone: (858) 637-4700            Fax: (858) 637-4701            After Hours Phone: (858) 637-4700            Provider Gender: Male            License number: A74638            NPI: 1639266026            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Sharp</p>	<p><b>PERENS, ELLIOT A</b>            Provider ID: 101300            Board Certified Specialty: No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            8001 FROST ST            SAN DIEGO, CA 92123-2746            Phone: (858) 966-8052            Fax: (858) 966-7789            After Hours Phone: (858) 966-8052            Provider Gender: Male            License number: A108840            NPI: 1922328947            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland, Medical Ctr At Ucsf  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **QUEVEDO, JUAN M , MD**

*Provider ID:* 269998  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 995 GATEWAY CENTER WAY  
 STE 207  
 SAN DIEGO, CA 92102-4544  
*Phone:* (619) 263-9729  
*Fax:* (619) 263-9730  
*After Hours Phone:* (619) 263-9729  
*Provider Gender:* Male  
*License number:* A144881  
*NPI:* 1093902496  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **QUEVEDO, JUAN M**

*Provider ID:* 35241  
*Board Certified Specialty:* No  
 SOUTHERN CALIFORNIA INTERVENTIONAL ASSOC  
 995 GATEWAY CENTER WAY  
 STE 207  
 SAN DIEGO, CA 92102-4544  
*Phone:* (619) 263-9729  
*Fax:*  
*After Hours Phone:* (619) 263-9729  
*Provider Gender:* Male  
*License number:* A144881  
*NPI:* 1093902496  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SANCHEZ, AMBER P**

*Provider ID:* 64175  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A91770  
*NPI:* 1700963907  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>♿ Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Imperial Health Holdings  Medical Group-Sd</p>	<p>Website:  Email:  Medical Group(s):  IPA: Imperial Health Holdings  Medical Group-Sd</p>
<p><b>SHAH, MITA M</b>  Provider ID: 262230  Board Certified Specialty: No  IMPERIAL HEALTH HOLDINGS  MEDICAL GROUP-SD  8010 FROST ST STE 510  SAN DIEGO, CA 92123-4284  Phone: (858) 637-4700  Fax: (858) 637-4701  After Hours Phone: (858) 637-4700  Provider Gender: Female  License number: A71739  NPI: 1194773010  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No</p>	<p><b>STEINBERG, STEVEN M</b>  Provider ID: 262281  Board Certified Specialty: No  IMPERIAL HEALTH HOLDINGS  MEDICAL GROUP-SD  8010 FROST ST STE 510  SAN DIEGO, CA 92123-4284  Phone: (858) 637-4700  Fax: (858) 637-4701  After Hours Phone: (858) 637-4700  Provider Gender: Male  License number: G17843  NPI: 1407852783  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Sharp  Memorial Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  No  ♿ Accessibility:  Hours: M-F 9AM-5PM, SA  9AM-5PM</p>	<p><b>THOMAS, THEODORE S</b>  Provider ID: 262359  Board Certified Specialty: No  IMPERIAL HEALTH HOLDINGS  MEDICAL GROUP-SD  4060 4TH AVE STE 220  SAN DIEGO, CA 92103-2120  Phone: (619) 299-2350  Fax: (619) 297-8379  After Hours Phone: (619) 299-2350  Provider Gender: Male  License number: G61681  NPI: 1669477113  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Sharp  Coronado Hosp And Healthcare  Ctr, Kindred Hospital San Diego,  Vibra Hospital Of San Diego,  Scripps Mercy Hospital Chula  Vista  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Accessibilidad: P, IB, E  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

### THOMSON, SCOTT C

Provider ID: 64223  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: G53658  
 NPI: 1225052483  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibilidad: W  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA:  
**ZHONG, YAN**  
 Provider ID: 296053  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 299-2350  
 Fax: (619) 297-8379  
 After Hours Phone: (619)  
 299-2350  
 Provider Gender: Female  
 License number: A118342  
 NPI: 1467683540  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Chinese, Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Lac Rancho Los  
 Amigos National Rehab Center,  
 Scripps Mercy Hospital, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Keck Hospital Of Usc, Lac  
 Usc Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibilidad:  
 Hours: M-F 8AM-5PM, SA

9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California  
**ZHONG, YAN**  
 Provider ID: 296054  
 Board Certified Specialty: Yes  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 299-2350  
 Fax: (619) 297-8379  
 After Hours Phone: (619)  
 299-2350  
 Provider Gender: Female  
 License number: A118342  
 NPI: 1467683540  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Chinese, Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Lac Rancho Los  
 Amigos National Rehab Center,  
 Scripps Mercy Hospital, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Keck Hospital Of Usc, Lac  
 Usc Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	<i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network	<i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network
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### NEUROLOGY CHILD

#### FRIEDMAN, JENNIFER R

*Provider ID:* 205835  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5999  
*Provider Gender:* Female  
*License number:* G87128  
*NPI:* 1821144478  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

#### GOLD, JEFFREY J

*Provider ID:* 205922  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5999  
*Provider Gender:* Male  
*License number:* A111541  
*NPI:* 1568773984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsf Benioff Children's Hospital  
Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

#### GRAVES, JENNIFER S

*Provider ID:* 261037  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
966-8800  
*Provider Gender:* Female  
*License number:* A116811  
*NPI:* 1992849863  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsf  
Medical Center At Mission Bay,  
Ucsf Medical Center At Mount  
Zion, Medical Ctr At Ucsf, Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton, Rady Childrens

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>GRAY, ROBERT M</b> Provider ID: 261016 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY STE 410 SAN DIEGO, CA 92123-4228 Phone: (858) 966-6706 Fax: (858) 966-8519 After Hours Phone: (858) 966-6706 Provider Gender: Male License number: PSY20705 NPI: 1679616981 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego	<b>GUIDO-ESTRADA, NATALIE M</b> Provider ID: 205825 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 8001 FROST ST SAN DIEGO, CA 92123-2746 Phone: (858) 966-5999 Fax: (858) 966-4930 After Hours Phone: (858) 966-5999 Provider Gender: Female License number: A140052 NPI: 1528353521 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18	<b>HAAS, RICHARD H</b> Provider ID: 205622 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 8001 FROST ST SAN DIEGO, CA 92123-2746 Phone: (858) 966-5999 Fax: (858) 966-4930 After Hours Phone: (858) 966-5999 Provider Gender: Male License number: A38555 NPI: 1700801867 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### HAAS, RICHARD H

Provider ID: 205623

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 200

SAN DIEGO, CA 92123-2776

Phone: (619) 543-7800

Fax: (619) 543-3565

After Hours Phone: (619)

543-7800

Provider Gender: Male

License number: A38555

NPI: 1700801867

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Sharp Mary

Birch Hosp For Women And

Newborns, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### KIM MCMANUS, OLIVIA S

Provider ID: 206256

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)

966-5999

Provider Gender: Female

License number: A120194

NPI: 1174870067

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: University

Of California Irvine Med Ctr,

Childrens Hospital Of Orange

County, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### KONERSMAN, CHAMINDRA G

Provider ID: 205501

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (858) 966-8052

Fax:

After Hours Phone: (858)

966-8052

Provider Gender: Female

License number: A101351

NPI: 1538320395

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Childrens Hospital San Diego,  
Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **NELSON, JAMES E**

*Provider ID:* 205373  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5999  
*Provider Gender:* Male  
*License number:* C55868  
*NPI:* 1568434546  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Valley  
Childrens Hospital, Ucsd

Medical Ctr, Rady Childrens  
Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **NESPECA, MARK P**

*Provider ID:* 205401  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5999  
*Provider Gender:* Male  
*License number:* G65509  
*NPI:* 1942371703  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,

Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **RISMANCHI, NEGGY**

*Provider ID:* 206017  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5999  
*Provider Gender:* Female  
*License number:* A118427  
*NPI:* 1669759148  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **SAHAGIAN, MICHELLE L**

Provider ID: 206074  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5999  
 Fax: (858) 966-4930  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Female  
 License number: A80990  
 NPI: 1275604035  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):

No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **SATTAR, SHIFTEH**

Provider ID: 206181  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5999  
 Fax: (858) 966-4930  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Female  
 License number: A103904  
 NPI: 1750407300  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:

Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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## NEUROLOGY

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### **ANSARI, HOSSEIN**

Provider ID: 92480  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069  
 Phone: (858) 657-8540  
 Fax:  
 After Hours Phone: (858) 657-8540  
 Provider Gender: Male  
 License number: A121526  
 NPI: 1578774949  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton, Tri City Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p> <p><b>BEVINS, ELIZABETH A</b></p> <p><i>Provider ID:</i> 241943</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>4510 EXECUTIVE DR STE 325</p> <p>SAN DIEGO, CA 92121-3069</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A145182</p> <p><i>NPI:</i> 1013395151</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd</p> <p>Medical Ctr, Ucsd La Jolla John</p> <p>Sally Thornton</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA</p> <p>9AM-5PM</p>	<p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ucsd Medical Group</p> <p><b>BREWER, JAMES B</b></p> <p><i>Provider ID:</i> 63818</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR</p> <p>SAN DIEGO, CA 92103-1911</p> <p><i>Phone:</i> (619) 543-6222</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 543-6222</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A89348</p> <p><i>NPI:</i> 1033144985</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p>Hebrew</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i></p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p> <p><b>BUI, JONATHAN D</b></p>	<p><i>Provider ID:</i> 206005</p> <p><i>Board Certified Specialty:</i> No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>8001 FROST ST</p> <p>SAN DIEGO, CA 92123-2746</p> <p><i>Phone:</i> (858) 966-5999</p> <p><i>Fax:</i> (858) 966-4930</p> <p><i>After Hours Phone:</i> (858) 966-5999</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A96574</p> <p><i>NPI:</i> 1730247974</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Rady</p> <p>Childrens Hospital San Diego,</p> <p>Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/18</p> <p><i>American Sign Language (ASL):</i></p> <p>No</p> <p>♿ <i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA</p> <p>9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Rady Childrens Health Network</p> <p><b>BUI, JONATHAN D</b></p> <p><i>Provider ID:</i> 63827</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 <i>Phone:</i> (999) 999-9999 <i>Fax:</i> <i>After Hours Phone:</i> (999) 999-9999 <i>Provider Gender:</i> Male <i>License number:</i> A96574 <i>NPI:</i> 1730247974 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>BUI, JONATHAN D</b> <i>Provider ID:</i> 82151 <i>Board Certified Specialty:</i> No RADY CHILDRENS</p>	<p>SPECIALISTS SAN DIEGO MED FNDDTN 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 <i>Phone:</i> (999) 999-9999 <i>Fax:</i> <i>After Hours Phone:</i> (999) 999-9999 <i>Provider Gender:</i> Male <i>License number:</i> A96574 <i>NPI:</i> 1730247974 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>CHEN, DILLON Y</b> <i>Provider ID:</i> 259994 <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH</p>	<p>NETWORK 8001 FROST ST SAN DIEGO, CA 92123-2746 <i>Phone:</i> (858) 966-5999 <i>Fax:</i> (858) 966-4930 <i>After Hours Phone:</i> (858) 966-5999 <i>Provider Gender:</i> Male <i>License number:</i> A133170 <i>NPI:</i> 1841633914 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/99 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>CHEN, DILLON Y</b> <i>Provider ID:</i> 259996 <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 200 W ARBOR DR</p>
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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92103-1911

Phone: (619) 543-3759

Fax: (619) 543-3812

After Hours Phone: (619)  
543-3759

Provider Gender: Male

License number: A133170

NPI: 1841633914

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/99

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **COREY BLOOM, JODY P**

Provider ID: 63863

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: G62847

NPI: 1053400093

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **COUGHLIN, DAVID G**

Provider ID: 240949

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 325

SAN DIEGO, CA 92121-3069

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A162063

NPI: 1740543784

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **COUGHLIN, DAVID G**

Provider ID: 240951

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A162063

NPI: 1740543784

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Website:</i>
<i>Min/Max Age:</i> 0/999	<i>♿ Accessibility:</i>	<i>Email:</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Medical Group(s):</i>
No	<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group
<i>♿ Accessibility:</i>	<i>Email:</i>	
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Medical Group(s):</i>	<b>DUNN-PIRIO, ANASTASIE M</b>
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 203235
<i>Email:</i>		<i>Board Certified Specialty:</i> No
<i>Medical Group(s):</i>	<b>DEVOR, WILLIAM N</b>	UCSD MEDICAL GROUP
<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 287357	200 W ARBOR DR FL 1
	<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-1911
	UCSD MEDICAL GROUP	<i>Phone:</i> (619) 543-3500
	4510 EXECUTIVE DR	<i>Fax:</i> (888) 539-8781
	SAN DIEGO, CA 92121-3021	<i>After Hours Phone:</i> (619) 543-3500
	<i>Phone:</i> (800) 926-8273	<i>Provider Gender:</i> Female
	<i>Fax:</i> (888) 539-8781	<i>License number:</i> A157861
	<i>After Hours Phone:</i> (800) 926-8273	<i>NPI:</i> 1700177136
	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
	<i>License number:</i> G46493	<i>Provider Language(s) Spoken:</i>
	<i>NPI:</i> 1093874604	<i>Cultural Competency:</i> No
	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd
	<i>Provider Language(s) Spoken:</i>	Medical Ctr
	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes
	<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> 0/999
	Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>American Sign Language (ASL):</i>
	<i>Medi-Cal Open Panel:</i> Yes	No
	<i>Min/Max Age:</i> 0/999	<i>♿ Accessibility:</i>
	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
	No	<i>Website:</i>
	<i>♿ Accessibility:</i>	<i>Email:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>ELLIS, RONALD J</b> Provider ID: 63892 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: G70658 NPI: 1992763114 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>EVANS, SEAN J</b> Provider ID: 64699</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 4510 EXECUTIVE DR STE 325 SAN DIEGO, CA 92121-3069 Phone: (858) 657-8540 Fax: After Hours Phone: (858) 657-8540 Provider Gender: Male License number: A81217 NPI: 1366503427 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>FREDERICK, ALIYA L</b> Provider ID: 283152 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p>	<p>Phone: (858) 966-5999 Fax: (858) 576-8412 After Hours Phone: (858) 966-5999 Provider Gender: Female License number: A148160 NPI: 1548657992 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>FRIEDMAN, JENNIFER R</b> Provider ID: 283037 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 8001 FROST ST SAN DIEGO, CA 92123-2746</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Female

License number: G87128

NPI: 1821144478

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **FRIEDMAN, JENNIFER R**

Provider ID: 283237

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123-4232

Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5819

Provider Gender: Female

License number: G87128

NPI: 1821144478

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **FRIEDMAN, JENNIFER R**

Provider ID: 52575

Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 576-1700

Fax:

After Hours Phone: (858)  
576-1700

Provider Gender: Female

License number: G87128

NPI: 1821144478

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **GERTSCH, JEFFREY H**

Provider ID: 63915

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>License number:</i> A88828	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd La
<i>NPI:</i> 1730352287	<i>Hospital Affiliation:</i> Rady	Jolla John Sally Thornton, Ucsd
<i>Provider English Spoken:</i> Yes	Childrens Hospital San Diego,	Medical Ctr
<i>Provider Language(s) Spoken:</i>	Childrens Hosp And Resrch Ctr	<i>Medi-Cal Open Panel:</i> No
<i>Cultural Competency:</i> No	At Oakland	<i>Min/Max Age:</i> None
<i>Hospital Affiliation:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> 0/18	No
<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i> W
<i>American Sign Language (ASL):</i>	No	<i>Hours:</i> M-F 9AM-5PM, SA
No	♿ <i>Accessibility:</i>	9AM-5PM
♿ <i>Accessibility:</i> W	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Website:</i>
<i>Hours:</i> M-F 9AM-5PM, SA	9AM-5PM	<i>Email:</i>
9AM-5PM	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Website:</i>	<i>Email:</i>	<i>IPA:</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<b>GRISOLIA, JAMES S</b>
<i>Medical Group(s):</i>	<i>IPA:</i> Rady Childrens Health	<i>Provider ID:</i> 262180
<i>IPA:</i>	Network	<i>Board Certified Specialty:</i> No
<b>GOLD, JEFFREY J</b>	<b>GONZALEZ, CYNTHIA</b>	IMPERIAL HEALTH HOLDINGS
<i>Provider ID:</i> 283335	<i>Provider ID:</i> 110378	MEDICAL GROUP-SD
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	4033 3RD AVE STE 410
RADY CHILDRENS HEALTH	UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-2140
NETWORK	200 W ARBOR DR	<i>Phone:</i> (619) 297-1155
3020 CHILDRENS WAY	SAN DIEGO, CA 92103-1911	<i>Fax:</i> (619) 297-7538
SAN DIEGO, CA 92123-4223	<i>Phone:</i> (619) 543-6222	<i>After Hours Phone:</i> (619)
<i>Phone:</i> (858) 966-5999	<i>Fax:</i>	297-1155
<i>Fax:</i> (858) 576-8412	<i>After Hours Phone:</i> (619)	<i>Provider Gender:</i> Male
<i>After Hours Phone:</i> (858)	543-6222	<i>License number:</i> G42884
966-5999	<i>Provider Gender:</i> Female	<i>NPI:</i> 1336102359
<i>Provider Gender:</i> Male	<i>License number:</i> A131602	<i>Provider English Spoken:</i> Yes
<i>License number:</i> A111541	<i>NPI:</i> 1871767210	<i>Provider Language(s) Spoken:</i>
<i>NPI:</i> 1568773984	<i>Provider English Spoken:</i> Yes	Spanish
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **GUIDO-ESTRADA, NATALIE M**

*Provider ID:* 109190  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5999  
*Fax:*  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* A140052  
*NPI:* 1528353521  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GUNDOGDU, MELEK B**

*Provider ID:* 128070  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* C156629  
*NPI:* 1437253671  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Turkish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GUNDOGDU, MELEK B**

*Provider ID:* 201623  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR FL 1  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3500  
*Fax:*  
*After Hours Phone:* (619) 543-3500  
*Provider Gender:* Female  
*License number:* C156629  
*NPI:* 1437253671  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Turkish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No  <i>Accessibility:</i>  Hours: M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>American Sign Language (ASL): No  <i>Accessibility:</i> W  Hours: M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  Medical Group(s):  IPA: Rady Childrens Health Network</p>	<p>Min/Max Age: 0/18  American Sign Language (ASL): No  <i>Accessibility:</i>  Hours: M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  Medical Group(s):  IPA: Rady Childrens Health Network</p>
<p><b>HAAS, RICHARD H</b>  <i>Provider ID:</i> 63936  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-6222  <i>Provider Gender:</i> Male  <i>License number:</i> A38555  <i>NPI:</i> 1700801867  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None</p>	<p><b>HANNAWI, ANDREW P</b>  <i>Provider ID:</i> 283154  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5999  <i>Fax:</i> (858) 576-8412  <i>After Hours Phone:</i> (858) 966-5999  <i>Provider Gender:</i> Male  <i>License number:</i> A153161  <i>NPI:</i> 1194179135  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><b>HEMMEN, THOMAS M</b>  <i>Provider ID:</i> 63952  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-6222  <i>Provider Gender:</i> Male  <i>License number:</i> A72645  <i>NPI:</i> 1902821945  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Hospital Inc, Ucsd Medical Ctr, Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p>Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>
<p><b>HUISA-GARATE, BRANKO N</b>          Provider ID: 110376          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Male          License number: A108574          NPI: 1063551000          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: University Of California Irvine Med Ctr, Scripps Mercy Hospital, El Centro Regional Medical Center, Scripps Mercy Hospital Chula Vista, Corona Regional Med Ctr, Temecula Valley</p>	<p><b>IRAGUIMADOZ, VICENTE J</b>          Provider ID: 63979          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Male          License number: A31274          NPI: 1053326710          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton</p>	<p><b>JABLECKI, CHARLES K</b>          Provider ID: 112351          Board Certified Specialty: No          UCSD MEDICAL GROUP          4510 EXECUTIVE DR STE 325          SAN DIEGO, CA 92121-3069          Phone: (858) 657-8540          Fax:          After Hours Phone: (858) 657-8540          Provider Gender: Male          License number: G33067          NPI: 1255315677          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: None</p>

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility:  <i>W</i>          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>	<p>Email:          Medical Group(s):          IPA: Rady Childrens Health Network</p>
<p><b>JINDAL, ANUJA V</b>          Provider ID: 119343          Board Certified Specialty: No          RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN          8001 FROST ST          SAN DIEGO, CA 92123-2746          Phone: (858) 966-5999          Fax:          After Hours Phone: (858) 966-5999          Provider Gender: Female          License number: A149444          NPI: 1194046581          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:  <i>W</i></p>	<p><b>JINDAL, ANUJA V</b>          Provider ID: 206263          Board Certified Specialty: No          RADY CHILDRENS HEALTH NETWORK          8001 FROST ST          SAN DIEGO, CA 92123-2746          Phone: (858) 966-5999          Fax: (858) 966-4930          After Hours Phone: (858) 966-5999          Provider Gender: Female          License number: A149444          NPI: 1194046581          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          Accessibility: </p>	<p><b>KANSAL, LEENA R</b>          Provider ID: 63989          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Female          License number: A99271          NPI: 1871759084          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:  <i>W</i>          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>

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## D. Directorio de proveedores de atención especializada

### **KHAMISHON, BORIS, MD**

*Provider ID:* 269923  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6699 ALVARADO RD STE 2301  
 SAN DIEGO, CA 92120-5241  
*Phone:* (619) 582-2595  
*Fax:* (619) 229-8006  
*After Hours Phone:* (619)  
 582-2595  
*Provider Gender:* Male  
*License number:* A56165  
*NPI:* 1104922038  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian, Samoan, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-TH 8AM-4PM, F  
 8AM-3PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **KHOROMI, SUZAN**

*Provider ID:* 110429  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069  
*Phone:* (619) 543-3500  
*Fax:*  
*After Hours Phone:* (619)  
 543-3500  
*Provider Gender:* Female  
*License number:* G136006  
*NPI:* 1588803340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Mercy Hospital, Vibra  
 Hospital Of San Diego, Scripps  
 Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KIM MCMANUS, OLIVIA S**

*Provider ID:* 121365  
*Board Certified Specialty:* No

RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDRN  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5999  
*Fax:*  
*After Hours Phone:* (858)  
 966-5999  
*Provider Gender:* Female  
*License number:* A120194  
*NPI:* 1174870067  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* University  
 Of California Irvine Med Ctr,  
 Childrens Hospital Of Orange  
 County, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **KINKEL, REVERE P**

*Provider ID:* 83656

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: G89360  
 NPI: 1043325939  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KONERSMAN, CHAMINDRA G**

Provider ID: 110438  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069

Phone: (858) 657-8540  
 Fax:  
 After Hours Phone: (858)  
 657-8540  
 Provider Gender: Female  
 License number: A101351  
 NPI: 1538320395  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KONERSMAN, CHAMINDRA G**

Provider ID: 85229  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746

Phone: (858) 966-8052  
 Fax:  
 After Hours Phone: (858)  
 966-8052  
 Provider Gender: Female  
 License number: A101351  
 NPI: 1538320395  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **LABUZETTA, JAMIE N**

Provider ID: 110440  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: A130618

NPI: 1316268949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### LEE, DAVID J

Provider ID: 246263

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR FL 1

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A124329

NPI: 1871884130

Provider English Spoken: Yes

Provider Language(s) Spoken:

Korean

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### LEGER, GABRIEL C

Provider ID: 247608

Board Certified Specialty: No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 325

SAN DIEGO, CA 92121-3069

Phone: (858) 543-8540

Fax:

After Hours Phone: (858)  
543-8540

Provider Gender: Male

License number: C155902

NPI: 1720367899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### LESSIG, STEPHANIE L

Provider ID: 64036

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6222	Provider Gender: Male	Hospital Affiliation: Ucsd
Fax:	License number: G85439	Medical Ctr, Ucsd La Jolla John
After Hours Phone: (619)	NPI: 1578596292	Sally Thornton
543-6222	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
Provider Gender: Female	Provider Language(s) Spoken:	Min/Max Age: 0/999
License number: A81417	Cultural Competency: No	American Sign Language (ASL):
NPI: 1134167141	Hospital Affiliation:	No
Provider English Spoken: Yes	Medi-Cal Open Panel: No	♿ Accessibility:
Provider Language(s) Spoken:	Min/Max Age: None	Hours: M-F 8AM-5PM, SA
Cultural Competency: No	American Sign Language (ASL):	9AM-5PM
Hospital Affiliation: Ucsd	No	Website:
Medical Ctr	♿ Accessibility: W	Email:
Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM	Medical Group(s):
Min/Max Age: None	Website:	IPA: Ucsd Medical Group
American Sign Language (ASL):	Email:	
No	Medical Group(s):	<b>MCGEHRIN, KEVIN M</b>
♿ Accessibility: W	IPA:	Provider ID: 243545
Hours: M-F 9AM-5PM, SA		Board Certified Specialty: No
9AM-5PM	<b>LONGARDNER, KATHERINE M</b>	UCSD MEDICAL GROUP
Website:	Provider ID: 268346	200 W ARBOR DR FL 1
Email:	Board Certified Specialty: No	SAN DIEGO, CA 92103-1911
Medical Group(s):	UCSD MEDICAL GROUP	Phone: (800) 926-8273
IPA:	4520 EXECUTIVE DR	Fax:
	SAN DIEGO, CA 92121-3018	After Hours Phone: (800)
<b>LIPTON, STUART A</b>	Phone: (800) 926-8273	926-8273
Provider ID: 64044	Fax: (888) 539-8781	Provider Gender: Male
Board Certified Specialty: Yes	After Hours Phone: (800)	License number: A140783
UCSD MEDICAL GROUP	926-8273	NPI: 1972913101
200 W ARBOR DR	Provider Gender: Female	Provider English Spoken: Yes
SAN DIEGO, CA 92103-1911	License number: A137963	Provider Language(s) Spoken:
Phone: (619) 543-6222	NPI: 1801215926	Cultural Competency: No
Fax:	Provider English Spoken: Yes	Hospital Affiliation: Ucsd
After Hours Phone: (619)	Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John
543-6222	Cultural Competency: No	Sally Thornton

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **MEYER, BRETT C**

Provider ID: 64083

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: A70903

NPI: 1316011265

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: El Centro

Regional Medical Center,

Scripps Mercy Hospital, Scripps

Mercy Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MODIR, ROYYA F**

Provider ID: 84287

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Female

License number: A121407

NPI: 1295909554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: El Centro

Regional Medical Center,

Scripps Mercy Hospital, Scripps

Mercy Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **NELSON, JAMES E**

Provider ID: 104822

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (858) 966-5855

Fax:

After Hours Phone: (858)

966-5855

Provider Gender: Male

License number: C55868

NPI: 1568434546

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Valley

Childrens Hospital, Ucsd

Medical Ctr, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>NESPECA, MARK P</b>  <i>Provider ID:</i> 294598  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY FL 4            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-5819  <i>Fax:</i> (858) 966-4930  <i>After Hours Phone:</i> (858) 966-5819  <i>Provider Gender:</i> Male  <i>License number:</i> G65509  <i>NPI:</i> 1942371703  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>	<p><b>NESPECA, MARK P</b>  <i>Provider ID:</i> 52598  <i>Board Certified Specialty:</i> No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 576-1700  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 576-1700  <i>Provider Gender:</i> Male  <i>License number:</i> G65509  <i>NPI:</i> 1942371703  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM</p>	<p><b>NISSINEN, JANNE K</b>  <i>Provider ID:</i> 116418  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            4510 EXECUTIVE DR STE 325            SAN DIEGO, CA 92121-3069  <i>Phone:</i> (858) 657-8814  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 657-8814  <i>Provider Gender:</i> Male  <i>License number:</i> A123181  <i>NPI:</i> 1710278569  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA:	IPA: Ucsd Medical Group	Provider ID: 243628
<b>OLSON, SCOTT E</b>	<b>QAYOUMI, WALI Z</b>	Board Certified Specialty: No
Provider ID: 64120	Provider ID: 284370	RADY CHILDRENS HEALTH NETWORK
Board Certified Specialty: No	Board Certified Specialty: No	8001 FROST ST
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	SAN DIEGO, CA 92123-2746
200 W ARBOR DR	4510 EXECUTIVE DR STE 325	Phone: (858) 966-5819
SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92121-3069	Fax:
Phone: (800) 926-8273	Phone: (619) 294-3746	After Hours Phone: (858) 966-5819
Fax:	Fax: (888) 539-8781	Provider Gender: Female
After Hours Phone: (800) 926-8273	After Hours Phone: (619) 294-3746	License number: G64857
Provider Gender: Male	Provider Gender: Male	NPI: 1235243999
License number: A83715	License number: A168429	Provider English Spoken: Yes
NPI: 1376568659	NPI: 1093178220	Provider Language(s) Spoken: Korean
Provider English Spoken: Yes	Provider English Spoken: Yes	Cultural Competency: No
Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: French	Hospital Affiliation: Rady Childrens Hospital San Diego
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Ucsd Medical Ctr, Palomar Health, Palomar Medical Center, Scripps Green Hospital	Cultural Competency: No	Medi-Cal Open Panel: Yes
Medi-Cal Open Panel: No	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Min/Max Age: 0/18
Min/Max Age: None	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
American Sign Language (ASL): No	Min/Max Age: 0/999	♿ Accessibility: Hours: M-SA 9AM-5PM
♿ Accessibility: W	American Sign Language (ASL): No	Website:
Hours: M-F 9AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:
Website:	Website:	Medical Group(s):
Email:	Email:	IPA: Rady Childrens Health Network
Medical Group(s):	Medical Group(s):	<b>RIGGINS, NINA Y</b>
	IPA: Ucsd Medical Group	Provider ID: 285968
	<b>RHO, JONG M</b>	Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 4510 EXECUTIVE DR STE 325 SAN DIEGO, CA 92121-3069 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A120575 NPI: 1568655264 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: No Hospital Affiliation: Medical Ctr At Ucsf Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	8001 FROST ST SAN DIEGO, CA 92123-2746 Phone: (858) 966-5999 Fax: After Hours Phone: (858) 966-5999 Provider Gender: Female License number: A118427 NPI: 1669759148 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Phone: (858) 675-1112 Fax: (888) 675-1141 After Hours Phone: (858) 675-1112 Provider Gender: Male License number: A62324 NPI: 1831157916 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Kindred Hospital San Diego, Vibra Hospital Of San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-4PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc
<b>RISMANCHI, NEGGY</b> Provider ID: 118530 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN	<b>SCHUMANN, RICHARD J</b> Provider ID: 269967 Board Certified Specialty: No COMMUNITY CARE IPA LLC 16776 BERNARDO CENTER DR STE 209 SAN DIEGO, CA 92128-2559	<b>SHTRAHMAN, MATTHEW</b> Provider ID: 115790 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6222	NPI: 1548604101	Provider English Spoken: Yes
Fax:	Provider English Spoken: Yes	Provider Language(s) Spoken:
After Hours Phone: (619) 543-6222	Provider Language(s) Spoken: Farsi, Spanish	Cultural Competency: No
Provider Gender: Male	Cultural Competency: No	Hospital Affiliation:
License number: A108752	Hospital Affiliation: Temecula Valley Hospital Inc, Ucsd	Medi-Cal Open Panel: No
NPI: 1740440460	Medical Ctr, Ucsd La Jolla John Sally Thornton	Min/Max Age: None
Provider English Spoken: Yes	Medi-Cal Open Panel: No	American Sign Language (ASL): No
Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: None	♿ Accessibility: W
Hospital Affiliation:	American Sign Language (ASL): No	Hours: M-F 9AM-5PM, SA 9AM-5PM
Medi-Cal Open Panel: No	♿ Accessibility: W	Website:
Min/Max Age: None	Hours: M-F 9AM-6PM, SA 9AM-5PM	Email:
American Sign Language (ASL): No	Website:	Medical Group(s):
♿ Accessibility: W	Email:	IPA:
Hours: M-SA 9AM-5PM	Medical Group(s):	
Website:	IPA:	
Email:		
Medical Group(s):		
IPA:		
	<b>TECOMA, EVELYN S</b>	<b>TRAUNER, DORIS A</b>
<b>SIAVOSHI, SARA S</b>	Provider ID: 64219	Provider ID: 205504
Provider ID: 110460	Board Certified Specialty: No	Board Certified Specialty: Yes
Board Certified Specialty: No	UCSD MEDICAL GROUP	RADY CHILDRENS HEALTH NETWORK
UCSD MEDICAL GROUP	200 W ARBOR DR	3020 CHILDRENS WAY
200 W ARBOR DR	SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92123-4223
SAN DIEGO, CA 92103-1911	Phone: (619) 543-6222	Phone: (858) 966-5999
Phone: (619) 543-6222	Fax:	Fax: (858) 966-4930
Fax:	After Hours Phone: (619) 543-6222	After Hours Phone: (858) 966-5999
After Hours Phone: (619) 543-6222	Provider Gender: Female	Provider Gender: Female
Provider Gender: Female	License number: G58138	License number: G25519
License number: 20A13495	NPI: 1174556518	NPI: 1124051420
		Provider English Spoken: Yes
		Provider Language(s) Spoken: Spanish
		Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **TRAUNER, DORIS A**

*Provider ID:* 52604  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700  
*Fax:*  
*After Hours Phone:* (858)  
 576-1700  
*Provider Gender:* Female  
*License number:* G25519  
*NPI:* 1124051420  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **TROXELL, REGINA M**

*Provider ID:* 201621  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A157940  
*NPI:* 1013350586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TROXELL, REGINA M**

*Provider ID:* 201622  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR FL 1  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A157940  
*NPI:* 1013350586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network</p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health            Network, Ucsd Medical Group</p>
<p><b>WANG, CHING H</b>  <i>Provider ID:</i> 275492  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            8001 FROST ST            SAN DIEGO, CA 92123-2746  <i>Phone:</i> (858) 966-5999  <i>Fax:</i> (858) 966-4930  <i>After Hours Phone:</i> (858)            966-5999  <i>Provider Gender:</i> Male  <i>License number:</i> G86512  <i>NPI:</i> 1023144375  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Marin            General Hosp, California Pacific            Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>	<p><b>WIEGAND, SARAH E</b>  <i>Provider ID:</i> 284209  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            3030 CHILDRENS WAY STE 4            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-5819  <i>Fax:</i> (858) 966-4930  <i>After Hours Phone:</i> (858)            966-5819  <i>Provider Gender:</i> Female  <i>License number:</i> 20A16503  <i>NPI:</i> 1164818035  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><b>WIEGAND, SARAH E</b>  <i>Provider ID:</i> 284210  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5841  <i>Fax:</i> (858) 966-6728  <i>After Hours Phone:</i> (858)            966-5841  <i>Provider Gender:</i> Female  <i>License number:</i> 20A16503  <i>NPI:</i> 1164818035  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### WIEGAND, SARAH E

Provider ID: 284211  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
Phone: (858) 966-5999  
Fax: (858) 966-4930  
After Hours Phone: (858)  
966-5999  
Provider Gender: Female  
License number: 20A16503  
NPI: 1164818035  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### ZIMBRIC, MICHAEL R

Provider ID: 206272  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5999  
Fax: (858) 966-4930  
After Hours Phone: (858)  
966-5999  
Provider Gender: Male  
License number: A95660  
NPI: 1487819546  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health

Network

### ZIMBRIC, MICHAEL R

Provider ID: 283174  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
Phone: (858) 966-5999  
Fax: (858) 966-4930  
After Hours Phone: (858)  
966-5999  
Provider Gender: Male  
License number: A95660  
NPI: 1487819546  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsf Benioff Children's Hospital  
Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health Network

### ZIMBRIC, MICHAEL R

Provider ID: 52605

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FN D TN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 576-1700

Fax:

After Hours Phone: (858)

576-1700

Provider Gender: Male

License number: A95660

NPI: 1487819546

Provider English Spoken: Yes

Provider Language(s) Spoken:

French

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Childrens Hosp And Resrch Ctr

At Oakland

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### NUCLEAR MEDICINE

### BELEZZUOLI, ERNEST V

Provider ID: 63804

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: G74168

NPI: 1083703805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### BELEZZUOLI, ERNEST V

Provider ID: 64272

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax: (619) 471-9245

After Hours Phone: (619)

471-9240

Provider Gender: Male

License number: G74168

NPI: 1083703805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### HOH, CARL K

Provider ID: 63961

Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: G61309  
NPI: 1962427682  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### HOH, CARL K

Provider ID: 64324  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST STE 202  
SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240  
Fax:  
After Hours Phone: (619) 471-9240  
Provider Gender: Male  
License number: G61309  
NPI: 1962427682  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

## OBSTETRICS / GYNECOLOGY

### ADAMCZAK, JOANNA E

Provider ID: 69225  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D T N  
7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795

Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
License number: A116982  
NPI: 1447428420  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### AGARWAL, SANJAY K

Provider ID: 64523  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6248

Fax:

After Hours Phone: (619)  
543-6248

Provider Gender: Male

License number: A52018

NPI: 1255489720

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Hindi

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Scripps Memorial  
Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **ALIMONOS, LYSISTRATI A**

Provider ID: 114809

Board Certified Specialty: No

LOGAN HEIGHTS FAMILY  
HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Provider Gender: Female

License number: 20A14919

NPI: 1619397031

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Logan

Heights Family Health Center

IPA:

### **ALIMONOS, LYSISTRATI A**

Provider ID: 114818

Board Certified Specialty: No

CITY HEIGHTS FAMILY HEALTH  
CENTERS INC

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)  
515-2400

Provider Gender: Female

License number: 20A14919

NPI: 1619397031

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T,  
ME

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): City Heights

Family Health Centers Inc

IPA:

### **ALIMONOS, LYSISTRATI A**

Provider ID: 114820

Board Certified Specialty: No

DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC

4725 MARKET ST

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>SAN DIEGO, CA 92102-4715  <i>Phone:</i> (619) 515-2560  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2560  <i>Provider Gender:</i> Female  <i>License number:</i> 20A14919  <i>NPI:</i> 1619397031  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Diamond Neighborhoods Family Hlth Ctrs Inc  <i>IPA:</i></p>	<p>CENTERS            3544 30TH ST            SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2424  <i>Provider Gender:</i> Female  <i>License number:</i> 20A14919  <i>NPI:</i> 1619397031  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> North Park Family Health Centers  <i>IPA:</i></p>	<p>FAMILY HLTH CTR SAN DIEGO-BEACH AREA            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2444  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2444  <i>Provider Gender:</i> Female  <i>License number:</i> 20A14919  <i>NPI:</i> 1619397031  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-TH 8:30AM-5PM, F,SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Family Hlth Ctr San Diego-Beach Area  <i>IPA:</i></p>
<p><b>ALIMONOS, LYSISTRATI A</b>  <i>Provider ID:</i> 114839  <i>Board Certified Specialty:</i> No            NORTH PARK FAMILY HEALTH</p>	<p><b>ALIMONOS, LYSISTRATI A</b>  <i>Provider ID:</i> 128384  <i>Board Certified Specialty:</i> No</p>	<p><b>BAHADOR, AFSHIN</b>  <i>Provider ID:</i> 66125  <i>Board Certified Specialty:</i> No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>SOUTH COAST GYNECOLOGIC ONCOLOGY INC 3390 CARMEL MOUNTAIN RD STE 130 SAN DIEGO, CA 92121-1054 Phone: (858) 455-5524 Fax: After Hours Phone: (858) 455-5524 Provider Gender: Male License number: A65396 NPI: 1316963713 Provider English Spoken: Yes Provider Language(s) Spoken: Faroese, Farsi, Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Grossmont Hospital, Sharp Chula Vista Med Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p>IHP OF SOUTHERN CALIFORNIA 6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342 Phone: (858) 279-0925 Fax: (858) 633-4680 After Hours Phone: (858) 279-0925 Provider Gender: Male License number: G44807 NPI: 1497738439 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California</p>	<p>Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: G85861 NPI: 1801893201 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>
<p><b>BLAKE, GARY D</b> Provider ID: 290731 Board Certified Specialty: No</p>	<p><b>BROWN, ELISE S</b> Provider ID: 201761 Board Certified Specialty: No UCSD MEDICAL GROUP 6719 ALVARADO RD STE 302 SAN DIEGO, CA 92120-5263</p>	<p><b>BRUBAKER, LINDA</b> Provider ID: 113025 Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR STE 111 SAN DIEGO, CA 92121-3019</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

---

Phone: (858) 657-8860

Fax:

After Hours Phone: (858)  
657-8860

Provider Gender: Female

License number: G87848

NPI: 1053385195

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BUECHNER, CHARLENE A**

Provider ID: 127418

Board Certified Specialty: No

FAMILY HLTH CTR SAN

DIEGO-BEACH AREA

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)  
515-2444

Provider Gender: Female

License number: A68463

NPI: 1376663831

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Sharp

Mary Birch Hosp For Women

And Newborns

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth

Ctr San Diego-Beach Area

IPA:

### **BUECHNER, CHARLENE A**

Provider ID: 127428

Board Certified Specialty: No

CITY HEIGHTS FAMILY HEALTH

CENTERS INC

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Provider Gender: Female

License number: A68463

NPI: 1376663831

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Sharp

Mary Birch Hosp For Women

And Newborns

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): City Heights

Family Health Centers Inc

IPA:

### **BUECHNER, CHARLENE A**

Provider ID: 127429

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 DIAMOND NEIGHBORHOODS  
 FAMILY HLTH CTRS INC  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2420  
*Fax:*  
*After Hours Phone:* (619)  
 515-2420  
*Provider Gender:* Female  
*License number:* A68463  
*NPI:* 1376663831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Mary Birch Hosp For Women  
 And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T,  
 ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Diamond  
 Neighborhoods Family Hlth  
 Ctrs Inc

*IPA:*  
**BUECHNER, CHARLENE A**  
*Provider ID:* 127455  
*Board Certified Specialty:* No  
 NORTH PARK FAMILY HEALTH  
 CENTERS  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619)  
 515-2424  
*Provider Gender:* Female  
*License number:* A68463  
*NPI:* 1376663831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Mary Birch Hosp For Women  
 And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T,  
 ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org

*Email:*  
*Medical Group(s):* North Park  
 Family Health Centers  
*IPA:*  
**BUECHNER, CHARLENE A**  
*Provider ID:* 98960  
*Board Certified Specialty:* No  
 SAN DIEGO AMERICAN INDIAN  
 HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Provider Gender:* Female  
*License number:* A68463  
*NPI:* 1376663831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Mary Birch Hosp For Women  
 And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* ME

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan Heights Family Health Center  
 IPA:

### **BUECHNER, CHARLENE A**

Provider ID: 98960  
 Board Certified Specialty: No  
 LOGAN HEIGHTS FAMILY HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Provider Gender: Female  
 License number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

No  
 Accessability: ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan Heights Family Health Center  
 IPA:

### **CARTER, KHALIL J**

Provider ID: 1227380  
 Board Certified Specialty: No  
 LOGAN HEIGHTS FAMILY HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Provider Gender: Male  
 License number: A113001  
 NPI: 1225231582  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: ME  
 Hours: M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan Heights Family Health Center  
 IPA:

### **CARTER, KHALIL J**

Provider ID: 127373  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN DIEGO-BEACH AREA  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2444  
 Fax:  
 After Hours Phone: (619) 515-2444  
 Provider Gender: Male  
 License number: A113001  
 NPI: 1225231582  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No  
 ☯ Accessibility:  
 Hours: M-W 8:30AM-5PM, TH  
 9:30AM-6PM, F,SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth  
 Ctr San Diego-Beach Area  
 IPA:

### **CARTER, KHALIL J**

Provider ID: 127375  
 Board Certified Specialty: No  
 CITY HEIGHTS FAMILY HEALTH  
 CENTERS INC  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619)  
 515-2400  
 Provider Gender: Male  
 License number: A113001  
 NPI: 1225231582  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Grossmont  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

No  
 ☯ Accessibility: P, EB, IB, E, R, T,  
 ME  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): City Heights  
 Family Health Centers Inc  
 IPA:

### **CARTER, KHALIL J**

Provider ID: 127376  
 Board Certified Specialty: No  
 DIAMOND NEIGHBORHOODS  
 FAMILY HLTH CTRS INC  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2420  
 Fax:  
 After Hours Phone: (619)  
 515-2420  
 Provider Gender: Male  
 License number: A113001  
 NPI: 1225231582  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Grossmont  
 Hospital, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None

American Sign Language (ASL):  
 No  
 ☯ Accessibility: P, EB, IB, E, R, T,  
 ME  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Diamond  
 Neighborhoods Family Hlth  
 Ctrs Inc  
 IPA:

### **CARTER, KHALIL J**

Provider ID: 127381  
 Board Certified Specialty: No  
 NORTH PARK FAMILY HEALTH  
 CENTERS  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax:  
 After Hours Phone: (619)  
 515-2424  
 Provider Gender: Male  
 License number: A113001  
 NPI: 1225231582  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Grossmont  
 Hospital

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T, ME  Hours: M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): North Park Family Health Centers  IPA:</p>	<p>Coronado Hosp And Healthcare Ctr, Grossmont Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: ME  Hours: M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): Logan Heights Family Health Center  IPA:</p>	<p>Hospital Affiliation: Scripps Mercy Hospital, Sharp  Coronado Hosp And Healthcare Ctr, Grossmont Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R, T, ME  Hours: M-TH 8AM-5:30PM, F 8AM-5PM, SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): North Park Family Health Centers  IPA:</p>
<p><b>CERVANTES, SANDRA M</b>  Provider ID: 114860  Board Certified Specialty: No  LOGAN HEIGHTS FAMILY HEALTH CENTER  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  Phone: (619) 515-2300  Fax:  After Hours Phone: (619) 515-2300  Provider Gender: Female  License number: A118095  NPI: 1073701041  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital, Sharp</p>	<p><b>CERVANTES, SANDRA M</b>  Provider ID: 114864  Board Certified Specialty: No  NORTH PARK FAMILY HEALTH CENTERS  3544 30TH ST  SAN DIEGO, CA 92104-4120  Phone: (619) 515-2424  Fax:  After Hours Phone: (619) 515-2424  Provider Gender: Female  License number: A118095  NPI: 1073701041  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No</p>	<p><b>CERVANTES, SANDRA M</b>  Provider ID: 114870  Board Certified Specialty: No  DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  4725 MARKET ST  SAN DIEGO, CA 92102-4715  Phone: (619) 515-2560  Fax:  After Hours Phone: (619) 515-2560  Provider Gender: Female  License number: A118095  NPI: 1073701041  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>

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## D. Directorio de proveedores de atención especializada

Spanish	NPI: 1073701041	Provider Gender: Female
Cultural Competency: No	Provider English Spoken: Yes	License number: A118095
Hospital Affiliation: Scripps	Provider Language(s) Spoken:	NPI: 1073701041
Mercy Hospital, Sharp	Spanish	Provider English Spoken: Yes
Coronado Hosp And Healthcare	Cultural Competency: No	Provider Language(s) Spoken:
Ctr, Grossmont Hospital	Hospital Affiliation: Scripps	Spanish
Medi-Cal Open Panel: Yes	Mercy Hospital, Sharp	Cultural Competency: No
Min/Max Age: None	Coronado Hosp And Healthcare	Hospital Affiliation: Scripps
American Sign Language (ASL):	Ctr, Grossmont Hospital	Mercy Hospital, Sharp
No	Medi-Cal Open Panel: Yes	Coronado Hosp And Healthcare
♿ Accessibility: P, EB, IB, E, R, T,	Min/Max Age: None	Ctr, Grossmont Hospital
ME	American Sign Language (ASL):	Medi-Cal Open Panel: Yes
Hours: M-F 8:30AM-5:30PM, SA	No	Min/Max Age: None
9AM-5PM	♿ Accessibility: P, EB, IB, E, R, T,	American Sign Language (ASL):
Website: www.fhcsd.org	ME	No
Email:	Hours: M-F 8:30AM-5:30PM, SA	♿ Accessibility:
Medical Group(s): Diamond	9AM-5PM	Hours: M-TH 8:30AM-5PM, F,SA
Neighborhoods Family Hlth	Website: www.fhcsd.org	9AM-5PM
Ctrs Inc	Email:	Website: www.fhcsd.org
IPA:	Medical Group(s): City Heights	Email:
	Family Health Centers Inc	Medical Group(s): Family Hlth
	IPA:	Ctr San Diego-Beach Area
		IPA:
<b>CERVANTES, SANDRA M</b>	<b>CERVANTES, SANDRA M</b>	<b>COHEN, MANSOUR J</b>
Provider ID: 114877	Provider ID: 128379	Provider ID: 205940
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: Yes
CITY HEIGHTS FAMILY HEALTH	FAMILY HLTH CTR SAN	RADY CHILDRENS HEALTH
CENTERS INC	DIEGO-BEACH AREA	NETWORK
5454 EL CAJON BLVD	3705 MISSION BLVD	7695 CARDINAL CT STE 390
SAN DIEGO, CA 92115-3621	SAN DIEGO, CA 92109-7104	SAN DIEGO, CA 92123-3356
Phone: (619) 515-2400	Phone: (619) 515-2444	
Fax:	Fax:	
After Hours Phone: (619)	After Hours Phone: (619)	
515-2400	515-2444	
Provider Gender: Female		
License number: A118095		

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## D. Directorio de proveedores de atención especializada

Phone: (858) 279-8111  
 Fax: (858) 279-4703  
 After Hours Phone: (858) 279-8111  
 Provider Gender: Male  
 License number: A34624  
 NPI: 1346225356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Farsi, Hebrew, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility: W  
 Hours: M-TH 9AM-4PM, F,SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CONTRERAS, MICHELLE**

Provider ID: 295938  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 550 WASHINGTON ST STE 331

SAN DIEGO, CA 92103-2227  
 Phone: (619) 662-4100  
 Fax: (619) 432-1607  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 License number: A129371  
 NPI: 1730499252  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sutter Solano Med Ctr, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **CORMANO, JULIA L**

Provider ID: 112487  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: A115304  
 NPI: 1073740395  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DEAK, PAMELA W**

Provider ID: 64556  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

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## D. Directorio de proveedores de atención especializada

<p>Phone: (619) 543-7878          Fax: (619) 543-5350          After Hours Phone: (619) 543-7878          Provider Gender: Female          License number: A54653          NPI: 1316978554          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Provider Gender: Female          License number: A133536          NPI: 1790128759          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>
<p><b>DELCORE, LAURA M</b>          Provider ID: 291326          Board Certified Specialty: No          UCSD MEDICAL GROUP          3750 CONVOY ST STE 312          SAN DIEGO, CA 92111-3741          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273</p>	<p><b>DELCORE, LAURA M</b>          Provider ID: 291327          Board Certified Specialty: No          UCSD MEDICAL GROUP          4168 FRONT ST          SAN DIEGO, CA 92103-2030          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A133536          NPI: 1790128759          Provider English Spoken: Yes          Provider Language(s) Spoken:</p>	<p><b>DELCORE, LAURA M</b>          Provider ID: 291328          Board Certified Specialty: No          UCSD MEDICAL GROUP          6030 VILLAGE WAY          SAN DIEGO, CA 92130-2972          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A133536          NPI: 1790128759          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999</p>

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## D. Directorio de proveedores de atención especializada

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American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DELCORE, LAURA M**

Provider ID: 291329

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A133536

NPI: 1790128759

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DELCORE, LAURA M**

Provider ID: 291330

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A133536

NPI: 1790128759

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DRIEBE, AMY M**

Provider ID: 291337

Board Certified Specialty: No

UCSD MEDICAL GROUP

3750 CONVOY ST STE 312

SAN DIEGO, CA 92111-3741

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A142172

NPI: 1730507567

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DRIEBE, AMY M**

Provider ID: 291338

Board Certified Specialty: No

UCSD MEDICAL GROUP

6030 VILLAGE WAY

SAN DIEGO, CA 92130-2972

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	License number: A142172	Hospital Affiliation: Sharp
Fax: (888) 539-8781	NPI: 1730507567	Memorial Hospital
After Hours Phone: (800) 926-8273	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
Provider Gender: Female	Provider Language(s) Spoken:	Min/Max Age: 16/999
License number: A142172	Cultural Competency: No	American Sign Language (ASL):
NPI: 1730507567	Hospital Affiliation: Sharp	No
Provider English Spoken: Yes	Memorial Hospital	♿ Accessibility:
Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM
Cultural Competency: No	Min/Max Age: 16/999	Website:
Hospital Affiliation: Sharp	American Sign Language (ASL):	Email:
Memorial Hospital	No	Medical Group(s):
Medi-Cal Open Panel: Yes	♿ Accessibility:	IPA: Ucsd Medical Group
Min/Max Age: 16/999	Hours: M-SA 9AM-5PM	<b>DUGGAN, BRIDGETTE D</b>
American Sign Language (ASL):	Website:	Provider ID: 66127
No	Email:	Board Certified Specialty: No
♿ Accessibility:	Medical Group(s):	SOUTH COAST GYNECOLOGIC
Hours: M-SA 9AM-5PM	IPA: Ucsd Medical Group	ONCOLOGY INC
Website:	<b>DRIEBE, AMY M</b>	3390 CARMEL MOUNTAIN RD
Email:	Provider ID: 291340	STE 130
Medical Group(s):	Board Certified Specialty: No	SAN DIEGO, CA 92121-1054
IPA: Ucsd Medical Group	UCSD MEDICAL GROUP	Phone: (858) 455-5524
<b>DRIEBE, AMY M</b>	330 LEWIS ST	Fax:
Provider ID: 291339	SAN DIEGO, CA 92103-2108	After Hours Phone: (858)
Board Certified Specialty: No	Phone: (800) 926-8273	455-5524
UCSD MEDICAL GROUP	Fax: (888) 539-8781	Provider Gender: Female
16950 VIA TAZON	After Hours Phone: (800)	License number: G66287
SAN DIEGO, CA 92127-1607	926-8273	NPI: 1841212081
Phone: (800) 926-8273	Provider Gender: Female	Provider English Spoken: Yes
Fax: (888) 539-8781	License number: A142172	Provider Language(s) Spoken:
After Hours Phone: (800)	NPI: 1730507567	Hebrew, Spanish
926-8273	Provider English Spoken: Yes	Cultural Competency: No
Provider Gender: Female	Provider Language(s) Spoken:	Hospital Affiliation: Grossmont
	Cultural Competency: No	Hospital, Sharp Memorial

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## D. Directorio de proveedores de atención especializada

<p>Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p>St Jude Medical Center, Orange            Coast Mem Med Ctr, Fountain            Valley Regional Hosp And Med            Ctr, Corona Regional Med Ctr,            Ucsd La Jolla John Sally            Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-F 9AM-6PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Provider Language(s) Spoken:</i>            Spanish, Yue Chinese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont            Hospital, Scripps Mercy            Hospital, Sharp Grossmont            Hospital, Scripps Mercy            Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No  <i>♿ Accessibility:</i> ME  <i>Hours:</i> M 8AM-7PM, TU-TH            8AM-6PM, F 8AM-5:30PM, SA            8AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Logan            Heights Family Health Center  <i>IPA:</i></p>
<p><b>ESKANDER, RAMEZ N</b>  <i>Provider ID:</i> 114324  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            543-6222  <i>Provider Gender:</i> Male  <i>License number:</i> A102482  <i>NPI:</i> 1144486929  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> University            Of California Irvine Med Ctr,            Earl And Lorraine Miller            Childrens Hsp, Long Beach            Memorial Med Ctr, Providence            St Joseph Hospital, Providence</p>	<p><b>FOLCH TORRES-AGUIAR,            BEATRIZ M</b>  <i>Provider ID:</i> 120486  <i>Board Certified Specialty:</i> No            LOGAN HEIGHTS FAMILY            HEALTH CENTER            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            515-2300  <i>Provider Gender:</i> Female  <i>License number:</i> A148014  <i>NPI:</i> 1457794752  <i>Provider English Spoken:</i> Yes</p>	<p><b>FOLCH TORRES-AGUIAR,            BEATRIZ M</b>  <i>Provider ID:</i> 120494  <i>Board Certified Specialty:</i> No            FAMILY HLTH CTR SAN            DIEGO-BEACH AREA            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2444  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            515-2444</p>

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>Phone:</i> (619) 515-2400	4725 MARKET ST
<i>License number:</i> A148014	<i>Fax:</i>	SAN DIEGO, CA 92102-4715
<i>NPI:</i> 1457794752	<i>After Hours Phone:</i> (619)	<i>Phone:</i> (619) 515-2560
<i>Provider English Spoken:</i> Yes	515-2400	<i>Fax:</i>
<i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese	<i>Provider Gender:</i> Female	<i>After Hours Phone:</i> (619)
<i>Cultural Competency:</i> No	<i>License number:</i> A148014	515-2560
<i>Hospital Affiliation:</i> Grossmont	<i>NPI:</i> 1457794752	<i>Provider Gender:</i> Female
Hospital, Scripps Mercy	<i>Provider English Spoken:</i> Yes	<i>License number:</i> A148014
Hospital	<i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese	<i>NPI:</i> 1457794752
<i>Medi-Cal Open Panel:</i> Yes	<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes
<i>Min/Max Age:</i> None	<i>Hospital Affiliation:</i> Grossmont	<i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese
<i>American Sign Language (ASL):</i> No	Hospital, Scripps Mercy	<i>Cultural Competency:</i> No
<i>Accessibility:</i>	Hospital	<i>Hospital Affiliation:</i> Grossmont
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Medi-Cal Open Panel:</i> Yes	Hospital, Scripps Mercy
9AM-5PM	<i>Min/Max Age:</i> None	Hospital
<i>Website:</i> www.fhcsd.org	<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> Yes
<i>Email:</i>	<i>Accessibility:</i> P, EB, IB, E, R, T, ME	<i>Min/Max Age:</i> None
<i>Medical Group(s):</i> Family Hlth	<i>Hours:</i> M-F 8:30AM-5:30PM, SA	<i>American Sign Language (ASL):</i> No
Ctr San Diego-Beach Area	9AM-5PM	<i>Accessibility:</i> P, EB, IB, E, R, T, ME
<i>IPA:</i>	<i>Website:</i> www.fhcsd.org	<i>Hours:</i> M-F 8:30AM-5:30PM, SA
<b>FOLCH TORRES-AGUIAR,</b>	<i>Email:</i>	9AM-5PM
<b>BEATRIZ M</b>	<i>Medical Group(s):</i> City Heights	<i>Website:</i> www.fhcsd.org
<i>Provider ID:</i> 120508	Family Health Centers Inc	<i>Email:</i>
<i>Board Certified Specialty:</i> No	<i>IPA:</i>	<i>Medical Group(s):</i> Diamond
CITY HEIGHTS FAMILY HEALTH	<b>FOLCH TORRES-AGUIAR,</b>	Neighborhoods Family Hlth
CENTERS INC	<b>BEATRIZ M</b>	Ctrs Inc
5454 EL CAJON BLVD	<i>Provider ID:</i> 120509	<i>IPA:</i>
SAN DIEGO, CA 92115-3621	<i>Board Certified Specialty:</i> No	<b>FOLCH TORRES-AGUIAR,</b>
	DIAMOND NEIGHBORHOODS	<b>BEATRIZ M</b>
	FAMILY HLTH CTRS INC	<i>Provider ID:</i> 120520

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 NORTH PARK FAMILY HEALTH CENTERS  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Provider Gender:* Female  
*License number:* A148014  
*NPI:* 1457794752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* North Park Family Health Centers  
*IPA:*

### **FRATTO, VICTORIA M**

*Provider ID:* 97636  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A136189  
*NPI:* 1124318472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Chula Vista, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FRUGONI, GINA R , MD**

*Provider ID:* 270056

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 400-5074  
*Fax:*  
*After Hours Phone:* (619) 400-5074  
*Provider Gender:* Female  
*License number:* A99646  
*NPI:* 1578729315  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **FRUGONI, GINA R**

*Provider ID:* 64563  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-7878	License number: A151539	NPI: 1013944636
Fax: (619) 543-5350	NPI: 1003330572	Provider English Spoken: Yes
After Hours Phone: (619) 543-7878	Provider English Spoken: Yes	Provider Language(s) Spoken: Spanish
Provider Gender: Female	Provider Language(s) Spoken: Spanish	Cultural Competency: No
License number: A99646	Cultural Competency: No	Hospital Affiliation: Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Mercy Hospital Chula Vista
NPI: 1578729315	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	Min/Max Age: 16/999
Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: 0/999	American Sign Language (ASL): No
Hospital Affiliation: Ucsd Medical Ctr	American Sign Language (ASL): No	Ⓜ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM
Medi-Cal Open Panel: No	Ⓜ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	Website: Email: Medical Group(s): IPA: Ihp Of Southern California
Min/Max Age: None	Website: Email: Medical Group(s): IPA: Ucsd Medical Group	
American Sign Language (ASL): No		
Ⓜ Accessibility: W		
Hours: M-SA 9AM-5PM		
Website:		
Email:		
Medical Group(s):		
IPA: Community Care Ipa Llc		
<b>GABBY, LAURYN C</b>	<b>GARG, ANUPAM</b>	<b>GROGAN, BRIAN D</b>
Provider ID: 269692	Provider ID: 295893	Provider ID: 296001
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
UCSD MEDICAL GROUP	IHP OF SOUTHERN CALIFORNIA	IHP OF SOUTHERN CALIFORNIA
4168 FRONT ST	550 WASHINGTON ST STE 331	7011 LINDA VISTA RD
SAN DIEGO, CA 92103-2030	SAN DIEGO, CA 92103-2227	SAN DIEGO, CA 92111-6307
Phone: (800) 926-8273	Phone: (619) 662-4100	Phone: (858) 810-8700
Fax: (888) 539-8781	Fax: After Hours Phone: (619) 662-4100	Fax: (858) 633-4680
After Hours Phone: (800) 926-8273	Provider Gender: Male	After Hours Phone: (858) 810-8700
Provider Gender: Female	License number: A87238	Provider Gender: Male
		License number: G63543

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

NPI: 1235218439	Medi-Cal Open Panel: Yes	♿ Accessibility: W
Provider English Spoken: Yes	Min/Max Age: 16/999	Hours: M-SA 9AM-5PM
Provider Language(s) Spoken:	American Sign Language (ASL):	Website:
Cultural Competency: No	No	Email:
Hospital Affiliation:	♿ Accessibility:	Medical Group(s):
Medi-Cal Open Panel: Yes	Hours: M-SA 9AM-5PM	IPA:
Min/Max Age: 16/999	Website:	
American Sign Language (ASL):	Email:	<b>GUPTA, PRATIMA</b>
No	Medical Group(s):	Provider ID: 257547
♿ Accessibility:	IPA: Ihp Of Southern California	Board Certified Specialty: No
Hours: M-SA 9AM-5PM		UCSD MEDICAL GROUP
Website:	<b>GROSS, ERIN A</b>	16950 VIA TAZON
Email:	Provider ID: 64570	SAN DIEGO, CA 92127-1607
Medical Group(s):	Board Certified Specialty: No	Phone: (800) 926-8273
IPA: Ihp Of Southern California	UCSD MEDICAL GROUP	Fax: (888) 539-8781
	4168 FRONT ST	After Hours Phone: (800)
	SAN DIEGO, CA 92103-2030	926-8273
	Phone: (619) 543-6248	Provider Gender: Female
	Fax: (858) 657-8666	License number: A832373
	After Hours Phone: (619)	NPI: 1891749842
	543-6248	Provider English Spoken: Yes
	Provider Gender: Female	Provider Language(s) Spoken:
	License number: A99544	Hindi, Spanish
	NPI: 1013175009	Cultural Competency: No
	Provider English Spoken: Yes	Hospital Affiliation: Ucsd
	Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John
	Cultural Competency: No	Sally Thornton
	Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes
	Medical Ctr, Ucsd La Jolla John	Min/Max Age: 16/999
	Sally Thornton	American Sign Language (ASL):
	Medi-Cal Open Panel: No	No
	Min/Max Age: None	♿ Accessibility:
	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
	No	9AM-5PM
<b>GROGAN, BRIAN D</b>		
Provider ID: 296002		
Board Certified Specialty: No		
IHP OF SOUTHERN		
CALIFORNIA		
6973 LINDA VISTA RD		
SAN DIEGO, CA 92111-6342		
Phone: (858) 279-0925		
Fax: (858) 633-4682		
After Hours Phone: (858)		
279-0925		
Provider Gender: Male		
License number: G63543		
NPI: 1235218439		
Provider English Spoken: Yes		
Provider Language(s) Spoken:		
Cultural Competency: No		
Hospital Affiliation:		

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## D. Directorio de proveedores de atención especializada

Website:	Medical Group(s):	Provider ID: 278917
Email:	IPA: Ucsd Medical Group	Board Certified Specialty: No
Medical Group(s):	<b>HARVEY, SCOTT A</b>	UCSD MEDICAL GROUP
IPA: Ucsd Medical Group	Provider ID: 278915	4168 FRONT ST
<b>GUPTA, PRATIMA</b>	Board Certified Specialty: No	SAN DIEGO, CA 92103-2030
Provider ID: 257548	UCSD MEDICAL GROUP	Phone: (800) 926-8273
Board Certified Specialty: No	200 W ARBOR DR	Fax: (888) 539-8781
UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-1911	After Hours Phone: (800)
4168 FRONT ST	Phone: (800) 926-8273	926-8273
SAN DIEGO, CA 92103-2030	Fax: (888) 539-8781	Provider Gender: Male
Phone: (800) 926-8273	After Hours Phone: (800)	License number: C169168
Fax: (888) 539-8781	926-8273	NPI: 1457662868
After Hours Phone: (800)	Provider Gender: Male	Provider English Spoken: Yes
926-8273	License number: C169168	Provider Language(s) Spoken:
Provider Gender: Female	NPI: 1457662868	Cultural Competency: No
License number: A832373	Provider English Spoken: Yes	Hospital Affiliation: Ucsd
NPI: 1891749842	Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John
Provider English Spoken: Yes	Cultural Competency: No	Sally Thornton
Provider Language(s) Spoken:	Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes
Hindi, Spanish	Medical Ctr, Ucsd La Jolla John	Min/Max Age: 16/999
Cultural Competency: No	Sally Thornton	American Sign Language (ASL):
Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes	No
Medical Ctr, Ucsd La Jolla John	Min/Max Age: 16/999	♿ Accessibility:
Sally Thornton	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
Medi-Cal Open Panel: Yes	No	9AM-5PM
Min/Max Age: 16/999	♿ Accessibility:	Website:
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Email:
No	9AM-5PM	Medical Group(s):
♿ Accessibility:	Website:	IPA: Ucsd Medical Group
Hours: M-F 8AM-5PM, SA	Email:	<b>HEBERT, STEPHEN A</b>
9AM-5PM	Medical Group(s):	Provider ID: 64573
Website:	IPA: Ucsd Medical Group	Board Certified Specialty: No
Email:	<b>HARVEY, SCOTT A</b>	UCSD MEDICAL GROUP

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## D. Directorio de proveedores de atención especializada

4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-6248  
 Fax:  
 After Hours Phone: (619)  
 543-6248  
 Provider Gender: Male  
 License number: G40602  
 NPI: 1730127069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HERRERO, TIFFANY C**

Provider ID: 270001  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (650) 243-7942  
 Fax:  
 After Hours Phone: (650)  
 243-7942  
 Provider Gender: Female  
 License number: A119846  
 NPI: 1609140524  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Mandarin, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Stanford  
 Health Care, Lucile Salter  
 Packard Childrens Hosp  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **HOANG, MAI P**

Provider ID: 208294  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST

SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A130031  
 NPI: 1104143593  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HOM, MARIANNE S**

Provider ID: 242751  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	Phone: (619) 662-4100	FNDTN
Fax:	Fax: (619) 432-1607	7910 FROST ST STE 430
After Hours Phone: (800) 926-8273	After Hours Phone: (619) 662-4100	SAN DIEGO, CA 92123-2795
Provider Gender: Female	Provider Gender: Female	Phone: (858) 966-6710
License number: A146335	License number: A110645	Fax:
NPI: 1972047397	NPI: 1104963081	After Hours Phone: (858) 966-6710
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider Gender: Female
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Chinese	License number: A99128
Cultural Competency: No	Cultural Competency: No	NPI: 1538146337
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital, Scripps Mercy Hospital, Sharp Mary Birch Hosp For Women	Provider English Spoken: Yes
Medi-Cal Open Panel: Yes	And Newborns	Provider Language(s) Spoken: Cultural Competency: No
Min/Max Age: 16/999	Medi-Cal Open Panel: Yes	Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego
American Sign Language (ASL): No	Min/Max Age: 16/999	Medi-Cal Open Panel: No
♿ Accessibility:	American Sign Language (ASL): No	Min/Max Age: None
Hours: M-F 8AM-5PM, SA 9AM-5PM	♿ Accessibility:	American Sign Language (ASL): No
Website:	Hours: M-F 8AM-5PM, SA 9AM-5PM	♿ Accessibility: W
Email:	Website:	Hours: M-SA 9AM-5PM
Medical Group(s):	Email:	Website:
IPA: Ucsd Medical Group	Medical Group(s):	Email:
<b>HUI, KIM</b>	IPA: Ihp Of Southern California	Medical Group(s):
Provider ID: 295880	<b>HUSKEY, DANA E</b>	IPA: Rady Childrens Health Network
Board Certified Specialty: No	Provider ID: 127325	
IHP OF SOUTHERN CALIFORNIA	Board Certified Specialty: No	
550 WASHINGTON ST STE 331 SAN DIEGO, CA 92103-2227	RADY CHILDRENS SPECIALISTS SAN DIEGO MED	<b>HUSKEY, DANA E</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>Provider ID: 127326  Board Certified Specialty: No  RADY CHILDRENS  SPECIALISTS SAN DIEGO MED  FNDTN  3003 HEALTH CENTER DR  SAN DIEGO, CA 92123-2700  Phone: (858) 966-6710  Fax:  After Hours Phone: (858)  966-6710  Provider Gender: Female  License number: A99128  NPI: 1538146337  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Sharp  Memorial Hospital, Sharp Mary  Birch Hosp For Women And  Newborns, Palomar Medical  Center, Pomerado Hospital,  Sierra Vista Regional Med Ctr,  Rady Childrens Hospital San  Diego  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):</p>	<p>IPA: Rady Childrens Health  Network  <b>KELLY, THOMAS F</b>  Provider ID: 290200  Board Certified Specialty: No  IHP OF SOUTHERN  CALIFORNIA  4290 POLK AVE  SAN DIEGO, CA 92105-1524  Phone: (619) 563-0250  Fax: (858) 633-4681  After Hours Phone: (619)  563-0250  Provider Gender: Male  License number: G60630  NPI: 1336203496  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Scripps Memorial  Hospital, Scripps Mercy  Hospital, Scripps Mercy  Hospital Chula Vista, Scripps  Memorial Hospital Encinitas,  Palomar Medical Center  Medi-Cal Open Panel: Yes  Min/Max Age: 16/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-SA 9AM-5PM  Website:</p>	<p>Email:  Medical Group(s):  IPA: Ihp Of Southern California,  Ucsd Medical Group  <b>KELLY, THOMAS F</b>  Provider ID: 64584  Board Certified Specialty: No  UCSD MEDICAL GROUP  4168 FRONT ST  SAN DIEGO, CA 92103-2030  Phone: (619) 543-7878  Fax:  After Hours Phone: (619)  543-7878  Provider Gender: Male  License number: G60630  NPI: 1336203496  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Scripps Memorial  Hospital, Scripps Mercy  Hospital, Scripps Mercy  Hospital Chula Vista, Scripps  Memorial Hospital Encinitas,  Palomar Medical Center  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Website:</i>	<i>IPA:</i>	<i>Provider ID:</i> 271561
<i>Email:</i>		<i>Board Certified Specialty:</i> No
<i>Medical Group(s):</i>	<b>KLEIN, DAVID A</b>	UCSD MEDICAL GROUP
<i>IPA:</i> Ihp Of Southern California, Ucsd Medical Group	<i>Provider ID:</i> 271560	6030 VILLAGE WAY
	<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92130-2972
	UCSD MEDICAL GROUP	<i>Phone:</i> (800) 926-8273
<b>KINGSTON, JESSICA M</b>	16950 VIA TAZON	<i>Fax:</i>
<i>Provider ID:</i> 64586	SAN DIEGO, CA 92127-1607	<i>After Hours Phone:</i> (800)
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (800) 926-8273	926-8273
UCSD MEDICAL GROUP	<i>Fax:</i>	<i>Provider Gender:</i> Male
4168 FRONT ST	<i>After Hours Phone:</i> (800)	<i>License number:</i> A155090
SAN DIEGO, CA 92103-2030	926-8273	<i>NPI:</i> 1780073635
<i>Phone:</i> (619) 543-6248	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
<i>Fax:</i>	<i>License number:</i> A155090	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1780073635	Spanish
543-6248	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd
<i>License number:</i> A70367	Spanish	Medical Ctr, Ucsd La Jolla John
<i>NPI:</i> 1538106372	<i>Cultural Competency:</i> No	Sally Thornton
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> Yes
<i>Provider Language(s) Spoken:</i>	Medical Ctr, Ucsd La Jolla John	<i>Min/Max Age:</i> 16/999
<i>Cultural Competency:</i> No	Sally Thornton	<i>American Sign Language (ASL):</i>
<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> Yes	No
Medical Ctr, Ucsd La Jolla John	<i>Min/Max Age:</i> 16/999	<i>♿ Accessibility:</i>
Sally Thornton	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Medi-Cal Open Panel:</i> No	No	9AM-5PM
<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i>	<i>Website:</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>
No	9AM-5PM	<i>Medical Group(s):</i>
<i>♿ Accessibility:</i> W	<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>	
<i>Website:</i>	<i>Medical Group(s):</i>	<b>KOHATSU, KAREN E</b>
<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 205481
<i>Medical Group(s):</i>		<i>Board Certified Specialty:</i> No
	<b>KLEIN, DAVID A</b>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>RADY CHILDRENS HEALTH NETWORK 11939 RANCHO BERNARDO RD STE 110 SAN DIEGO, CA 92128-2074 Phone: (858) 618-1156 Fax: (858) 618-3314 After Hours Phone: (858) 618-1156 Provider Gender: Female License number: G70665 NPI: 1679517239 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Pomerado Hospital, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-TH 8:30AM-4:30PM, F 8:30AM-2PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>LACOURSIERE, DAPHNE Y</b> Provider ID: 64594</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030 Phone: (619) 543-7878 Fax: (619) 543-5350 After Hours Phone: (619) 543-7878 Provider Gender: Female License number: A74138 NPI: 1316037922 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>LAMALE-SMITH, LEAH M</b> Provider ID: 208681 Board Certified Specialty: No UCSD MEDICAL GROUP 4910 DIRECTORS PL STE 200 SAN DIEGO, CA 92121-3814</p>	<p>Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A135831 NPI: 1396904876 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>LAMALE-SMITH, LEAH M</b> Provider ID: 285519 Board Certified Specialty: No UCSD MEDICAL GROUP 16950 VIA TAZON SAN DIEGO, CA 92127-1607</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A135831  
 NPI: 1396904876  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### LAMALE-SMITH, LEAH M

Provider ID: 99917  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4910 DIRECTORS PL STE 200  
 SAN DIEGO, CA 92121-3814

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A135831  
 NPI: 1396904876  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### LAROCQUE, TODD M

Provider ID: 295953  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 550 WASHINGTON ST STE 331  
 SAN DIEGO, CA 92103-2227

Phone: (619) 280-7072  
 Fax: (619) 961-0804  
 After Hours Phone: (619) 280-7072  
 Provider Gender: Male  
 License number: C55172  
 NPI: 1225140288  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-6PM, SA 8AM-2PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### LAURENT, LOUISE C

Provider ID: 64595  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

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## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6248  
 Fax:  
 After Hours Phone: (619) 543-6248  
 Provider Gender: Female  
 License number: A80409  
 NPI: 1770532707  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **LIPSCHITZ, LISA S**

Provider ID: 115420  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN DIEGO-BEACH AREA  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444  
 Fax:  
 After Hours Phone: (619) 515-2444  
 Provider Gender: Female  
 License number: A72005  
 NPI: 1649208711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-W 8:30AM-5PM, TH 9:30AM-6PM, F,SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr San Diego-Beach Area  
 IPA:

### **LIPSCHITZ, LISA S**

Provider ID: 115427  
 Board Certified Specialty: No  
 CITY HEIGHTS FAMILY HEALTH CENTERS INC  
 5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619) 515-2400  
 Provider Gender: Female  
 License number: A72005  
 NPI: 1649208711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): City Heights Family Health Centers Inc  
 IPA:

### **LIPSCHITZ, LISA S**

Provider ID: 115428  
 Board Certified Specialty: No  
 DIAMOND NEIGHBORHOODS

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## D. Directorio de proveedores de atención especializada

<p>FAMILY HLTH CTRS INC 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2560 Fax: After Hours Phone: (619) 515-2560 Provider Gender: Female License number: A72005 NPI: 1649208711 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Diamond Neighborhoods Family Hlth Ctrs Inc IPA:</p>	<p>Provider ID: 115432 Board Certified Specialty: No NORTH PARK FAMILY HEALTH CENTERS 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: After Hours Phone: (619) 515-2424 Provider Gender: Female License number: A72005 NPI: 1649208711 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: None ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): North Park Family Health Centers IPA:</p>	<p><b>LIPSCHITZ, LISA S</b> Provider ID: 25621 Board Certified Specialty: No LOGAN HEIGHTS FAMILY HEALTH CENTER 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Provider Gender: Female License number: A72005 NPI: 1649208711 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-F 8AM-5PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Logan Heights Family Health Center</p>
<p><b>LIPSCHITZ, LISA S</b></p>		

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## D. Directorio de proveedores de atención especializada

IPA:	Medical Group(s): Logan Heights Family Health Center IPA:	Email: Medical Group(s): North Park Family Health Centers IPA:
<b>LOEFFLER, ALLISON M</b> Provider ID: 115543 Board Certified Specialty: No LOGAN HEIGHTS FAMILY HEALTH CENTER 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Provider Gender: Female License number: A116680 NPI: 1700073962 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM Website: www.fhcsd.org Email:	<b>LOEFFLER, ALLISON M</b> Provider ID: 115545 Board Certified Specialty: No NORTH PARK FAMILY HEALTH CENTERS 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: After Hours Phone: (619) 515-2424 Provider Gender: Female License number: A116680 NPI: 1700073962 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-SA 9AM-5PM Website: www.fhcsd.org	<b>LOEFFLER, ALLISON M</b> Provider ID: 115560 Board Certified Specialty: No CITY HEIGHTS FAMILY HEALTH CENTERS INC 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400 Provider Gender: Female License number: A116680 NPI: 1700073962 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-F 8:30AM-5:30PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): City Heights Family Health Centers Inc IPA:	ME Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Diamond Neighborhoods Family Hlth Ctrs Inc IPA:	American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Family Hlth Ctr San Diego-Beach Area IPA:
<b>LOEFFLER, ALLISON M</b> Provider ID: 115561 Board Certified Specialty: No DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2560 Fax: After Hours Phone: (619) 515-2560 Provider Gender: Female License number: A116680 NPI: 1700073962 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T,	<b>LOEFFLER, ALLISON M</b> Provider ID: 128426 Board Certified Specialty: No LEMON GROVE FAMILY HEALTH CENTER 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2444 Fax: After Hours Phone: (619) 515-2444 Provider Gender: Female License number: A116680 NPI: 1700073962 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: None	<b>LUKACZ, EMILY S</b> Provider ID: 64604 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030 Phone: (858) 657-8745 Fax: (858) 657-8666 After Hours Phone: (858) 657-8745 Provider Gender: Female License number: A63540 NPI: 1750339446 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W

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## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### MACAULAY, KATHRYN M

Provider ID: 64606

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-7878

Fax: (619) 543-5350

After Hours Phone: (619)

543-7878

Provider Gender: Female

License number: A61603

NPI: 1235154618

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### MACKAY, GILLIAN

Provider ID: 200965

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A113346

NPI: 1770702177

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### MANI, PARVIN P

Provider ID: 242345

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

5555 RESERVOIR DR STE 208

SAN DIEGO, CA 92120-5187

Phone: (619) 583-7555

Fax: (619) 583-0555

After Hours Phone: (619)

583-7555

Provider Gender: Female

License number: A52580

NPI: 1518925015

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Alvarado Hospital Llc,

Sharp Mary Birch Hosp For

Women And Newborns, Ucsd

La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Imperial Health Holdings

Medical Group-Sd

### MANSOUR, ANMAR A

Provider ID: 204717

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## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No COMMUNITY CARE IPA LLC 7695 CARDINAL CT STE 370 SAN DIEGO, CA 92123-3332 Phone: (858) 277-1599 Fax: (858) 277-1475 After Hours Phone: (866) 558-7293 Provider Gender: Female License number: A92470 NPI: 1881617884 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic, Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>MCNALLY, COLLEEN P</b> Provider ID: 209894 Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP 3750 CONVOY ST STE 312 SAN DIEGO, CA 92111-3741 Phone: (619) 543-7400 Fax: (619) 543-7401 After Hours Phone: (619) 543-7400 Provider Gender: Female License number: G74059 NPI: 1114039062 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>MCQUEEN, DANA B</b> Provider ID: 110865 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911</p>	<p>Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Female License number: A141023 NPI: 1669768180 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>MEADOWS, AUDRA R</b> Provider ID: 285741 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273</p>
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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>License number:</i> C171680	<i>Provider Language(s) Spoken:</i>	Spanish
<i>NPI:</i> 1467585521	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd La	<i>Hospital Affiliation:</i> Scripps
<i>Provider Language(s) Spoken:</i>	Jolla John Sally Thornton, Ucsd	Mercy Hospital, Grossmont
<i>Cultural Competency:</i> No	Medical Ctr	Hospital
<i>Hospital Affiliation:</i> Ucsd La	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> 16/999	<i>Min/Max Age:</i> None
Medical Ctr	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> Yes	No	No
<i>Min/Max Age:</i> 16/999	<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i> P, EB, IB, E, R, T, ME
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Hours:</i> M-F 8:30AM-5:30PM, SA
No	9AM-5PM	9AM-5PM
<i>♿ Accessibility:</i>	<i>Website:</i>	<i>Website:</i> www.fhcsd.org
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	<i>Email:</i>
9AM-5PM	<i>Medical Group(s):</i>	<i>Medical Group(s):</i> City Heights
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	Family Health Centers Inc
<i>Email:</i>		<i>IPA:</i>
<i>Medical Group(s):</i>	<b>MELENDEZ BERRIOS, IARA DEL</b>	<b>MELENDEZ BERRIOS, IARA DEL</b>
<i>IPA:</i> Ucsd Medical Group	<b>M</b>	<b>M</b>
<b>MEADOWS, AUDRA R</b>	<i>Provider ID:</i> 115031	<i>Provider ID:</i> 115034
<i>Provider ID:</i> 285742	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
<i>Board Certified Specialty:</i> No	CITY HEIGHTS FAMILY HEALTH	DIAMOND NEIGHBORHOODS
UCSD MEDICAL GROUP	CENTERS INC	FAMILY HLTH CTRS INC
4168 FRONT ST	5454 EL CAJON BLVD	4725 MARKET ST
SAN DIEGO, CA 92103-2030	SAN DIEGO, CA 92115-3621	SAN DIEGO, CA 92102-4715
<i>Phone:</i> (800) 926-8273	<i>Phone:</i> (619) 515-2400	<i>Phone:</i> (619) 515-2560
<i>Fax:</i> (888) 539-8781	<i>Fax:</i>	<i>Fax:</i>
<i>After Hours Phone:</i> (800)	<i>After Hours Phone:</i> (619)	<i>After Hours Phone:</i> (619)
926-8273	515-2400	515-2560
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> C171680	<i>License number:</i> A114181	<i>License number:</i> A114181
<i>NPI:</i> 1467585521	<i>NPI:</i> 1740514249	
	<i>Provider English Spoken:</i> Yes	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NPI: 1740514249  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Diamond Neighborhoods Family Hlth Ctrs Inc  <i>IPA:</i></p>	<p><i>Phone:</i> (619) 515-2424  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2424  <i>Provider Gender:</i> Female  <i>License number:</i> A114181  <i>NPI:</i> 1740514249  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> North Park Family Health Centers  <i>IPA:</i></p>	<p>3705 MISSION BLVD  SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2444  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2444  <i>Provider Gender:</i> Female  <i>License number:</i> A114181  <i>NPI:</i> 1740514249  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Family Hlth Ctr San Diego-Beach Area  <i>IPA:</i></p>
<p><b>MELENDEZ BERRIOS, IARA DEL M</b>  <i>Provider ID:</i> 115051  <i>Board Certified Specialty:</i> No  NORTH PARK FAMILY HEALTH CENTERS  3544 30TH ST  SAN DIEGO, CA 92104-4120</p>	<p><b>MELENDEZ BERRIOS, IARA DEL M</b>  <i>Provider ID:</i> 128388  <i>Board Certified Specialty:</i> No  FAMILY HLTH CTR SAN DIEGO-BEACH AREA</p>	<p><b>MELENDEZ BERRIOS, IARA DEL M</b>  <i>Provider ID:</i> 75971  <i>Board Certified Specialty:</i> No  LOGAN HEIGHTS FAMILY HEALTH CENTER</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Provider Gender: Female  
 License number: A114181  
 NPI: 1740514249  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Grossmont  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: ME  
 Hours: M 8AM-7PM, TU-TH  
 8AM-6PM, F 8AM-5:30PM, SA  
 8AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan  
 Heights Family Health Center  
 IPA:

**MEURICE, MARIELLE  
 ERENDIRA LUCILLE**  
 Provider ID: 284268  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A159003  
 NPI: 1720510779  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French  
 Cultural Competency: No  
 Hospital Affiliation: University  
 Hsp Of San Diego Co, Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**MEURICE, MARIELLE  
 ERENDIRA LUCILLE**  
 Provider ID: 284270  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A159003  
 NPI: 1720510779  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French  
 Cultural Competency: No  
 Hospital Affiliation: University  
 Hsp Of San Diego Co, Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**MILLER, CHRISTINE B**  
 Provider ID: 64614  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-7878  
 Fax: (619) 543-5350  
 After Hours Phone: (619) 543-7878  
 Provider Gender: Female  
 License number: G82246  
 NPI: 1154346583  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MODY, SHEILA K**

Provider ID: 64616  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Phone: (619) 543-6248  
 Fax: (858) 657-8666  
 After Hours Phone: (619) 543-6248  
 Provider Gender: Female  
 License number: A117818  
 NPI: 1952561102  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MOORE, THOMAS R**

Provider ID: 64617  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-7878  
 Fax: (619) 543-5350  
 After Hours Phone: (619) 543-7878  
 Provider Gender: Male

License number: G49930  
 NPI: 1184682379  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Scripps Memorial  
 Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MORAN, THOMAS P**

Provider ID: 270953  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 220 EUCLID AVE STE 30  
 SAN DIEGO, CA 92114-3617  
 Phone: (619) 881-4500  
 Fax:  
 After Hours Phone: (619) 881-4500  
 Provider Gender: Male  
 License number: G59541  
 NPI: 1093887069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Memorial Hospital, Sharp Chula Vista Hospital, Sharp Chula Vista Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>MORAN, THOMAS P</b>  <i>Provider ID:</i> 48123  <i>Board Certified Specialty:</i> No            PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST            2017 1ST AVE STE 100            SAN DIEGO, CA 92101-9001  <i>Phone:</i> (888) 743-7526  <i>Fax:</i>  <i>After Hours Phone:</i> (888) 743-7526  <i>Provider Gender:</i> Male  <i>License number:</i> G59541  <i>NPI:</i> 1093887069  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No</p>	<p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Memorial Hospital, Sharp Chula Vista Hospital, Sharp Chula Vista Med Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 7:30AM-4PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>NGUYEN, SON H</b>  <i>Provider ID:</i> 271018  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            1075 CAMINO DEL RIO S            SAN DIEGO, CA 92108-3538  <i>Phone:</i> (619) 881-4500  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 881-4500  <i>Provider Gender:</i> Male  <i>License number:</i> G63695  <i>NPI:</i> 1548332513  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999</p>	<p><i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>PHAN, TIFFANI T</b>  <i>Provider ID:</i> 295987  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            550 WASHINGTON ST STE 331            SAN DIEGO, CA 92103-2227  <i>Phone:</i> (619) 662-4100  <i>Fax:</i> (619) 432-1607  <i>After Hours Phone:</i> (619) 662-4100  <i>Provider Gender:</i> Female  <i>License number:</i> A161105  <i>NPI:</i> 1134515695  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

American Sign Language (ASL): No	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
♿ Accessibility: P, EB, IB, E, R, T Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: lhp Of Southern California	Website: Email: Medical Group(s): IPA: Ucsd Medical Group	
<b>PINSON, KELSEY A</b> Provider ID: 284286 Board Certified Specialty: No UCSD MEDICAL GROUP 4910 DIRECTORS PL STE 200 SAN DIEGO, CA 92121-3814 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A158192 NPI: 1841722485 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No	<b>PINSON, KELSEY A</b> Provider ID: 284287 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A158192 NPI: 1841722485 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No	<b>PINSON, KELSEY A</b> Provider ID: 284288 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A158192 NPI: 1841722485 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No
	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	Website: Hours: M-F 8AM-5PM, SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>IPA: Ucsd Medical Group</i>	<i>Provider ID: 271537</i>
<i>Medical Group(s):</i>		<i>Board Certified Specialty: No</i>
<i>IPA: Ucsd Medical Group</i>	<b>RESNIK, JAMIE L</b>	<i>UCSD MEDICAL GROUP</i>
<b>RESNIK, JAMIE L</b>	<i>Provider ID: 271536</i>	<i>6030 VILLAGE WAY</i>
<i>Provider ID: 271534</i>	<i>Board Certified Specialty: No</i>	<i>SAN DIEGO, CA 92130-2972</i>
<i>Board Certified Specialty: No</i>	<i>UCSD MEDICAL GROUP</i>	<i>Phone: (800) 926-8273</i>
<i>UCSD MEDICAL GROUP</i>	<i>16950 VIA TAZON</i>	<i>Fax:</i>
<i>4168 FRONT ST</i>	<i>SAN DIEGO, CA 92127-1607</i>	<i>After Hours Phone: (800)</i>
<i>SAN DIEGO, CA 92103-2030</i>	<i>Phone: (800) 926-8273</i>	<i>926-8273</i>
<i>Phone: (800) 926-8273</i>	<i>Fax:</i>	<i>Provider Gender: Female</i>
<i>Fax:</i>	<i>After Hours Phone: (800)</i>	<i>License number: A66580</i>
<i>After Hours Phone: (800)</i>	<i>926-8273</i>	<i>NPI: 1558310557</i>
<i>926-8273</i>	<i>Provider Gender: Female</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Gender: Female</i>	<i>License number: A66580</i>	<i>Provider Language(s) Spoken:</i>
<i>License number: A66580</i>	<i>NPI: 1558310557</i>	<i>Spanish</i>
<i>NPI: 1558310557</i>	<i>Provider English Spoken: Yes</i>	<i>Cultural Competency: No</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation: Ucsd La</i>
<i>Provider Language(s) Spoken:</i>	<i>Spanish</i>	<i>Jolla John Sally Thornton, Ucsd</i>
<i>Spanish</i>	<i>Cultural Competency: No</i>	<i>Medical Ctr</i>
<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Ucsd La</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Hospital Affiliation: Ucsd La</i>	<i>Jolla John Sally Thornton, Ucsd</i>	<i>Min/Max Age: 16/999</i>
<i>Jolla John Sally Thornton, Ucsd</i>	<i>Medical Ctr</i>	<i>American Sign Language (ASL):</i>
<i>Medical Ctr</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>No</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Min/Max Age: 16/999</i>	<i>♿ Accessibility:</i>
<i>Min/Max Age: 16/999</i>	<i>American Sign Language (ASL):</i>	<i>Hours: M-F 8AM-5PM, SA</i>
<i>American Sign Language (ASL):</i>	<i>♿ Accessibility:</i>	<i>9AM-5PM</i>
<i>No</i>	<i>Hours: M-F 8AM-5PM, SA</i>	<i>Website:</i>
<i>♿ Accessibility:</i>	<i>9AM-5PM</i>	<i>Email:</i>
<i>Hours: M-F 8AM-5PM, SA</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>9AM-5PM</i>	<i>Email:</i>	<i>IPA: Ucsd Medical Group</i>
<i>Website:</i>	<i>Medical Group(s):</i>	<b>RESNIK, JAMIE L</b>
<i>Email:</i>	<i>IPA: Ucsd Medical Group</i>	<i>Provider ID: 64633</i>
<i>Medical Group(s):</i>	<b>RESNIK, JAMIE L</b>	<i>Board Certified Specialty: No</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-6248  
 Fax:  
 After Hours Phone: (619)  
 543-6248  
 Provider Gender: Female  
 License number: A66580  
 NPI: 1558310557  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**RIES, MAUREEN C**  
 Provider ID: 124479  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Female  
 License number: A127234  
 NPI: 1750544516  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Indonesian, Spanish, Swahili  
 Cultural Competency: No  
 Hospital Affiliation: University  
 Of California Irvine Med Ctr,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**RIES, MAUREEN C**  
 Provider ID: 125254  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Phone: (619) 543-6248  
 Fax:  
 After Hours Phone: (619)  
 543-6248  
 Provider Gender: Female  
 License number: A127234  
 NPI: 1750544516  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Indonesian, Spanish, Swahili  
 Cultural Competency: No  
 Hospital Affiliation: University  
 Of California Irvine Med Ctr,  
 Ucsd La Jolla John Sally  
 Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-12PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**RIVAS, RENEE N**  
 Provider ID: 284298  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: A173043            NPI: 1295263861            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 16/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Phone: (619) 515-2424            Fax:            After Hours Phone: (619) 515-2424            Provider Gender: Male            License number: A154298            NPI: 1710316450            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: P, EB, IB, E, R, T, ME            Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM            Website: www.fhcsd.org            Email:            Medical Group(s): North Park Family Health Centers            IPA:</p>	<p>FAMILY HLTH CTRS INC            4725 MARKET ST            SAN DIEGO, CA 92102-4715            Phone: (619) 515-2420            Fax:            After Hours Phone: (619) 515-2420            Provider Gender: Male            License number: A154298            NPI: 1710316450            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: P, EB, IB, E, R, T, ME            Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM            Website: www.fhcsd.org            Email:            Medical Group(s): Diamond Neighborhoods Family Hlth Ctrs Inc            IPA:</p>
<p><b>RODRIGUEZ JEREZ, ROBERTO</b>  <b>D</b>            Provider ID: 130080            Board Certified Specialty: No            NORTH PARK FAMILY HEALTH CENTERS            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p><b>RODRIGUEZ JEREZ, ROBERTO</b>  <b>D</b>            Provider ID: 130084            Board Certified Specialty: No            DIAMOND NEIGHBORHOODS</p>	<p><b>RODRIGUEZ JEREZ, ROBERTO</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><b>D</b>  <i>Provider ID:</i> 130085  <i>Board Certified Specialty:</i> No  <b>CITY HEIGHTS FAMILY HEALTH CENTERS INC</b>  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2400  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2400  <i>Provider Gender:</i> Male  <i>License number:</i> A154298  <i>NPI:</i> 1710316450  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> City Heights Family Health Centers Inc</p>	<p><i>IPA:</i>  <b>RODRIGUEZ JEREZ, ROBERTO</b>  <b>D</b>  <i>Provider ID:</i> 130087  <i>Board Certified Specialty:</i> No  <b>FAMILY HLTH CTR SAN DIEGO-BEACH AREA</b>  3705 MISSION BLVD  SAN DIEGO, CA 92109-7104  <i>Phone:</i> (616) 515-2444  <i>Fax:</i>  <i>After Hours Phone:</i> (616) 515-2444  <i>Provider Gender:</i> Male  <i>License number:</i> A154298  <i>NPI:</i> 1710316450  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-TH 8:30AM-5PM, F,SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i></p>	<p><i>Medical Group(s):</i> Family Hlth Ctr San Diego-Beach Area  <i>IPA:</i>  <b>RODRIGUEZ JEREZ, ROBERTO</b>  <b>D</b>  <i>Provider ID:</i> 130088  <i>Board Certified Specialty:</i> No  <b>LOGAN HEIGHTS FAMILY HEALTH CENTER</b>  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Provider Gender:</i> Male  <i>License number:</i> A154298  <i>NPI:</i> 1710316450  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

8AM-5PM Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a> Email: Medical Group(s): Logan Heights Family Health Center IPA:	Medical Group(s): IPA: Ucsd Medical Group  <b>SCHWENDEMANN, WADE D</b> Provider ID: 122023 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 7910 FROST ST STE 430 SAN DIEGO, CA 92123-2795 Phone: (858) 966-6710 Fax: After Hours Phone: (858) 966-6710 Provider Gender: Male License number: A109228 NPI: 1477563302 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No Accessibility: W	Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network  <b>SEFA-BOAKYE, KOFI D</b> Provider ID: 205413 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 286 EUCLID AVE STE 205 SAN DIEGO, CA 92114-3612 Phone: (619) 263-6141 Fax: (619) 263-7236 After Hours Phone: (619) 263-6141 Provider Gender: Male License number: G59670 NPI: 1902993660 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No
<b>SANDOVAL, SELINA M</b> Provider ID: 270560 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST SAN DIEGO, CA 92103-2030 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A167853 NPI: 1336599653 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No Accessibility: Hours: M-SA 9AM-5PM Website: Email:		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

♿ *Accessibility:* W  
*Hours:* M-TH 9AM-5PM, F,SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California,  
 Rady Childrens Health Network

### SEFA-BOAKYE, KOFI D

*Provider ID:* 290713  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 286 EUCLID AVE STE 302  
 SAN DIEGO, CA 92114-3613  
*Phone:* (619) 662-4100  
*Fax:* (619) 428-7952  
*After Hours Phone:* (619)  
 662-4100  
*Provider Gender:* Male  
*License number:* G59670  
*NPI:* 1902993660  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Sharp Coronado  
 Hosp And Healthcare Ctr,  
 Scripps Mercy Hospital Chula  
 Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999

*American Sign Language (ASL):* No  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California,  
 Rady Childrens Health Network

### SEMO, ROBERT J

*Provider ID:* 64642  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-7878  
*Fax:* (619) 543-5350  
*After Hours Phone:* (619)  
 543-7878  
*Provider Gender:* Male  
*License number:* A42951  
*NPI:* 1326030669  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### SHAH, NEMI M

*Provider ID:* 272580  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A168801  
*NPI:* 1558715268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Website:</i>	<i>Medical Group(s):</i>	<i>Provider ID:</i> 284290
<i>Email:</i>	<i>IPA:</i> Ihp Of Southern California	<i>Board Certified Specialty:</i> No
<i>Medical Group(s):</i>	<b>SUTTON, ALICE C</b>	UCSD MEDICAL GROUP
<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 121249	4520 EXECUTIVE DR STE 360
<b>SHUCKETT, ARIEL</b>	<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92121-3020
<i>Provider ID:</i> 290708	UCSD MEDICAL GROUP	<i>Phone:</i> (800) 926-8273
<i>Board Certified Specialty:</i> No	200 W ARBOR DR	<i>Fax:</i> (888) 539-8781
IHP OF SOUTHERN	SAN DIEGO, CA 92103-1911	<i>After Hours Phone:</i> (800)
CALIFORNIA	<i>Phone:</i> (619) 543-6222	926-8273
6973 LINDA VISTA RD	<i>Fax:</i>	<i>Provider Gender:</i> Female
SAN DIEGO, CA 92111-6342	<i>After Hours Phone:</i> (619)	<i>License number:</i> A172670
<i>Phone:</i> (858) 279-0925	543-6222	<i>NPI:</i> 1306372800
<i>Fax:</i> (858) 633-4680	<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (858)	<i>License number:</i> A146708	<i>Provider Language(s) Spoken:</i>
279-0925	<i>NPI:</i> 1669815437	Spanish
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>License number:</i> A144372	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd La
<i>NPI:</i> 1245590124	Spanish	Jolla John Sally Thornton, Ucsd
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	Medical Ctr
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> Yes
<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John	<i>Min/Max Age:</i> 16/999
<i>Hospital Affiliation:</i> Sharp	Sally Thornton	<i>American Sign Language (ASL):</i>
Memorial Hospital, Sharp Mary	<i>Medi-Cal Open Panel:</i> No	No
Birch Hosp For Women And	<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i>
Newborns	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Medi-Cal Open Panel:</i> Yes	No	9AM-5PM
<i>Min/Max Age:</i> 16/999	<i>♿ Accessibility:</i> W	<i>Website:</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>
No	<i>Website:</i>	<i>Medical Group(s):</i>
<i>♿ Accessibility:</i>	<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group
<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>	<b>SUYAMA, JULIE A</b>
<i>Website:</i>	<i>IPA:</i>	<i>Provider ID:</i> 284291
<i>Email:</i>	<b>SUYAMA, JULIE A</b>	<i>Board Certified Specialty:</i> No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A172670  
 NPI: 1306372800  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **THOMAS, STEVEN J**

Provider ID: 64221  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6600  
 Fax: (619) 543-5767  
 After Hours Phone: (619) 543-6600  
 Provider Gender: Male  
 License number: A40379  
 NPI: 1639242589  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **THOMSON, SAMANTHA L**

Provider ID: 285174  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A149038  
 NPI: 1689013468  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **THOMSON, SAMANTHA L**

Provider ID: 285176  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A149038  
 NPI: 1689013468  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **TILFORD, SARAH A**

Provider ID: 126503  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Phone: (619) 543-7878  
 Fax:  
 After Hours Phone: (619) 543-7878  
 Provider Gender: Female  
 License number: A154086  
 NPI: 1194139766  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Bakersfield Memorial Hosp, Palomar Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **TITH, TEVY**

Provider ID: 73303  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795

Phone: (858) 966-6710  
 Fax:  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A103521  
 NPI: 1588816086  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **TRUJILLO, JENNIFER C**

Provider ID: 290128  
 Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IHP OF SOUTHERN CALIFORNIA 950 S EUCLID AVE SAN DIEGO, CA 92114-6201 Phone: (619) 662-4100 Fax: (619) 662-4158 After Hours Phone: (619) 662-4100 Provider Gender: Female License number: 20A8204 NPI: 1053407593 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California	SAN DIEGO, CA 92103-2030 Phone: (619) 543-7878 Fax: (619) 543-5350 After Hours Phone: (619) 543-7878 Provider Gender: Female License number: A96901 NPI: 1619047545 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Phone: (619) 543-6777 Fax: After Hours Phone: (619) 543-6777 Provider Gender: Female License number: A99781 NPI: 1386845162 Provider English Spoken: Yes Provider Language(s) Spoken: French, Portuguese, Spanish, Swahili Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Medical Ctr At Ucsf Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:
<b>VARON, SHIRA</b> Provider ID: 64662 Board Certified Specialty: No UCSD MEDICAL GROUP 4168 FRONT ST	<b>WASHINGTON, SIERRA L</b> Provider ID: 124298 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911	<b>WEBER, AKILAH F</b> Provider ID: 77792 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 7920 FROST ST STE 200

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-7484  
 Fax: (858) 966-4064  
 After Hours Phone: (858) 966-7484  
 Provider Gender: Female  
 License number: C56035  
 NPI: 1760652713  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **WEBER, AKILAH F**

Provider ID: 84961  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax: (858) 657-8666  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: C56035  
 NPI: 1760652713  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **WILLIAMS, KRISTIN M**

Provider ID: 121983  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN

7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
 Phone: (858) 966-6710  
 Fax:  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 License number: A72985  
 NPI: 1992847131  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **WINESBURG, JENNIFER J**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 113743          Board Certified Specialty: No          LOGAN HEIGHTS FAMILY HEALTH CENTER          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113          Phone: (619) 515-2300          Fax:          After Hours Phone: (619) 515-2300          Provider Gender: Female          License number: 20A11535          NPI: 1811162456          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: ME          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website: www.fhcsd.org          Email:          Medical Group(s): Logan Heights Family Health Center          IPA:</p>	<p><b>WINESBURG, JENNIFER J</b>          Provider ID: 114803          Board Certified Specialty: No          CITY HEIGHTS FAMILY HEALTH CENTERS INC          5454 EL CAJON BLVD          SAN DIEGO, CA 92115-3621          Phone: (619) 515-2400          Fax:          After Hours Phone: (619) 515-2400          Provider Gender: Female          License number: 20A11535          NPI: 1811162456          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E, R, T, ME          Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM          Website: www.fhcsd.org          Email:</p>	<p>Medical Group(s): City Heights Family Health Centers Inc          IPA:  <b>WINESBURG, JENNIFER J</b>          Provider ID: 114804          Board Certified Specialty: No          DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC          4725 MARKET ST          SAN DIEGO, CA 92102-4715          Phone: (619) 515-2420          Fax:          After Hours Phone: (619) 515-2420          Provider Gender: Female          License number: 20A11535          NPI: 1811162456          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: P, EB, IB, E, R, T, ME          Hours: M-F 8:30AM-5:30PM, SA</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Diamond Neighborhoods Family Hlth Ctrs Inc IPA:	No ♿ Accessibility: P, EB, IB, E, R, T, ME Hours: M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): North Park Family Health Centers IPA:	Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-TH 8:30AM-5PM, F,SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Family Hlth Ctr San Diego-Beach Area IPA:
<b>WINESBURG, JENNIFER J</b> Provider ID: 114812 Board Certified Specialty: No NORTH PARK FAMILY HEALTH CENTERS 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400 Provider Gender: Female License number: 20A11535 NPI: 1811162456 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL):	<b>WINESBURG, JENNIFER J</b> Provider ID: 128427 Board Certified Specialty: No FAMILY HLTH CTR SAN DIEGO-BEACH AREA 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2444 Fax: After Hours Phone: (619) 515-2444 Provider Gender: Female License number: 20A11535 NPI: 1811162456 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr	<b>WITTGROVE, PERRI LYNNE L</b> Provider ID: 282743 Board Certified Specialty: No UCSD MEDICAL GROUP 3750 CONVOY ST STE 312 SAN DIEGO, CA 92111-3741 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: G56550 NPI: 1497752836 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Alvarado Hospital Llc, Grossmont Hospital, Ucsd

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **WITTGROVE, PERRI LYNNE L**

Provider ID: 282744  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 6719 ALVARADO RD STE 302  
 SAN DIEGO, CA 92120-5263  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: G56550  
 NPI: 1497752836  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton,  
 Alvarado Hospital Llc,  
 Grossmont Hospital, Ucsd

Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **ZHOU, BETH B**

Provider ID: 240067  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A162098  
 NPI: 1558748186  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999

American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **ZIEG, ALAN J**

Provider ID: 114822  
 Board Certified Specialty: No  
 DIAMOND NEIGHBORHOODS  
 FAMILY HLTH CTRS INC  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619)  
 515-2560  
 Provider Gender: Male  
 License number: G78814  
 NPI: 1699790634  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Scripps Mercy  
 Hospital, Sharp Coronado Hosp  
 And Healthcare Ctr, Scripps  
 Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Diamond Neighborhoods Family Hlth Ctrs Inc  <i>IPA:</i></p>	<p><i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> City Heights Family Health Centers Inc  <i>IPA:</i></p>	<p>Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> ME  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Logan Heights Family Health Center  <i>IPA:</i></p>
<p><b>ZIEG, ALAN J</b>  <i>Provider ID:</i> 25639  <i>Board Certified Specialty:</i> No            CITY HEIGHTS FAMILY HEALTH CENTERS INC            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2400  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2400  <i>Provider Gender:</i> Male  <i>License number:</i> G78814  <i>NPI:</i> 1699790634  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps</p>	<p><b>ZIEG, ALAN J</b>  <i>Provider ID:</i> 25640  <i>Board Certified Specialty:</i> No            LOGAN HEIGHTS FAMILY HEALTH CENTER            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Provider Gender:</i> Male  <i>License number:</i> G78814  <i>NPI:</i> 1699790634  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy</p>	<p><b>ZIEG, ALAN J</b>  <i>Provider ID:</i> 25642  <i>Board Certified Specialty:</i> No            SAN DIEGO AMERICAN INDIAN HEALTH CENTER            3544 30TH ST            SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2424  <i>Provider Gender:</i> Male  <i>License number:</i> G78814  <i>NPI:</i> 1699790634  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy</p>

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## D. Directorio de proveedores de atención especializada

Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Scripps  
Mercy Hospital Chula Vista  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
No  
♿ *Accessibility: P, EB, IB, E, R, T,*  
ME  
*Hours: M-SA 9AM-5PM*  
*Website: www.fhcsd.org*  
*Email:*  
*Medical Group(s): North Park*  
Family Health Centers  
*IPA:*

### ZIEG, ALAN J

*Provider ID: 25642*  
*Board Certified Specialty: No*  
NORTH PARK FAMILY HEALTH  
CENTERS  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone: (619) 515-2424*  
*Fax:*  
*After Hours Phone: (619)*  
515-2424  
*Provider Gender: Male*  
*License number: G78814*  
*NPI: 1699790634*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Grossmont*

Hospital, Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Scripps  
Mercy Hospital Chula Vista  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
No  
♿ *Accessibility: P, EB, IB, E, R, T,*  
ME  
*Hours: M-SA 9AM-5PM*  
*Website: www.fhcsd.org*  
*Email:*  
*Medical Group(s): North Park*  
Family Health Centers  
*IPA:*

### ZIEG, ALAN J

*Provider ID: 46812*  
*Board Certified Specialty: No*  
FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone: (619) 515-2444*  
*Fax:*  
*After Hours Phone: (619)*  
515-2444  
*Provider Gender: Male*  
*License number: G78814*  
*NPI: 1699790634*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*

*Hospital Affiliation: Grossmont*  
Hospital, Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Scripps  
Mercy Hospital Chula Vista  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours: M-F 8AM-5PM, SA*  
9AM-5PM  
*Website: www.fhcsd.org*  
*Email:*  
*Medical Group(s): Family Hlth*  
Ctr San Diego-Beach Area  
*IPA:*

### ONCOLOGY MEDICAL

### FLORES, EDNA I

*Provider ID: 115370*  
*Board Certified Specialty: No*  
CALIFORNIA CANCER ASSOCS  
FOR RESEARCH AND EXCELL  
16918 DOVE CANYON RD STE  
103  
SAN DIEGO, CA 92127-3455  
*Phone: (858) 649-5100*  
*Fax: (858) 649-5099*  
*After Hours Phone: (858)*  
649-5100  
*Provider Gender: Female*  
*License number: A114373*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

NPI: 1396994604  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Pioneers Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/120  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FRAKES, LAURIE A , MD**

Provider ID: 241857  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
 Phone: (858) 649-5100  
 Fax: (858) 649-5099  
 After Hours Phone: (858) 649-5100

Provider Gender: Female  
 License number: A52663  
 NPI: 1174595144  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **LAMON, JOEL M**

Provider ID: 68222  
 Board Certified Specialty: No  
 CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455

Phone: (858) 649-5100  
 Fax: (858) 649-5099  
 After Hours Phone: (858) 649-5100  
 Provider Gender: Male  
 License number: G28164  
 NPI: 1699721035  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, German, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Pomerado Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/120  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

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### **OPHTHALMOLOGY**

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### **ABBOUD, JEAN-PAUL J**

Provider ID: 214188  
 Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 200 SAN DIEGO, CA 92123-2776 Phone: (858) 309-7702 Fax: (858) 966-7403 After Hours Phone: (858) 309-7702 Provider Gender: Male License number: A124825 NPI: 1760776728 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic, French Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3750 CONVOY ST STE 1 SAN DIEGO, CA 92111-3738 Phone: (858) 309-7702 Fax: (858) 966-7403 After Hours Phone: (858) 309-7702 Provider Gender: Female License number: OPT14457 NPI: 1942564521 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/99 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>NETWORK 7910 FROST ST STE 200 SAN DIEGO, CA 92123-2776 Phone: (858) 309-7702 Fax: (858) 966-7403 After Hours Phone: (858) 309-7702 Provider Gender: Female License number: OPT14457 NPI: 1942564521 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/99 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<p><b>ADAMS, MONA N</b> Provider ID: 260960</p>	<p><b>ADAMS, MONA N</b> Provider ID: 260963 Board Certified Specialty: No RADY CHILDRENS HEALTH</p>	<p><b>AFSHARI, NATALIE A</b> Provider ID: 63769 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: C51849

NPI: 1538126735

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BANSAL, PREETI**

Provider ID: 205620

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 200

SAN DIEGO, CA 92123-2776

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Provider Gender: Female

License number: A90890

NPI: 1871664631

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,

Grossmont Hospital, Sharp

Mary Birch Hosp For Women

And Newborns, Scripps Mercy  
Hospital Chula Vista, Scripps

Memorial Hospital, Tri City

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **BAXTER, SALLY L**

Provider ID: 272788

Board Certified Specialty: No

UCSD MEDICAL GROUP

4060 4TH AVE STE 610

SAN DIEGO, CA 92103-2144

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A140952

NPI: 1912325184

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **BAXTER, SALLY L**

Provider ID: 272789

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR STE 101

SAN DIEGO, CA 92103-1911

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A140952  
NPI: 1912325184  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BEAZER, ALEX P**

Provider ID: 272803  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A169030  
NPI: 1942662168  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BHATIA, SHAGUN K**

Provider ID: 240636  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776

Phone: (858) 309-7702  
Fax: (858) 966-7403  
After Hours Phone: (858) 309-7702  
Provider Gender: Female  
License number: A154902  
NPI: 1104237353  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **BINDER, NICHOLAS R , MD**

Provider ID: 268751  
Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Male  
 License number: A124698  
 NPI: 1306076716  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R  
 Hours: M-F,SU 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BINDER, NICHOLAS R , MD**  
 Provider ID: 268755  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737

Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Male  
 License number: A124698  
 NPI: 1306076716  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOKOSKY, JOHN E**  
 Provider ID: 206066  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH NETWORK  
 3939 3RD AVE  
 SAN DIEGO, CA 92103-3002

Phone: (800) 765-2737  
 Fax: (619) 291-6577  
 After Hours Phone: (800) 765-2737  
 Provider Gender: Male  
 License number: G51651  
 NPI: 1245215748  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SU 8AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**BOKOSKY, JOHN E**  
 Provider ID: 26909  
 Board Certified Specialty: No  
 EYE CARE OF SAN DIEGO MED OFFICE  
 3939 3RD AVE  
 SAN DIEGO, CA 92103-3002

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 296-8525  
 Fax: (619) 291-6577  
 After Hours Phone: (619) 296-8525  
 Provider Gender: Male  
 License number: G51651  
 NPI: 1245215748  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **BREIDENSTEIN, BRENDA G**

Provider ID: 63817  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: A121728  
 NPI: 1518118124  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BRUMMEL, KIRSTA L**

Provider ID: 240635  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 License number: 20A11590  
 NPI: 1003085481  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ronald Reagan Ucla Med Ctr, Santa Monica Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **BRUMMEL, KIRSTA L**

Provider ID: 294377  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone: (858) 309-7702  
 Provider Gender: Female  
 License number: 20A11590  
 NPI: 1003085481  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ronald Reagan Ucla Med Ctr, Santa Monica Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **CAMP, ANDREW S**

Provider ID: 260020  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 200

SAN DIEGO, CA 92123-2776  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone: (858) 309-7702  
 Provider Gender: Male  
 License number: A142062  
 NPI: 1326300377  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/99  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CHANG, TOM S , MD**

Provider ID: 270361  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737

Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Male  
 License number: A69909  
 NPI: 1609848969  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Armenian, Cantonese, Korean, Mandarin, Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: San Gabriel Valley Med Ctr, Providence Little Co Of Mary Med Ctr Torrance, Methodist Hosp Of Southern California, Hollywood Presbyterian Med Ctr, Riverside Community Hosp, Desert Regional Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CHOPLIN, NEIL T**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 49233 Board Certified Specialty: No EYE CARE OF SAN DIEGO MED OFFICE 3939 3RD AVE SAN DIEGO, CA 92103-3002 Phone: (619) 765-2737 Fax: (619) 291-6577 After Hours Phone: (619) 765-2737 Provider Gender: Male License number: G57042 NPI: 1144205642 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p>200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: A115934 NPI: 1295992550 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi, Tamil Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p>Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: A120923 NPI: 1801057781 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>
<p><b>DORAIRAJ, SYRIL K</b> Provider ID: 63879 Board Certified Specialty: No UCSD MEDICAL GROUP</p>	<p><b>EZON, ISAAC C</b> Provider ID: 63897 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911</p>	<p><b>FERREYRA, HENRY A</b> Provider ID: 63906 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>NPI:</i> 1609258920	<i>Provider English Spoken:</i> Yes
<i>License number:</i> A77921	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>NPI:</i> 1669497822	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>Provider English Spoken:</i> Yes	Spanish	<i>Hospital Affiliation:</i> Ucsd
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	Medical Ctr, Stanford Health
Spanish	<i>Hospital Affiliation:</i> Ucsd	Care, Lucile Salter Packard
<i>Cultural Competency:</i> No	Medical Ctr, Ucsd La Jolla John	Childrens Hosp
<i>Hospital Affiliation:</i> Doctors	Sally Thornton	<i>Medi-Cal Open Panel:</i> No
Medical Center, Ucsd Medical	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> None
Ctr	<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>	No
<i>Min/Max Age:</i> None	No	♿ <i>Accessibility:</i> W
<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>	<i>Hours:</i> M-F 9AM-6PM, SA
No	<i>Hours:</i> M-F 8AM-5PM, SA	9AM-5PM
♿ <i>Accessibility:</i> W	9AM-5PM	<i>Website:</i>
<i>Hours:</i> M-F 9AM-5PM, SA	<i>Website:</i>	<i>Email:</i>
9AM-5PM	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Website:</i>	<i>Medical Group(s):</i>	<i>IPA:</i>
<i>Email:</i>	<i>IPA:</i> Ihp Of Southern California,	<b>GRANET, DAVID B</b>
<i>Medical Group(s):</i>	Ucsd Medical Group	<i>Provider ID:</i> 64567
<i>IPA:</i>		<i>Board Certified Specialty:</i> No
<b>GARFF, KEVIN</b>	<b>GOLDBERG, JEFFREY L</b>	UCSD MEDICAL GROUP
<i>Provider ID:</i> 239606	<i>Provider ID:</i> 83515	4168 FRONT ST
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-2030
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	<i>Phone:</i> (619) 543-6248
200 W ARBOR DR	200 W ARBOR DR	<i>Fax:</i>
SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-1911	<i>After Hours Phone:</i> (619)
<i>Phone:</i> (800) 926-8273	<i>Phone:</i> (619) 543-6222	543-6248
<i>Fax:</i>	<i>Fax:</i>	<i>Provider Gender:</i> Male
<i>After Hours Phone:</i> (800)	<i>After Hours Phone:</i> (619)	<i>License number:</i> G77597
926-8273	543-6222	<i>NPI:</i> 1982629036
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
<i>License number:</i> A160988	<i>License number:</i> A124021	<i>Provider Language(s) Spoken:</i>
	<i>NPI:</i> 1417158114	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	Medical Ctr, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Sharp Grossmont Hospital, Scripps Memorial Hospital
<i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> 0/999
<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>American Sign Language (ASL):</i> No	<i>Accessibility:</i> W	<i>Accessibility:</i> W
<i>Accessibility:</i> W	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Website:</i>	<i>Website:</i>
<i>Website:</i>	<i>Email:</i>	<i>Email:</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc	<i>IPA:</i> Ihp Of Southern California
<i>IPA:</i>		
<b>GUALTIERI, CHRISTOPHER J , MD</b>	<b>HAAK, LOGAN M</b>	<b>HUANG, ALEX A</b>
<i>Provider ID:</i> 252313	<i>Provider ID:</i> 295649	<i>Provider ID:</i> 63968
<i>Board Certified Specialty:</i> Yes	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
COMMUNITY CARE IPA LLC	IHP OF SOUTHERN CALIFORNIA	UCSD MEDICAL GROUP
3969 4TH AVE STE 300	1855 1ST AVE STE 200B	200 W ARBOR DR
SAN DIEGO, CA 92103-3165	SAN DIEGO, CA 92101-2650	SAN DIEGO, CA 92103-1911
<i>Phone:</i> (619) 688-2648	<i>Phone:</i> (858) 863-7597	<i>Phone:</i> (619) 543-6222
<i>Fax:</i> (619) 688-2626	<i>Fax:</i> (606) 203-2861	<i>Fax:</i>
<i>After Hours Phone:</i> (619) 688-2648	<i>After Hours Phone:</i> (858) 863-7597	<i>After Hours Phone:</i> (619) 543-6222
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male
<i>License number:</i> G73020	<i>License number:</i> A110896	<i>License number:</i> A111999
<i>NPI:</i> 1790769156	<i>NPI:</i> 1952565491	<i>NPI:</i> 1821246141
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Farsi, Spanish	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	
	<i>Hospital Affiliation:</i> Tri City	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Mandarin	<i>Provider Language(s) Spoken:</i> Spanish, Tagalog, Vietnamese	Spanish, Tagalog, Vietnamese
<i>Cultural Competency:</i> No	Spanish, Tagalog, Vietnamese	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Huntington Memorial Hospital, Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Memorial Hospital
<i>Medi-Cal Open Panel:</i> No	<i>Hospital Affiliation:</i> Sharp Memorial Hospital	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> None	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/999
<i>American Sign Language (ASL):</i> No	<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i> No
<i>Ⓜ Accessibility:</i> W	<i>American Sign Language (ASL):</i> No	<i>Ⓜ Accessibility:</i> P, EB, IB, E, R, T, W
<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Ⓜ Accessibility:</i> W	<i>Hours:</i> M-SA 8AM-5PM
<i>Website:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Website:</i>
<i>Email:</i>	<i>Website:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>IPA:</i>	<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California
	<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	
<b>HUYNH, PAUL D , MD</b>	<b>HUYNH, PAUL D , MD</b>	<b>HUYNH, PAUL D</b>
<i>Provider ID:</i> 245199	<i>Provider ID:</i> 245200	<i>Provider ID:</i> 295644
<i>Board Certified Specialty:</i> Yes	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> Yes
COMMUNITY CARE IPA LLC	COMMUNITY CARE IPA LLC	IHP OF SOUTHERN CALIFORNIA
10737 CAMINO RUIZ STE 100	4844 UNIVERSITY AVE STE A	10737 CAMINO RUIZ STE 100
SAN DIEGO, CA 92126-2370	SAN DIEGO, CA 92105-8021	SAN DIEGO, CA 92126-2370
<i>Phone:</i> (858) 549-3200	<i>Phone:</i> (619) 283-1303	<i>Phone:</i> (858) 549-3200
<i>Fax:</i> (858) 549-3207	<i>Fax:</i> (619) 283-1666	<i>Fax:</i> (858) 549-3207
<i>After Hours Phone:</i> (858) 549-3200	<i>After Hours Phone:</i> (619) 283-1303	<i>After Hours Phone:</i> (858) 549-3200
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male
<i>License number:</i> A79141	<i>License number:</i> A79141	<i>License number:</i> A79141
<i>NPI:</i> 1871577056	<i>NPI:</i> 1871577056	<i>NPI:</i> 1871577056
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Spanish, Tagalog, Vietnamese <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Memorial Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 18/999 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> W <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	Spanish, Tagalog, Vietnamese <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Memorial Hospital <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 18/999 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W <i>Hours:</i> M-SA 8AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	Spanish, Tagalog, Vietnamese <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Memorial Hospital <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California
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### **HUYNH, PAUL D**

*Provider ID:* 295645  
*Board Certified Specialty:* No  
IHP OF SOUTHERN CALIFORNIA  
4844 UNIVERSITY AVE STE A  
SAN DIEGO, CA 92105-8021  
*Phone:* (619) 283-1303  
*Fax:* (619) 283-1666  
*After Hours Phone:* (619) 283-1303  
*Provider Gender:* Male  
*License number:* A79141  
*NPI:* 1871577056  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

### **HUYNH, PAUL D**

*Provider ID:* 40045  
*Board Certified Specialty:* No  
ADVANCED EYE LASER CTR OF CA INC  
4844 UNIVERSITY AVE STE A  
SAN DIEGO, CA 92105-8021  
*Phone:* (619) 283-1303  
*Fax:*  
*After Hours Phone:* (619) 283-1303  
*Provider Gender:* Male  
*License number:* A79141  
*NPI:* 1871577056  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

### **HUYNH, PAUL D**

*Provider ID:* 40046  
*Board Certified Specialty:* No  
ADVANCED EYE LASER CTR OF CA INC  
10737 CAMINO RUIZ STE 100  
SAN DIEGO, CA 92126-2370  
*Phone:* (858) 549-3200  
*Fax:* (858) 549-3207  
*After Hours Phone:* (858) 549-3200  
*Provider Gender:* Male  
*License number:* A79141  
*NPI:* 1871577056  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>Spanish, Tagalog, Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California</p>	<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Ronald Reagan Ucla Med Ctr, Scripps Mercy Hospital, Tri City Medical Ctr, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Provider Language(s) Spoken:</i>  Spanish, Tagalog, Vietnamese  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Alvarado Hosp Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hospital Llc, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R  <i>Hours:</i> M 10AM-6PM, TU-TH 9AM-5PM, F 8:30AM-4PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>JAIN, ATUL K</b>  <i>Provider ID:</i> 206150  <i>Board Certified Specialty:</i> Yes  <b>RADY CHILDRENS HEALTH NETWORK</b>  7695 CARDINAL CT STE 100  SAN DIEGO, CA 92123-3357  <i>Phone:</i> (858) 609-7100  <i>Fax:</i> (858) 609-7106  <i>After Hours Phone:</i> (858) 609-7100  <i>Provider Gender:</i> Male  <i>License number:</i> A92495  <i>NPI:</i> 1194905711  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Hindi, Spanish</p>	<p><b>KATZMAN, BARRY, MD</b>  <i>Provider ID:</i> 247366  <i>Board Certified Specialty:</i> Yes  <b>COMMUNITY CARE IPA LLC</b>  6945 EL CAJON BLVD  SAN DIEGO, CA 92115-1754  <i>Phone:</i> (619) 697-4600  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (619) 697-4600  <i>Provider Gender:</i> Male  <i>License number:</i> A34834  <i>NPI:</i> 1760473797  <i>Provider English Spoken:</i> Yes</p>	<p><b>KATZMAN, BARRY</b>  <i>Provider ID:</i> 262422  <i>Board Certified Specialty:</i> Yes  <b>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</b>  6945 EL CAJON BLVD  SAN DIEGO, CA 92115-1754  <i>Phone:</i> (619) 697-4600  <i>Fax:</i> (844) 897-3788  <i>After Hours Phone:</i> (619) 697-4600</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Phone:</i> (619) 501-9050	SAN DIEGO, CA 92103-2122
<i>License number:</i> A34834	<i>Fax:</i> (619) 501-9054	<i>Phone:</i> (619) 501-9050
<i>NPI:</i> 1760473797	<i>After Hours Phone:</i> (619)	<i>Fax:</i> (619) 501-9054
<i>Provider English Spoken:</i> Yes	501-9050	<i>After Hours Phone:</i> (619)
<i>Provider Language(s) Spoken:</i>	<i>Provider Gender:</i> Male	501-9050
Spanish, Tagalog, Vietnamese	<i>License number:</i> A163142	<i>Provider Gender:</i> Male
<i>Cultural Competency:</i> No	<i>NPI:</i> 1548605843	<i>License number:</i> A163142
<i>Hospital Affiliation:</i> Alvarado	<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1548605843
Hosp Med Ctr, Sharp Memorial	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes
Hospital, Paradise Valley	Bengali, Hindi	<i>Provider Language(s) Spoken:</i>
Hospital, Alvarado Hospital Llc,	<i>Cultural Competency:</i> No	Bengali, Hindi
Grossmont Hospital	<i>Hospital Affiliation:</i> Scripps	<i>Cultural Competency:</i> No
<i>Medi-Cal Open Panel:</i> Yes	Mercy Hospital, Scripps	<i>Hospital Affiliation:</i> Scripps
<i>Min/Max Age:</i> 0/999	Memorial Hospital, Scripps	Mercy Hospital, Scripps
<i>American Sign Language (ASL):</i>	Mercy Hospital Chula Vista	Memorial Hospital, Scripps
No	<i>Medi-Cal Open Panel:</i> Yes	Mercy Hospital Chula Vista
<i>Accessibility:</i> P, EB, IB, E, R	<i>Min/Max Age:</i> 0/999	<i>Medi-Cal Open Panel:</i> Yes
<i>Hours:</i> M 10AM-6PM, TU-TH	<i>American Sign Language (ASL):</i>	<i>Min/Max Age:</i> 0/999
9AM-5PM, F 8:30AM-4PM, SA	No	<i>American Sign Language (ASL):</i>
9AM-5PM	<i>Accessibility:</i>	No
<i>Website:</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Accessibility:</i>
<i>Email:</i>	9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Medical Group(s):</i>	<i>Website:</i>	9AM-5PM
IPA: Community Care Ipa Llc,	<i>Email:</i>	<i>Website:</i>
Imperial Health Holdings	<i>Medical Group(s):</i>	<i>Email:</i>
Medical Group-Sd	IPA: Community Care Ipa Llc,	<i>Medical Group(s):</i>
	Ihp Of Southern California	IPA: Community Care Ipa Llc,
		Ihp Of Southern California
<b>KHAN, FAHAD H</b>	<b>KHAN, FAHAD H</b>	<b>KIKKAWA, DON O</b>
<i>Provider ID:</i> 293598	<i>Provider ID:</i> 295679	<i>Provider ID:</i> 64004
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
COMMUNITY CARE IPA LLC	IHP OF SOUTHERN	UCSD MEDICAL GROUP
233 LEWIS ST	CALIFORNIA	200 W ARBOR DR
SAN DIEGO, CA 92103-2122	233 LEWIS ST	

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: G65447  
 NPI: 1932202371  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KLING, LANNING B**

Provider ID: 239915  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103-2144

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G31557  
 NPI: 1841227477  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **KORN, BOBBY S**

Provider ID: 64015  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A81749  
 NPI: 1174551006  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LEE, JEFFREY E**

Provider ID: 64032  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Male

License number: A97291

NPI: 1801943279

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Yue Chinese

Cultural Competency: No

Hospital Affiliation: Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **LIU, XIONGFEI**

Provider ID: 239817

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A144438

NPI: 1497135156

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Chinese, Mandarin

Cultural Competency: No

Hospital Affiliation: Mercy  
General Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LIU, YUNXIANG**

Provider ID: 210803

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776

Phone: (858) 309-7702

Fax:

After Hours Phone: (858)  
309-7702

Provider Gender: Female

License number: A129713

NPI: 1770849804

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr, Rady Childrens  
Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **LI, ALEXANDRIA L**

Provider ID: 272833

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: A168107            NPI: 1841652864            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Phone: (619) 697-4600            Fax: (619) 465-5526            After Hours Phone: (619) 697-4600            Provider Gender: Male            License number: A155228            NPI: 1588624852            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility: P, EB, IB, E, R            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Phone: (800) 898-2020            Fax: (844) 897-3788            After Hours Phone: (800) 898-2020            Provider Gender: Male            License number: A155228            NPI: 1588624852            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>
<p><b>MCGRAW, JOSEPH P , MD</b>            Provider ID: 269702            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            6945 EL CAJON BLVD            SAN DIEGO, CA 92115-1754</p>	<p><b>MCGRAW, JOSEPH P , MD</b>            Provider ID: 269704            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            4344 CONVOY ST STE C2            SAN DIEGO, CA 92111-3737</p>	<p><b>MILLER, DOUGLAS G</b>            Provider ID: 262442            Board Certified Specialty: No            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD            6945 EL CAJON BLVD            SAN DIEGO, CA 92115-1754</p>

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## D. Directorio de proveedores de atención especializada

Phone: (800) 898-2020	Phone: (800) 898-2020	Phone: (800) 898-2020
Fax: (844) 897-3788	Fax: (844) 897-3788	Fax: (844) 897-3788
After Hours Phone: (800) 898-2020	After Hours Phone: (800) 898-2020	After Hours Phone: (800) 898-2020
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: G52627	License number: G52627	License number: G52627
NPI: 1982636031	NPI: 1982636031	NPI: 1982636031
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese	Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese	Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation:	Hospital Affiliation:	Hospital Affiliation:
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Min/Max Age: 0/999	Min/Max Age: 0/999	Min/Max Age: 0/999
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility: P, EB, IB, E, R	♿ Accessibility:	♿ Accessibility: P, EB, IB, E, R
Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
Website:	Website:	Website:
Email:	Email:	Email:
Medical Group(s):	Medical Group(s):	Medical Group(s):
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MILLER, DOUGLAS G**

Provider ID: 262443  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737

### **MILLER, DOUGLAS G , MD**

Provider ID: 99211  
 Board Certified Specialty: No  
 WEST COAST EYE CARE  
 ASSOCS  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754

### **MILLER, DOUGLAS G , MD**

Provider ID: 99220  
 Board Certified Specialty: No  
 WEST COAST EYE CARE  
 ASSOCS MED GRP  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737

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## D. Directorio de proveedores de atención especializada

<p>Phone: (800) 898-2020            Fax: (844) 897-3788            After Hours Phone: (800) 898-2020            Provider Gender: Male            License number: G52627            NPI: 1982636031            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Imperial Health Holdings            Medical Group-Sd</p>	<p>Phone: (619) 471-9163            Fax:            After Hours Phone: (619) 471-9163            Provider Gender: Female            License number: A137200            NPI: 1386933240            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Monterey Park Hospital, Monterey Park Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (858) 309-7702            Fax: (858) 966-7403            After Hours Phone: (858) 309-7702            Provider Gender: Female            License number: A105472            NPI: 1861648602            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Ucsf Benioff Children's Hospital Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>MOAYEDPARDAZI, HAMIDEH S</b>            Provider ID: 99620            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911</p>	<p><b>MOLL, ANGELA M</b>            Provider ID: 205510            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            7910 FROST ST STE 200            SAN DIEGO, CA 92123-2776</p>	<p><b>MOLL, ANGELA M</b>            Provider ID: 52616            Board Certified Specialty: No            RADY CHILDRENS</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

SPECIALISTS SAN DIEGO MED  
FNDTN

7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776  
Phone: (858) 309-7702

Fax:  
After Hours Phone: (858)  
309-7702

Provider Gender: Female  
License number: A105472  
NPI: 1861648602

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Grossmont Hospital, Sharp  
Memorial Hospital, Childrens  
Hosp And Resrch Ctr At  
Oakland, Scripps Mercy  
Hospital, Scripps Mercy  
Hospital Chula Vista

Medi-Cal Open Panel: No  
Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W  
Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

**MORRISON-REYES, JOSHUA A**

Provider ID: 107891  
Board Certified Specialty: No  
RETINA INSTITUTE OF CA

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
Phone: (800) 898-2020

Fax: (844) 897-3788  
After Hours Phone: (800)  
898-2020

Provider Gender: Male  
License number: A125435  
NPI: 1235366782

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

Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Memorial  
Hospital, Sharp Memorial  
Hospital

Medi-Cal Open Panel: Yes  
Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings

Medical Group-Sd

**MORRISON-REYES, JOSHUA A**

Provider ID: 107920  
Board Certified Specialty: No  
WEST COAST EYE CARE

ASSOCS MED GRP  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737

Phone: (858) 565-8822  
Fax: (858) 565-2449  
After Hours Phone: (858)

565-8822  
Provider Gender: Male  
License number: A125435

NPI: 1235366782  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Memorial

Hospital, Sharp Memorial  
Hospital

Medi-Cal Open Panel: Yes  
Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **MORRISON-REYES, JOSHUA A , MD**

Provider ID: 269178  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
Phone: (800) 898-2020  
Fax: (844) 897-3788  
After Hours Phone: (800)  
898-2020  
Provider Gender: Male  
License number: A125435  
NPI: 1235366782  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Memorial  
Hospital, Sharp Memorial  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **MORTON, ASA D**

Provider ID: 44922  
Board Certified Specialty: No  
EYE CARE OF SAN DIEGO MED  
OFFICE  
3939 3RD AVE  
SAN DIEGO, CA 92103-3002  
Phone: (800) 765-2737  
Fax: (619) 692-6228  
After Hours Phone: (800)  
765-2737  
Provider Gender: Male  
License number: G68919  
NPI: 1780669283  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Scripps Mercy Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA:

### **MOVAGHAR, MANSOOR**

Provider ID: 216412  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776  
Phone: (858) 309-7702  
Fax:  
After Hours Phone: (858)  
309-7702  
Provider Gender: Male  
License number: A100897  
NPI: 1497792220  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

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## D. Directorio de proveedores de atención especializada

### NAJAFI, DAVID J

Provider ID: 25719

Board Certified Specialty: No

LOGAN HEIGHTS FAMILY

HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Provider Gender: Male

License number: A68124

NPI: 1396715991

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Persian, Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy

Hospital, Scripps Memorial

Hospital, Sharp Memorial

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: ME

Hours: M,TU,TH 8:30AM-6PM,

W 9AM-5PM, F,SA 8:30AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Logan

Heights Family Health Center

IPA:

### NG, DIANA

Provider ID: 270011

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

10737 CAMINO RUIZ STE 100

SAN DIEGO, CA 92126-2370

Phone: (858) 549-3200

Fax:

After Hours Phone: (858)

549-3200

Provider Gender: Female

License number: A115695

NPI: 1710112941

Provider English Spoken: Yes

Provider Language(s) Spoken:

Chinese, Yue Chinese

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### NUDLEMAN, ERIC D

Provider ID: 205860

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3750 CONVOY ST STE 301

SAN DIEGO, CA 92111-3741

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)

309-7702

Provider Gender: Male

License number: A131592

NPI: 1154582575

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### NUDLEMAN, ERIC D

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 94672            Board Certified Specialty: No            RADY CHILDRENS            SPECIALISTS SAN DIEGO MED            FNDTN            3750 CONVOY ST STE 301            SAN DIEGO, CA 92111-3741            Phone: (858) 309-7702            Fax: (858) 966-7403            After Hours Phone: (858)            309-7702            Provider Gender: Male            License number: A131592            NPI: 1154582575            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd La            Jolla John Sally Thornton, Ucsd            Medical Ctr, Rady Childrens            Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p>	<p>Provider ID: 84307            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911            Phone: (619) 543-6222            Fax:            After Hours Phone: (619)            543-6222            Provider Gender: Male            License number: A116707            NPI: 1629263421            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd            Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-F 9AM-6PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p> <p><b>O'HALLORAN, HENRY S</b>            Provider ID: 205888            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK</p>	<p>7910 FROST ST STE 200            SAN DIEGO, CA 92123-2776            Phone: (858) 309-7702            Fax: (858) 966-7403            After Hours Phone: (858)            309-7702            Provider Gender: Male            License number: A73282            NPI: 1235287947            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Grossmont            Hospital, Scripps Mercy            Hospital, Scripps Mercy            Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p> <p><b>O'HALLORAN, HENRY S</b>            Provider ID: 52619            Board Certified Specialty: No            RADY CHILDRENS            SPECIALISTS SAN DIEGO MED</p>
<p><b>O'BRIEN, CHRISTOPHER P</b></p>		

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## D. Directorio de proveedores de atención especializada

FNDDTN 7910 FROST ST STE 200 SAN DIEGO, CA 92123-2776 Phone: (858) 309-7702 Fax: After Hours Phone: (858) 309-7702 Provider Gender: Male License number: A73282 NPI: 1235287947 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A161485 NPI: 1073992731 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (858) 309-7702 Fax: (858) 966-7403 After Hours Phone: (858) 309-7702 Provider Gender: Female License number: A143429 NPI: 1184983728 Provider English Spoken: Yes Provider Language(s) Spoken: Gujarati, Spanish Cultural Competency: No Hospital Affiliation: Palomar Medical Center, Pomerado Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>OZZELLO, DANIEL J</b> Provider ID: 241984 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR	<b>PANSARA, MEGHA L</b> Provider ID: 277166 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223	<b>PANSARA, MEGHA L</b> Provider ID: 286602 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 200 SAN DIEGO, CA 92123-2776

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 309-7702            Fax: (858) 966-7403            After Hours Phone: (858) 309-7702            Provider Gender: Female            License number: A143429            NPI: 1184983728            Provider English Spoken: Yes            Provider Language(s) Spoken: Gujarati, Spanish            Cultural Competency: No            Hospital Affiliation: Palomar Medical Center, Pomerado Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Phone: (800) 898-2020            Fax: (844) 897-3788            After Hours Phone: (800) 898-2020            Provider Gender: Male            License number: A108603            NPI: 1710171434            Provider English Spoken: Yes            Provider Language(s) Spoken: Arabic, Gujarati, Spanish, Tagalog, Vietnamese            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility: P, EB, IB, E, R            Hours: M,W 8AM-4PM, TU,TH-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>MEDICAL GROUP-SD            4344 CONVOY ST STE C2            SAN DIEGO, CA 92111-3737            Phone: (800) 898-2020            Fax: (844) 897-3788            After Hours Phone: (800) 898-2020            Provider Gender: Male            License number: A108603            NPI: 1710171434            Provider English Spoken: Yes            Provider Language(s) Spoken: Arabic, Gujarati, Spanish, Tagalog, Vietnamese            Cultural Competency: No            Hospital Affiliation: Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>PATEL, GITANE</b>            Provider ID: 262316            Board Certified Specialty: No            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD            6945 EL CAJON BLVD            SAN DIEGO, CA 92115-1754</p>	<p><b>PATEL, GITANE</b>            Provider ID: 262321            Board Certified Specialty: No            IMPERIAL HEALTH HOLDINGS</p>	<p><b>PATEL, GITANE, MD</b>            Provider ID: 268738</p>

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
 898-2020  
*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Gujarati, Spanish,  
 Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Paradise Valley  
 Hospital, Scripps Memorial  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M,W 8AM-4PM,  
 TU,TH-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **PATEL, GITANE, MD**

*Provider ID:* 268743  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
 898-2020  
*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Gujarati, Spanish,  
 Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Paradise Valley  
 Hospital, Scripps Memorial  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings

Medical Group-Sd

### **PATEL, SARJAN H**

*Provider ID:* 262402  
*Board Certified Specialty:* Yes  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:* (619)  
 697-4600  
*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Gujarati, Hindi, Spanish,  
 Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc, Grossmont  
 Hospital, Scripps Memorial  
 Hospital, Paradise Valley  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>PATEL, SARJAN H</b></p> <p>Provider ID: 262405</p> <p>Board Certified Specialty: No</p> <p>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD 4344 CONVOY ST STE C2 SAN DIEGO, CA 92111-3737 Phone: (800) 898-2020 Fax: (844) 897-3788 After Hours Phone: (800) 898-2020</p> <p>Provider Gender: Male</p> <p>License number: A114976</p> <p>NPI: 1316199326</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Gujarati, Hindi, Spanish, Tagalog, Vietnamese</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p>	<p>♿ Accessibility:</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>PATEL, SARJAN H , MD</b></p> <p>Provider ID: 268798</p> <p>Board Certified Specialty: Yes</p> <p>COMMUNITY CARE IPA LLC 6945 EL CAJON BLVD SAN DIEGO, CA 92115-1754 Phone: (619) 697-4600 Fax: (619) 697-2410 After Hours Phone: (619) 697-4600</p> <p>Provider Gender: Male</p> <p>License number: A114976</p> <p>NPI: 1316199326</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Gujarati, Hindi, Spanish, Tagalog, Vietnamese</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital</p> <p>Medi-Cal Open Panel: Yes</p>	<p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, EB, IB, E, R, W</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>PATEL, SARJAN H , MD</b></p> <p>Provider ID: 268801</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC 4344 CONVOY ST STE C2 SAN DIEGO, CA 92111-3737 Phone: (800) 898-2020 Fax: (844) 897-3788 After Hours Phone: (800) 898-2020</p> <p>Provider Gender: Male</p> <p>License number: A114976</p> <p>NPI: 1316199326</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Gujarati, Hindi, Spanish, Tagalog, Vietnamese</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hospital, Paradise Valley Hospital <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0/999</i> <i>American Sign Language (ASL): No</i> 🔊 <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i> <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</i>	Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Grossmont Hospital, Scripps Memorial Hospital <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0/999</i> <i>American Sign Language (ASL): No</i> 🔊 <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i> <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i>	Vietnamese <i>Cultural Competency: No</i> <i>Hospital Affiliation: Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Grossmont Hospital, Scripps Memorial Hospital</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 18/999</i> <i>American Sign Language (ASL): No</i> 🔊 <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i> <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i>
<b>PHAN, RYAN</b> <i>Provider ID: 287883</i> <i>Board Certified Specialty: No</i> COMMUNITY CARE IPA LLC 10737 CAMINO RUIZ SAN DIEGO, CA 92126-2359 <i>Phone: (858) 549-3200</i> <i>Fax: (858) 549-3207</i> <i>After Hours Phone: (858) 549-3200</i> <i>Provider Gender: Male</i> <i>License number: A168006</i> <i>NPI: 1588027213</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken: Vietnamese</i> <i>Cultural Competency: No</i> <i>Hospital Affiliation: Sharp</i>	<b>PHAN, RYAN</b> <i>Provider ID: 295646</i> <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CALIFORNIA 10737 CAMINO RUIZ SAN DIEGO, CA 92126-2359 <i>Phone: (858) 549-3200</i> <i>Fax: (858) 549-3207</i> <i>After Hours Phone: (858) 549-3200</i> <i>Provider Gender: Male</i> <i>License number: A168006</i> <i>NPI: 1588027213</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i>	<b>PHAN, RYAN</b> <i>Provider ID: 295647</i> <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CALIFORNIA 4844 UNIVERSITY AVE STE A SAN DIEGO, CA 92105-8021 <i>Phone: (619) 283-1303</i> <i>Fax: (619) 283-1666</i> <i>After Hours Phone: (619) 283-1303</i> <i>Provider Gender: Male</i> <i>License number: A168006</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NPI: 1588027213  Provider English Spoken: Yes  Provider Language(s) Spoken: Vietnamese  Cultural Competency: No  Hospital Affiliation: Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Grossmont Hospital, Scripps Memorial Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 18/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-7PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Ihp Of Southern California</p>	<p>Phone: (800) 898-2020  Fax: (844) 897-3788  After Hours Phone: (800) 898-2020  Provider Gender: Female  License number: A115965  NPI: 1982872552  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese  Cultural Competency: No  Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility: P, EB, IB, E, R  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  4344 CONVOY ST STE C2  SAN DIEGO, CA 92111-3737  Phone: (800) 898-2020  Fax: (844) 897-3788  After Hours Phone: (800) 898-2020  Provider Gender: Female  License number: A115965  NPI: 1982872552  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese  Cultural Competency: No  Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>PRABHU, SUJATA P</b>  Provider ID: 262389  Board Certified Specialty: No  IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  6945 EL CAJON BLVD  SAN DIEGO, CA 92115-1754</p>	<p><b>PRABHU, SUJATA P</b>  Provider ID: 262392  Board Certified Specialty: No</p>	

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## D. Directorio de proveedores de atención especializada

### **PRABHU, SUJATA P , MD**

*Provider ID:* 268916  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PRABHU, SUJATA P , MD**

*Provider ID:* 268919  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **ROBINSON, FANE L**

*Provider ID:* 206038  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH NETWORK  
 7695 CARDINAL CT STE 100  
 SAN DIEGO, CA 92123-3357  
*Phone:* (858) 609-7100  
*Fax:* (858) 609-7113  
*After Hours Phone:* (858) 609-7100  
*Provider Gender:* Male  
*License number:* A45990  
*NPI:* 1295894368  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>ROBINSON, FANE L</b> Provider ID: 26659 Board Certified Specialty: No SAN DIEGO RETINA ASSOCIATES A MED CORP 7695 CARDINAL CT STE 100 SAN DIEGO, CA 92123-3357 Phone: (858) 609-7100 Fax: After Hours Phone: (858) 609-7100 Provider Gender: Male License number: A45990 NPI: 1295894368 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: sdretina.com Email:</p>	<p>Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>SAID, BISHOY</b> Provider ID: 64170 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: A110408 NPI: 1861649238 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic, Spanish Cultural Competency: No Hospital Affiliation: Palomar Medical Center, Palomar Health, Sharp Memorial Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email:</p>	<p>Medical Group(s): IPA:</p> <p><b>SATO, MICHELLE A</b> Provider ID: 84772 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 543-3000 Fax: After Hours Phone: (800) 543-3000 Provider Gender: Female License number: A125720 NPI: 1225326580 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-6PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>SHAW, BLAKE R</b> Provider ID: 40204</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No  SAN DIEGO AMERICAN INDIAN  HEALTH CENTER  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619)  515-2300  <i>Provider Gender:</i> Male  <i>License number:</i> G61394  <i>NPI:</i> 1649206541  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M 8:30AM-7:30PM, TU-F  8:30AM-5:30PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Logan  Heights Family Health Center  <i>IPA:</i></p>	<p>HEALTH CENTER  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619)  515-2300  <i>Provider Gender:</i> Male  <i>License number:</i> G61394  <i>NPI:</i> 1649206541  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M 8:30AM-7:30PM, TU-F  8:30AM-5:30PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Logan  Heights Family Health Center  <i>IPA:</i></p>	<p><i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619)  543-6222  <i>Provider Gender:</i> Male  <i>License number:</i> C25107  <i>NPI:</i> 1306971239  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd  Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>  No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA  9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>SHAW, BLAKE R</b>  <i>Provider ID:</i> 40204  <i>Board Certified Specialty:</i> No  LOGAN HEIGHTS FAMILY</p>	<p><b>SLIGHT, JOHN R</b>  <i>Provider ID:</i> 64205  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911</p>	<p><b>SMITH, MARK D</b>  <i>Provider ID:</i> 206136  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH  NETWORK  7695 CARDINAL CT STE 100  SAN DIEGO, CA 92123-3357</p>

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## D. Directorio de proveedores de atención especializada

Phone: (858) 609-7100  
 Fax: (858) 609-7106  
 After Hours Phone: (858) 609-7100  
 Provider Gender: Male  
 License number: G55641  
 NPI: 1255490330  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Sharp Memorial Hospital, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **SMITH, MARK D**

Provider ID: 48364  
 Board Certified Specialty: No  
 SAN DIEGO RETINA ASSOCIATES A MED CORP  
 7695 CARDINAL CT STE 100  
 SAN DIEGO, CA 92123-3357

Phone: (858) 609-7100  
 Fax: (858) 609-7106  
 After Hours Phone: (858) 609-7100  
 Provider Gender: Male  
 License number: G55641  
 NPI: 1255490330  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Sharp Memorial Hospital, Tri City Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website: sdretina.com  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **TSAI, FRANK F**

Provider ID: 92169  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A130661  
 NPI: 1043530777  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **TUNG, JONATHAN D**

Provider ID: 64232  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>License number:</i> A110281	<i>Provider Language(s) Spoken:</i> Armenian, Hebrew, Mandarin, Spanish, Vietnamese, Yue	<i>Provider Language(s) Spoken:</i> Mandarin
<i>NPI:</i> 1649505744	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> San Gabriel Medical Ctr	<i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
<i>Provider Language(s) Spoken:</i> Chinese	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> No
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 5/99	<i>Min/Max Age:</i> None
<i>Hospital Affiliation:</i> Ucsd Medical Ctr	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>Medi-Cal Open Panel:</i> No	<i>Accessibility:</i> W	<i>Accessibility:</i> W
<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>American Sign Language (ASL):</i> No	<i>Website:</i>	<i>Website:</i>
<i>Accessibility:</i> W	<i>Email:</i>	<i>Email:</i>
<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>Website:</i>	<i>IPA:</i> Community Care Ipa Llc	<i>IPA:</i>
<i>Email:</i>		
<i>Medical Group(s):</i>		
<i>IPA:</i>		
<b>WAINESS, REID M , MD</b>	<b>WANG, AARON S</b>	<b>WU, CHRIS Y</b>
<i>Provider ID:</i> 254762	<i>Provider ID:</i> 101347	<i>Provider ID:</i> 239583
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
COMMUNITY CARE IPA LLC	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
4344 CONVOY ST STE C2	200 W ARBOR DR	200 W ARBOR DR
SAN DIEGO, CA 92111-3737	SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-1911
<i>Phone:</i> (800) 898-2020	<i>Phone:</i> (619) 543-6222	<i>Phone:</i> (800) 926-8273
<i>Fax:</i> (844) 897-3788	<i>Fax:</i>	<i>Fax:</i>
<i>After Hours Phone:</i> (800) 898-2020	<i>After Hours Phone:</i> (619) 543-6222	<i>After Hours Phone:</i> (800) 926-8273
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male
<i>License number:</i> A108766	<i>License number:</i> A136483	<i>License number:</i> A161633
<i>NPI:</i> 1396935979	<i>NPI:</i> 1790078129	<i>NPI:</i> 1265829345
		<i>Provider English Spoken:</i> Yes
		<i>Provider Language(s) Spoken:</i>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Mandarin, Spanish	<i>Provider Language(s) Spoken:</i>	Farsi, French
<i>Cultural Competency:</i> No	Japanese, Spanish	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Ucsd	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i>
Medical Ctr, Ucsd La Jolla John	<i>Hospital Affiliation:</i> Scripps	<i>Medi-Cal Open Panel:</i> No
Sally Thornton, Santa Barbara	Mercy Hospital, Sharp Memorial	<i>Min/Max Age:</i> None
Cottage Hosp	Hospital, Scripps Mercy	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> Yes	Hospital Chula Vista	No
<i>Min/Max Age:</i> 0/999	<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i> W
<i>American Sign Language (ASL):</i>	<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-F 9AM-5PM, SA
No	<i>American Sign Language (ASL):</i>	9AM-5PM
♿ <i>Accessibility:</i>	No	<i>Website:</i>
<i>Hours:</i> M-F 8AM-5PM, SA	♿ <i>Accessibility:</i> W	<i>Email:</i>
9AM-5PM	<i>Hours:</i> M-F 9AM-5PM, SA	<i>Medical Group(s):</i>
<i>Website:</i>	9AM-5PM	<i>IPA:</i>
<i>Email:</i>	<i>Website:</i>	<b>ZABANEH, ALEXANDER I</b>
<i>Medical Group(s):</i>	<i>Email:</i>	<i>Provider ID:</i> 262171
<i>IPA:</i> Ucsd Medical Group	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
	<i>IPA:</i> Ihp Of Southern California	IMPERIAL HEALTH HOLDINGS
<b>YAMADA, KENTARO E</b>		MEDICAL GROUP-SD
<i>Provider ID:</i> 295848	<b>YAMAGATA, ASMANEH S</b>	4344 CONVOY ST STE C2
<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 84254	SAN DIEGO, CA 92111-3737
IHP OF SOUTHERN	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (760) 564-2500
CALIFORNIA	UCSD MEDICAL GROUP	<i>Fax:</i> (858) 565-2449
1040 UNIVERSITY AVE STE	200 W ARBOR DR	<i>After Hours Phone:</i> (760)
B209A	SAN DIEGO, CA 92103-1911	564-2500
SAN DIEGO, CA 92103-7328	<i>Phone:</i> (619) 543-6222	<i>Provider Gender:</i> Male
<i>Phone:</i> (619) 299-1100	<i>Fax:</i>	<i>License number:</i> A154697
<i>Fax:</i> (619) 299-7156	<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1346687233
<i>After Hours Phone:</i> (619)	543-6222	<i>Provider English Spoken:</i> Yes
299-1100	<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>
<i>Provider Gender:</i> Male	<i>License number:</i> A124917	Arabic
<i>License number:</i> A95387	<i>NPI:</i> 1174754022	<i>Cultural Competency:</i> No
<i>NPI:</i> 1629047188	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Scripps
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	

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## D. Directorio de proveedores de atención especializada

Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### ZABANEH, ALEXANDER I , MD

Provider ID: 269122

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

6945 EL CAJON BLVD

SAN DIEGO, CA 92115-1754

Phone: (619) 697-4600

Fax: (619) 464-5526

After Hours Phone: (619)

697-4600

Provider Gender: Male

License number: A154697

NPI: 1346687233

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Paradise

Valley Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### ZHU, FEILIN A

Provider ID: 99924

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Female

License number: A135422

NPI: 1497045041

Provider English Spoken: Yes

Provider Language(s) Spoken:

Mandarin

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

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### ORAL MAXILLOFACIAL SURGEON

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### BERGER, JOEL S

Provider ID: 205659

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

8008 FROST ST STE 311

SAN DIEGO, CA 92123-4288

Phone: (858) 292-5175

Fax: (858) 292-0305

After Hours Phone: (858)

292-5175

Provider Gender: Male

License number: G45427

NPI: 1841218229

Provider English Spoken: Yes

Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

French	<i>Provider English Spoken:</i> Yes	NPI: 1841721784
<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes
<i>Hospital Affiliation:</i> Scripps Green Hospital, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital	<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Scripps Green Hospital, Scripps Mercy Hospital Chula Vista	<i>Cultural Competency:</i> No
<i>Min/Max Age:</i> 0/999	<i>Medi-Cal Open Panel:</i> Yes	<i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
<i>American Sign Language (ASL):</i> No	<i>Min/Max Age:</i> 0/18	<i>Medi-Cal Open Panel:</i> Yes
♿ <i>Accessibility:</i>	<i>American Sign Language (ASL):</i> No	<i>Min/Max Age:</i> 0/999
<i>Hours:</i> M-TH 8AM-5PM, F 7AM-4PM, SA 9AM-5PM	♿ <i>Accessibility:</i>	<i>American Sign Language (ASL):</i> No
<i>Website:</i>	<i>Hours:</i> M-SA 9AM-5PM	♿ <i>Accessibility:</i>
<i>Email:</i>	<i>Website:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Medical Group(s):</i>	<i>Email:</i>	<i>Website:</i>
<i>IPA:</i> Rady Childrens Health Network	<i>Medical Group(s):</i>	<i>Email:</i>
	<i>IPA:</i> Rady Childrens Health Network	<i>Medical Group(s):</i>
		<i>IPA:</i> Ucsd Medical Group

### DENTICO-OLIN, MARC

*Provider ID:* 273663  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 501 WASHINGTON ST STE 710  
 SAN DIEGO, CA 92103-2231  
*Phone:* (619) 295-6774  
*Fax:* (619) 295-6776  
*After Hours Phone:* (619) 295-6774  
*Provider Gender:* Male  
*License number:* A143794  
*NPI:* 1629205174

### OSTEOPATHIC MANIPULATIVE THERAPY

### PORTERA, ARIEL M

*Provider ID:* 273321  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE STE 200  
 SAN DIEGO, CA 92121-2113  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* 20A16832

### OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY

### BRIGGER, MATTHEW T

*Provider ID:* 272564  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 309-7701  
*Fax:* (858) 966-8038  
*After Hours Phone:* (858) 309-7701

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## D. Directorio de proveedores de atención especializada

*Provider Gender:* Male  
*License number:* C55473  
*NPI:* 1952490807  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens  
 Hosp Of Los Angeles, Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

*NPI:* 1891858379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

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### OTOLARYNGOLOGY

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#### **MAGIT, ANTHONY E**

*Provider ID:* 272767  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
*Phone:* (855) 309-7701  
*Fax:* (858) 966-4062  
*After Hours Phone:* (855)  
 309-7701  
*Provider Gender:* Male  
*License number:* G71859

#### **NATION, JAVAN J**

*Provider ID:* 272558  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 309-7701  
*Fax:* (858) 966-8038  
*After Hours Phone:* (858)  
 309-7701  
*Provider Gender:* Male  
*License number:* A125279  
*NPI:* 1043478902

#### **BLISS, MORGAN R**

*Provider ID:* 272565  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 309-7701  
*Fax:* (858) 966-8038  
*After Hours Phone:* (858)  
 309-7701  
*Provider Gender:* Female  
*License number:* A134647

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## D. Directorio de proveedores de atención especializada

<p>NPI: 1760707657          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>	<p>Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>
<p><b>BRUMUND, KEVIN T</b>          Provider ID: 41180          Board Certified Specialty: No          UCSD OTOLARYNGOLOGY          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (858) 657-8590          Fax:          After Hours Phone: (858)          657-8590          Provider Gender: Male          License number: A91099          NPI: 1033193669          Provider English Spoken: Yes          Provider Language(s) Spoken:</p>	<p><b>CALIFANO, JOSEPH A</b>          Provider ID: 112511          Board Certified Specialty: No          UCSD OTOLARYNGOLOGY          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (858) 657-8590          Fax:          After Hours Phone: (858)          657-8590          Provider Gender: Male          License number: G138926          NPI: 1881652972          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None</p>	<p><b>CALZADA, AUDREY P</b>          Provider ID: 289991          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          5405 OBERLIN DR FL 2          SAN DIEGO, CA 92121-1700          Phone: (858) 909-0770          Fax: (858) 909-0880          After Hours Phone: (858)          909-0770          Provider Gender: Female          License number: A107965          NPI: 1619113230          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Scripps          Memorial Hospital Encinitas,          Sharp Memorial Hospital, Rady          Childrens Hospital San Diego,          Scripps Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999</p>

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## D. Directorio de proveedores de atención especializada

<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>Min/Max Age:</i> 0/18
<i>Accessibility:</i>	<i>Accessibility:</i>	<i>American Sign Language (ASL):</i> No
<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Accessibility:</i>
<i>Website:</i>	<i>Website:</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>Email:</i>	<i>Email:</i>	<i>Website:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Email:</i>
<i>IPA:</i> Community Care Ipa Llc	<i>IPA:</i> Rady Childrens Health Network	<i>Medical Group(s):</i>
		<i>IPA:</i> Rady Childrens Health Network

### **CARVALHO, DANIELA**

*Provider ID:* 205628  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY STE 109  
 SAN DIEGO, CA 92123-4226  
*Phone:* (858) 309-7702  
*Fax:*  
*After Hours Phone:* (858) 309-7702  
*Provider Gender:* Female  
*License number:* A94239  
*NPI:* 1154492916  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

### **CARVALHO, DANIELA**

*Provider ID:* 272557  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 309-7701  
*Fax:* (858) 966-8038  
*After Hours Phone:* (858) 309-7701  
*Provider Gender:* Female  
*License number:* A94239  
*NPI:* 1154492916  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes

### **FRIEDMAN, RICK A**

*Provider ID:* 121290  
*Board Certified Specialty:* No  
**UCSD OTOLARYNGOLOGY**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (858) 657-8590  
*Fax:*  
*After Hours Phone:* (858) 657-8590  
*Provider Gender:* Male  
*License number:* G67571  
*NPI:* 1982708558  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Good Samaritan Hospital Los Angeles, Childrens Hosp Of Los Angeles, South Coast Global Medical Center Inc, Anaheim Global Medical Center, Orange County Global Medical Center

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## D. Directorio de proveedores de atención especializada

Inc, Chapman Global Medical Center Inc, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	<b>GAUDREAU, PHILIP A</b> Provider ID: 272556 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123-4232 Phone: (858) 309-7701 Fax: (858) 966-8038 After Hours Phone: (858) 309-7701 Provider Gender: Male License number: A149585 NPI: 1326207077 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Naval Hsp Camp Pendleton Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL):	<b>GILANI, SAPIDEH</b> Provider ID: 112447 Board Certified Specialty: Yes UCSD OTOLARYNGOLOGY 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (858) 657-8590 Fax: After Hours Phone: (858) 657-8590 Provider Gender: Female License number: G80720 NPI: 1003825571 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM
<b>FRIESEN, TZYYNONG L</b> Provider ID: 272604 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123-4232 Phone: (858) 309-7701 Fax: (858) 966-8038 After Hours Phone: (858) 309-7701 Provider Gender: Female License number: A152327 NPI: 1952740177 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Website:	Provider ID: 272660	RADY CHILDRENS HEALTH NETWORK
Email:	Board Certified Specialty: Yes	3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123-4232
Medical Group(s):	RADY CHILDRENS HEALTH NETWORK	Phone: (858) 309-7701
IPA:	3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123-4232	Fax: (858) 966-8038
<b>GREENE, JACQUELINE J</b>	Phone: (858) 309-7701	After Hours Phone: (858) 309-7701
Provider ID: 272959	Fax: (858) 966-8038	Provider Gender: Female
Board Certified Specialty: No	After Hours Phone: (858) 309-7701	License number: A112930
UCSD MEDICAL GROUP	Provider Gender: Female	NPI: 1124230909
200 W ARBOR DR	License number: A99198	Provider English Spoken: Yes
SAN DIEGO, CA 92103-1911	NPI: 1659305753	Provider Language(s) Spoken: Cultural Competency: No
Phone: (800) 926-8273	Provider English Spoken: Yes	Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
Fax: (888) 539-8781	Provider Language(s) Spoken: Mandarin	Medi-Cal Open Panel: Yes
After Hours Phone: (800) 926-8273	Cultural Competency: No	Min/Max Age: 0/18
Provider Gender: Female	Hospital Affiliation: Rady Childrens Hospital San Diego	American Sign Language (ASL): No
License number: A161242	Medi-Cal Open Panel: Yes	⦿ Accessibility:
NPI: 1144583931	Min/Max Age: 0/18	Hours: M-SA 9AM-5PM
Provider English Spoken: Yes	American Sign Language (ASL): No	Website:
Provider Language(s) Spoken: Cultural Competency: No	No	Email:
Hospital Affiliation: Medi-Cal Open Panel: Yes	⦿ Accessibility:	Medical Group(s):
Min/Max Age: 0/999	Hours: M-SA 9AM-5PM	IPA: Rady Childrens Health Network
American Sign Language (ASL): No	Website:	<b>MEHTA, RITVIK P</b>
⦿ Accessibility:	Email:	Provider ID: 293512
Hours: M-F 8AM-5PM, SA 9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA: Rady Childrens Health Network	COMMUNITY CARE IPA LLC
Email:	<b>LEUIN, SHELBY C</b>	
Medical Group(s):	Provider ID: 272637	
IPA: Ucsd Medical Group	Board Certified Specialty: No	
<b>JIANG, WEN A</b>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

5405 OBERLIN DR FL 2  
 SAN DIEGO, CA 92121-1700  
 Phone: (858) 909-0770  
 Fax: (858) 909-0880  
 After Hours Phone: (858) 909-0770  
 Provider Gender: Male  
 License number: A93336  
 NPI: 1245393586  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Gujarati, Hindi, Sindhi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **NGUYEN, QUYEN T**

Provider ID: 64110  
 Board Certified Specialty: No  
 UCSD OTOLARYNGOLOGY  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (858) 657-8590  
 Fax:  
 After Hours Phone: (858) 657-8590  
 Provider Gender: Female  
 License number: A78948  
 NPI: 1477524452  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **OROSCO, RYAN K**

Provider ID: 119637  
 Board Certified Specialty: No  
 UCSD OTOLARYNGOLOGY  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6631  
 Fax:  
 After Hours Phone: (619) 543-6631  
 Provider Gender: Male  
 License number: A120515  
 NPI: 1427290279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Stanford Health Care, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **WOO, LINDA N**

Provider ID: 118801  
 Board Certified Specialty: No  
 UCSD OTOLARYNGOLOGY  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 657-8590          Fax:          After Hours Phone: (858) 657-8590          Provider Gender: Female          License number: A121814          NPI: 1467720656          Provider English Spoken: Yes          Provider Language(s) Spoken: Vietnamese          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>	<p>Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A31095          NPI: 1609832633          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-5764          Fax: (619) 543-5249          After Hours Phone: (619) 543-5764          Provider Gender: Male          License number: C131462          NPI: 1619955804          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>
<hr/> <p><b>PATHOLOGY ANATOMIC</b></p>		
<p><b>DATNOW, BRIAN</b>          Provider ID: 275737</p>	<p><b>FADARE, OLUWOLE</b>          Provider ID: 275705          Board Certified Specialty: No</p>	<p><b>HANSEN, LAWRENCE A</b>          Provider ID: 275767          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (619) 543-5764

Fax:

After Hours Phone: (619)  
543-5764

Provider Gender: Male

License number: G62538

NPI: 1760407498

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A102496

NPI: 1629163100

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A25597

NPI: 1295778348

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PARAST, MANA M**

Provider ID: 275888

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

### **POWELL, HENRY C**

Provider ID: 275778

Board Certified Specialty: No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 325

SAN DIEGO, CA 92121-3069

### **VALASEK, MARK A**

Provider ID: 275836

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A127165  
 NPI: 1588808448  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### WONG, RICHARD L

Provider ID: 243202  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 10300 CAMPUS POINT DR  
 SAN DIEGO, CA 92121-1504

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A136239  
 NPI: 1275084295  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### PATHOLOGY CLINICAL

### KELNER, MICHAEL J

Provider ID: 247601  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G48254  
 NPI: 1174679849  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, El Centro Regional Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### KELNER, MICHAEL J

Provider ID: 247602  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 10300 CAMPUS POINT DR  
 SAN DIEGO, CA 92121-1504

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: G48254

NPI: 1174679849

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr, El Centro Regional

Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: G71291

NPI: 1770526931

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: G71291

NPI: 1770526931

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### LE DZUNG, THE

Provider ID: 247599

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

### LE DZUNG, THE

Provider ID: 247600

Board Certified Specialty: No

UCSD MEDICAL GROUP

10300 CAMPUS POINT DR

SAN DIEGO, CA 92121-1504

### PEDIATRIC ALLERGY / IMMUNOLOGY

### COHEN, GARY A

Provider ID: 206021

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH

NETWORK

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

9833 PACIFIC HEIGHTS BLVD STE J SAN DIEGO, CA 92121-4707 Phone: (858) 458-0940 Fax: (858) 458-3688 After Hours Phone: (858) 458-0940 Provider Gender: Male License number: G43070 NPI: 1346424462 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Palomar Health Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-TH 7:30AM-4:30PM, F,SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY STE 2 SAN DIEGO, CA 92123-4232 Phone: (858) 966-5961 Fax: (858) 966-6791 After Hours Phone: (858) 966-5961 Provider Gender: Female License number: A122537 NPI: 1205128089 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Lucile Salter Packard Childrens Hosp, Stanford Health Care, Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 5776 RUFFIN RD SAN DIEGO, CA 92123-1013 Phone: (858) 292-1144 Fax: (858) 268-5145 After Hours Phone: (858) 292-1144 Provider Gender: Male License number: A121364 NPI: 1356570758 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>COLLINS, CATHLEEN A</b> Provider ID: 206083	<b>GENG, BOB</b> Provider ID: 205823	<b>GENG, BOB</b> Provider ID: 205824

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY STE 2            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-5961  <i>Fax:</i> (858) 966-6791  <i>After Hours Phone:</i> (858) 966-5961  <i>Provider Gender:</i> Male  <i>License number:</i> A121364  <i>NPI:</i> 1356570758  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health Network</p>	<p><i>Board Certified Specialty:</i> Yes            RADY CHILDRENS HEALTH NETWORK            5776 RUFFIN RD            SAN DIEGO, CA 92123-1013  <i>Phone:</i> (858) 966-4900  <i>Fax:</i> (858) 268-5145  <i>After Hours Phone:</i> (858) 966-4900  <i>Provider Gender:</i> Male  <i>License number:</i> A77327  <i>NPI:</i> 1609801299  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            French, German, Spanish            Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 8AM-12PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health Network</p> <p><b>HOFFMAN, HAROLD M</b>  <i>Provider ID:</i> 206004  <i>Board Certified Specialty:</i> No</p>	<p>RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY STE 2            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-5961  <i>Fax:</i> (858) 966-6791  <i>After Hours Phone:</i> (858) 966-5961  <i>Provider Gender:</i> Male  <i>License number:</i> A53101  <i>NPI:</i> 1326074261  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health Network</p> <p><b>LAUBACH, SUSAN S</b>  <i>Provider ID:</i> 205803  <i>Board Certified Specialty:</i> Yes            RADY CHILDRENS HEALTH</p>
<p><b>GREINER, ALEXANDER N</b>  <i>Provider ID:</i> 205697</p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

NETWORK  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123-1013  
 Phone: (858) 966-4900  
 Fax: (858) 268-5145  
 After Hours Phone: (858)  
 966-4900  
 Provider Gender: Female  
 License number: A114061  
 NPI: 1366656209  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Ucsf  
 Benioff Children's Hospital  
 Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-4:30PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **LAUBACH, SUSAN S**

Provider ID: 205804

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5961  
 Fax: (858) 966-6791  
 After Hours Phone: (858)  
 966-5961  
 Provider Gender: Female  
 License number: A114061  
 NPI: 1366656209  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **LEIBEL, SYDNEY A**

Provider ID: 205724  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123-1013  
 Phone: (858) 292-1144  
 Fax: (858) 268-5145  
 After Hours Phone: (858)  
 292-1144  
 Provider Gender: Male  
 License number: A116427  
 NPI: 1861666919  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **LEIBEL, SYDNEY A**

Provider ID: 205725

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY FL 2 NORTH            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-5961  <i>Fax:</i> (858) 966-6791  <i>After Hours Phone:</i> (858) 966-5961  <i>Provider Gender:</i> Male  <i>License number:</i> A116427  <i>NPI:</i> 1861666919  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            No            ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY FL 2 NORTH            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-5961  <i>Fax:</i> (858) 966-6791  <i>After Hours Phone:</i> (858) 966-5961  <i>Provider Gender:</i> Female  <i>License number:</i> A117476  <i>NPI:</i> 1003074469  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>NETWORK            2655 CAMINO DEL RIO N STE 425            SAN DIEGO, CA 92108-1691  <i>Phone:</i> (619) 286-6687  <i>Fax:</i> (619) 286-6695  <i>After Hours Phone:</i> (619) 286-6687  <i>Provider Gender:</i> Female  <i>License number:</i> A80748  <i>NPI:</i> 1821054446  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Alvarado Hospital Llc  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            No            ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>LEONARD, STEPHANIE A</b>  <i>Provider ID:</i> 205642  <i>Board Certified Specialty:</i> No</p>	<p><b>PENDLETON, JENNIFER J</b>  <i>Provider ID:</i> 291200  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH</p>	<p><b>STONE, BRIAN D</b>  <i>Provider ID:</i> 206333  <i>Board Certified Specialty:</i> Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

RADY CHILDRENS HEALTH NETWORK  
 2655 CAMINO DEL RIO N STE 120  
 SAN DIEGO, CA 92108-1633  
 Phone: (619) 286-6687  
 Fax: (619) 286-6695  
 After Hours Phone: (619) 286-6687  
 Provider Gender: Male  
 License number: G88917  
 NPI: 1013907286  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T  
 Hours: M,F 7:30AM-4PM, TU,TH 7:30AM-6PM, W 7:30AM-12PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**WALTERS, KRISTEN M**

Provider ID: 206255  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123-1013  
 Phone: (858) 966-4900  
 Fax: (858) 966-4051  
 After Hours Phone: (858) 966-4900  
 Provider Gender: Female  
 License number: A129955  
 NPI: 1437442308  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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### PEDIATRIC CARDIOLOGY

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**BASSI, HARJOT K**

Provider ID: 205768  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Female  
 License number: A137189  
 NPI: 1891025565  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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### DAVIS, CHRISTOPHER K

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Provider ID: 51909  
 Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN 8001 FROST ST SAN DIEGO, CA 92123-2746 Phone: (858) 966-5855 Fax: After Hours Phone: (858) 966-5855 Provider Gender: Male License number: A100260 NPI: 1760691950 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p><i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5855 Fax: (858) 966-7903 After Hours Phone: (858) 966-5855 Provider Gender: Male License number: A100260 NPI: 1760691950 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Provider ID: 216855 <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123-4223 Phone: (858) 966-5855 Fax: After Hours Phone: (858) 966-5855 Provider Gender: Female License number: A83525 NPI: 1932305000 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Foothill Regional Medical Center, Hoag Memorial Hospital Presbyterian, South Coast Global Medical Center Inc, Hoag Hospital Irvine, Anaheim Global Medical Center, Orange County Global Medical Center Inc, Chapman Global Medical Center Inc, St Joseph Hospital Orange, Childrens Hospital At Mission, Childrens Hospital Of Orange County Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility:</p>
<p><b>DAVIS, CHRISTOPHER K</b> Provider ID:</p>	<p><b>DOMICO, MICHELE B</b></p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### DO, THOMAS B

Provider ID: 206162

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223

Phone: (858) 366-5855

Fax: (858) 966-7423

After Hours Phone: (858)  
366-5855

Provider Gender: Male

License number: A107618

NPI: 1053545376

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hospital At Mission,  
Childrens Hospital Of Orange  
County

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### EL SAID, HOWAIDA G

Provider ID: 205903

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax: (858) 571-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Female

License number: A93820

NPI: 1619030194

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### EL SAID, HOWAIDA G

Provider ID: 51913

Board Certified Specialty: No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Female

License number: A93820

NPI: 1619030194

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Grossmont Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health Network</p>	<p>Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health Network</p>	<p>Health Inter-Community Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Emanate Health Queen Of The Valley Hospital, Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health Network</p>
<p><b>FAGAN, BRIAN T</b>  Provider ID: 205346  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  Phone: (858) 966-5855  Fax: (858) 966-7903  After Hours Phone: (858) 966-5855  Provider Gender: Male  License number: A82153  NPI: 1740308550  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: San Gabriel Valley Med Ctr, California Hosp Med Ctr Los Angeles, Emanate Health Inter-Community Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Emanate Health Queen Of The Valley Hospital, Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles</p>	<p><b>FAGAN, BRIAN T</b>  Provider ID: 68145  Board Certified Specialty: No  RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D T N  3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  Phone: (858) 576-1700  Fax: (858) 966-7903  After Hours Phone: (858) 576-1700  Provider Gender: Male  License number: A82153  NPI: 1740308550  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: San Gabriel Valley Med Ctr, California Hosp Med Ctr Los Angeles, Emanate</p>	<p><b>GOMEZ AROSTEGUI, JULIANA</b>  Provider ID: 284126  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK  3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  Phone: (858) 966-5855  Fax: (858) 966-7903  After Hours Phone: (858) 966-5855  Provider Gender: Female  License number: A76083  NPI: 1962439141</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Santa Clara Valley Med Ctr, Good Samaritan Hospital, Lucile Salter Packard Childrens Hosp, El Camino Hospital, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GORDON, BRENT M**

*Provider ID:* 295391  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855

*Provider Gender:* Male  
*License number:* A85016  
*NPI:* 1669480083  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Pomona Valley Hosp Med Ctr, Santa Monica Ucla Med Ctr, San Antonio Comm Hosp, Loma Linda University Childrens Hospital, Loma Linda University Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GROSSFELD, PAUL D**

*Provider ID:* 205615  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5855  
*Fax:* (858) 571-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* A52799  
*NPI:* 1225109085  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GROSSFELD, PAUL D**

*Provider ID:* 51917  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY FL 1

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: A52799  
 NPI: 1225109085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **GUPTA, AAMISHA E**

Provider ID: 119948  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax:  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Female  
 License number: A151188  
 NPI: 1356639595  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **GUPTA, AAMISHA E**

Provider ID: 205884  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Female  
 License number: A151188  
 NPI: 1356639595  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **HALEY, JESSICA E**

Provider ID: 118754  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5855	Phone: (858) 966-5855	Phone: (858) 309-6300
Fax:	Fax: (858) 966-7903	Fax: (858) 966-7903
After Hours Phone: (858) 966-5855	After Hours Phone: (858) 966-5855	After Hours Phone: (858) 309-6300
Provider Gender: Female	Provider Gender: Female	Provider Gender: Male
License number: A125568	License number: A125568	License number: A112326
NPI: 1023329885	NPI: 1023329885	NPI: 1306036884
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Rady Childrens Hospital San Diego	Hospital Affiliation: Rady Childrens Hospital San Diego	Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: No	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Min/Max Age: None	Min/Max Age: 0/18	Min/Max Age: 0/18
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility: W	♿ Accessibility:	♿ Accessibility:
Hours: M-SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
Website:	Website:	Website:
Email:	Email:	Email:
Medical Group(s):	Medical Group(s):	Medical Group(s):
IPA: Rady Childrens Health Network	IPA: Rady Childrens Health Network	IPA: Rady Childrens Health Network

### **HALEY, JESSICA E**

Provider ID: 205687  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

### **HEGDE, SANJEET R**

Provider ID: 206079  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY # 5003 MC  
 SAN DIEGO, CA 92123-4223

### **HEGDE, SANJEET R**

Provider ID: 261963  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: A112326  
 NPI: 1306036884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HORENSTEIN, MARIA S**

Provider ID: 294246  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2333 CAMINO DEL RIO S STE 340  
 SAN DIEGO, CA 92108-3615

Phone: (619) 501-4015  
 Fax: (619) 501-2977  
 After Hours Phone: (619) 501-4015  
 Provider Gender: Female  
 License number: A87618  
 NPI: 1760626352  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Kaiser Foundation Hospital San Diego, Childrens Hospital Of Orange County, University Of California Irvine Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **MCCANDLESS, RACHEL T**

Provider ID: 206147  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-4912  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-4912  
 Provider Gender: Female  
 License number: A131801  
 NPI: 1487821815  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **MCCANDLESS, RACHEL T**

Provider ID: 86645  
 Board Certified Specialty: No  
 RADY CHILDRENS

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SPECIALISTS SAN DIEGO MED  
FNDTN  
3020 CHILDRENS WAY BLDG  
24 FL 1  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5980  
Fax:  
After Hours Phone: (858)  
966-5980  
Provider Gender: Female  
License number: A131801  
NPI: 1487821815  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **MOORE, JOHN W**

Provider ID: 51919

Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5855  
Fax:  
After Hours Phone: (858)  
966-5855  
Provider Gender: Male  
License number: G71756  
NPI: 1831203124  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ronald  
Reagan Ucla Med Ctr, Childrens  
Hospital Of Orange County,  
Rady Childrens Hospital San  
Diego, Grossmont Hospital,  
Childrens Hosp And Resrch Ctr  
At Oakland, Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **MORCHI, GIRA S**

Provider ID: 205369  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5855  
Fax: (858) 571-7903  
After Hours Phone: (858)  
966-5855  
Provider Gender: Female  
License number: A103210  
NPI: 1386790996  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Pih Health  
Hospital - Whittier, Childrens  
Hospital Of Orange County,  
Mission Hospital Regional Med  
Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Network	Provider ID: 205349	RADY CHILDRENS HEALTH NETWORK
<b>NARAYAN, HARI K</b>	Board Certified Specialty: No	3020 CHILDRENS WAY FL 1
Provider ID: 112874	RADY CHILDRENS HEALTH NETWORK	SAN DIEGO, CA 92123-4223
Board Certified Specialty: No	3020 CHILDRENS WAY	Phone: (858) 966-5855
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN	SAN DIEGO, CA 92123-4223	Fax: (858) 966-7903
3020 CHILDRENS WAY	Phone: (858) 966-5855	After Hours Phone: (858) 966-5855
SAN DIEGO, CA 92123-4223	Fax: (858) 966-7903	Provider Gender: Male
Phone: (858) 576-1700	After Hours Phone: (858) 966-5855	License number: G76012
Fax:	Provider Gender: Male	NPI: 1861474561
After Hours Phone: (858) 576-1700	License number: A144821	Provider English Spoken: Yes
Provider Gender: Male	NPI: 1376705707	Provider Language(s) Spoken:
License number: A144821	Provider English Spoken: Yes	Cultural Competency: No
NPI: 1376705707	Provider Language(s) Spoken:	Hospital Affiliation: Rady
Provider English Spoken: Yes	Cultural Competency: No	Childrens Hospital San Diego,
Provider Language(s) Spoken:	Hospital Affiliation: Rady	Ucsd Medical Ctr, Childrens
Cultural Competency: No	Childrens Hospital San Diego	Hosp And Resrch Ctr At
Hospital Affiliation: Rady	Medi-Cal Open Panel: Yes	Oakland
Childrens Hospital San Diego	Min/Max Age: 0/18	Medi-Cal Open Panel: Yes
Medi-Cal Open Panel: No	American Sign Language (ASL):	Min/Max Age: 0/18
Min/Max Age: None	No	American Sign Language (ASL):
American Sign Language (ASL):	♿ Accessibility:	No
No	Hours: M-F 8AM-5PM, SA	♿ Accessibility:
♿ Accessibility: W	9AM-5PM	Hours: M-F 8AM-5PM, SA
Hours: M-SA 9AM-5PM	Website:	9AM-5PM
Website:	Email:	Website:
Email:	Medical Group(s):	Email:
Medical Group(s):	IPA: Rady Childrens Health	Medical Group(s):
IPA: Rady Childrens Health	Network	IPA: Rady Childrens Health
Network	<b>PERRY, JAMES C</b>	Network
<b>NARAYAN, HARI K</b>	Provider ID: 205695	<b>PERRY, JAMES C</b>
	Board Certified Specialty: No	Provider ID: 51921

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858)  
 966-5855  
*Provider Gender:* Male  
*License number:* G76012  
*NPI:* 1861474561  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Childrens  
 Hosp And Resrch Ctr At  
 Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **POUR MOLKARA, DELARAM**

*Provider ID:* 262423  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2333 CAMINO DEL RIO S STE  
 340  
 SAN DIEGO, CA 92108-3615  
*Phone:* (619) 501-4015  
*Fax:* (619) 501-2977  
*After Hours Phone:* (619)  
 501-4015  
*Provider Gender:* Female  
*License number:* A94039  
*NPI:* 1306074893  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Chula Vista Med Ctr,  
 Grossmont Hospital, Sharp  
 Memorial Hospital, Childrens  
 Hosp And Resrch Ctr At  
 Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health  
 Network  
**PRINTZ, BETH J**  
*Provider ID:* 205655  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858)  
 966-5855  
*Provider Gender:* Female  
*License number:* G88440  
*NPI:* 1790756518  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Network

### **PRINTZ, BETH J**

Provider ID: 51928

Board Certified Specialty: No  
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Female

License number: G88440

NPI: 1790756518

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,

Grossmont Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **RAO, ROHIT P**

Provider ID: 206122

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)

966-5855

Provider Gender: Male

License number: C54276

NPI: 1063452779

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SAH, SERENA P**

Provider ID: 206215

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax: (858) 966-7423

After Hours Phone: (858)  
966-5855

Provider Gender: Female

License number: A113704

NPI: 1295042653

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SILVA SEPULVEDA, JOSE A**

Provider ID: 119314

Board Certified Specialty: No  
RADY CHILDRENS

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>SPECIALISTS SAN DIEGO MED FNDTN 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5855 Fax: After Hours Phone: (858) 966-5855 Provider Gender: Male License number: A120119 NPI: 1417222472 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>SILVA SEPULVEDA, JOSE A</b> Provider ID: 206297 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY</p>	<p>SAN DIEGO, CA 92123-4223 Phone: (858) 966-5855 Fax: (858) 966-7903 After Hours Phone: (858) 966-5855 Provider Gender: Male License number: A120119 NPI: 1417222472 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>STRINGER, JESSE D</b> Provider ID: 206296 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p>	<p>Phone: (858) 966-5855 Fax: (858) 966-7903 After Hours Phone: (858) 966-5855 Provider Gender: Male License number: A120899 NPI: 1972745388 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>SUN, HEATHER Y</b> Provider ID: 206146 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123-4223</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5855  
 Fax: (858) 571-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Female  
 License number: A107943  
 NPI: 1811173883  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **VAUGHN, GABRIELLE R**

Provider ID: 102157  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855  
 Fax:  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Female  
 License number: A109772  
 NPI: 1891004461  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **VAUGHN, GABRIELLE R**

Provider ID: 205643  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 576-1700  
 Fax: (858) 966-7423  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Female  
 License number: A109772  
 NPI: 1891004461  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **WERHO, DAVID K**

Provider ID: 206316  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: A135895  
 NPI: 1235391863  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **WILLIAMS, MATTHEW R**

Provider ID: 101011  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: A109398  
 NPI: 1831423250  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Childrens  
 Hosp And Resrch Ctr At  
 Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **WILLIAMS, MATTHEW R**

Provider ID: 206287  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855  
 Fax: (858) 966-7423  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: A109398  
 NPI: 1831423250  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Childrens  
 Hosp And Resrch Ctr At  
 Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **PEDIATRIC DERMATOLOGY**

### **BARRIO, VICTORIA R**

Provider ID: 242321  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

**NETWORK**  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6795  
*Fax:* (858) 966-7479  
*After Hours Phone:* (858) 966-6795  
*Provider Gender:* Female  
*License number:* A91617  
*NPI:* 1598836355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BARRIO, VICTORIA R**

*Provider ID:* 253507  
*Board Certified Specialty:* No

**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-6795  
*Fax:* (858) 966-7479  
*After Hours Phone:* (858) 966-6795  
*Provider Gender:* Female  
*License number:* A91617  
*NPI:* 1598836355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BOIKO, SUSAN**

*Provider ID:* 242304

*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6795  
*Fax:*  
*After Hours Phone:* (858) 966-6795  
*Provider Gender:* Female  
*License number:* G41069  
*NPI:* 1053488981  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY MEDICINE**

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### **ABE, NAOMI**

*Provider ID:* 205684

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A137946  
 NPI: 1821387572  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### AMINLARI, AMIR

Provider ID: 205574  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 License number: A94415  
 NPI: 1316964380  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### AUSTIN PAGE, LUKAS R

Provider ID: 205589  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 License number: A121721  
 NPI: 1326301862  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/25  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### BRYL, AMY W

Provider ID: 205967  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A115044  
 NPI: 1497079487  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/25  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **BUITENHUYS, CASEY W**

Provider ID: 206072  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A101203  
 NPI: 1578761409  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Good Samaritan Hospital, Regional Medical Ctr Of San Jose, Rady Childrens Hospital San Diego, Palomar Medical Center, Pomerado Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CAMPBELL, SARA S**

Provider ID: 206335

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A135089  
 NPI: 1841687563  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CHACE, CONSTANCE R**

Provider ID: 294726

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5841  <i>Fax:</i> (858) 966-6728  <i>After Hours Phone:</i> (858) 966-5841  <i>Provider Gender:</i> Female  <i>License number:</i> A129086  <i>NPI:</i> 1154682953  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-8800  <i>Fax:</i> (858) 966-7433  <i>After Hours Phone:</i> (858) 966-8800  <i>Provider Gender:</i> Female  <i>License number:</i> A141942  <i>NPI:</i> 1962745745  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>CHAO, DAVID</b>  <i>Provider ID:</i> 205822  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK</p>	<p>3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-8800  <i>Fax:</i> (858) 966-7433  <i>After Hours Phone:</i> (858) 966-8800  <i>Provider Gender:</i> Male  <i>License number:</i> A130713  <i>NPI:</i> 1215120704  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Mandarin  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>CONRAD, HEATHER B</b>  <i>Provider ID:</i> 205960  <i>Board Certified Specialty:</i> No</p>
<p><b>CHANG, ELIZABETH L</b>  <i>Provider ID:</i> 205649  <i>Board Certified Specialty:</i> No</p>		

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## D. Directorio de proveedores de atención especializada

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax:

After Hours Phone: (858)  
966-8800

Provider Gender: Female

License number: A84564

NPI: 1205813409

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Southwest Healthcare System

Wildomar, Sharp Chula Vista  
Med Ctr, Childrens Hosp And

Resrch Ctr At Oakland,  
Southwest Healthcare System

Murrieta

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

**COYNE, CHRISTOPHER J**

Provider ID: 206117

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 576-1700

Fax: (858) 966-7433

After Hours Phone: (858)  
576-1700

Provider Gender: Male

License number: A118054

NPI: 1043590169

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John

Sally Thornton, Rady Childrens  
Hospital San Diego, El Centro

Regional Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

**DEL RE, ANGELO**

Provider ID: 206081

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Male

License number: A129572

NPI: 1275761371

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital, Rady

Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr

At Oakland, Scripps Memorial  
Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

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## D. Directorio de proveedores de atención especializada

Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **DONOFRIO-ODMANN, JOY J**

Provider ID: 205375  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 License number: 20A11581  
 NPI: 1740571165  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Valley  
 Childrens Hospital, Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta, Rady Childrens  
 Hospital San Diego, Ucsf  
 Benioff Children's Hospital  
 Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:

Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **EDMONDS, ERIC W**

Provider ID: 205495  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 License number: A86165  
 NPI: 1013048412  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsf Benioff Children's Hospital  
 Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SU 12AM-11:59PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **EKPENYONG, ATIM O**

Provider ID: 205722  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 576-1700  
 Provider Gender: Female  
 License number: A134969  
 NPI: 1932318565  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Southwest Healthcare System  
 Wildomar, Southwest  
 Healthcare System Murrieta  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **ETKIN, MARC L**

Provider ID: 205897

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Male

License number: A75092

NPI: 1194896852

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **FISHER, JAY**

Provider ID: 295690

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Male

License number: G88903

NPI: 1629118518

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **GARDINER, MICHAEL A**

Provider ID: 205728

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Male

License number: A124399

NPI: 1205178712

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **GIBONEY, JENNIFER C**

Provider ID: 205925

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 License number: A130768  
 NPI: 1275895849  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **GUTGLASS, DAVID J**

Provider ID: 205751  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 License number: G77971  
 NPI: 1952472706  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Providence Little Co Of Mary  
 Med Ctr Torrance, Providence  
 St Joseph Hospital, California  
 Pacific Med Ctr, Southwest  
 Healthcare System Wildomar,  
 Childrens Hospital Of Orange  
 County, Childrens Hosp And  
 Resrch Ctr At Oakland,  
 Southwest Healthcare System  
 Murrieta  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **HERSKOVITZ, SCOTT A**

Provider ID: 261045  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 License number: A155234  
 NPI: 1225393499  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Network</p> <p><b>HOECKER, CYNTHIA C</b>  <i>Provider ID:</i> 206026  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-8800  <i>Fax:</i> (858) 966-7433  <i>After Hours Phone:</i> (858) 966-8800  <i>Provider Gender:</i> Female  <i>License number:</i> A53189  <i>NPI:</i> 1770654527  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>HORTON, LAURA A</b></p>	<p><i>Provider ID:</i> 295699  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY FL 2            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-4003  <i>Fax:</i> (858) 560-6798  <i>After Hours Phone:</i> (858) 966-4003  <i>Provider Gender:</i> Female  <i>License number:</i> NP21815  <i>NPI:</i> 1164608675  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 18/99            American Sign Language (ASL): No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>HUNTER, WENDY L</b>  <i>Provider ID:</i> 206278  <i>Board Certified Specialty:</i> No</p>	<p>RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-8800  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-8800  <i>Provider Gender:</i> Female  <i>License number:</i> A94607  <i>NPI:</i> 1053515551  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No            Hospital Affiliation: Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>ISHIMINE, PAUL T</b>  <i>Provider ID:</i> 206236  <i>Board Certified Specialty:</i> No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-8800 Fax: (858) 966-7433 After Hours Phone: (858) 966-8800 Provider Gender: Male License number: A79142 NPI: 1437184421 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-8800 Fax: (858) 966-7433 After Hours Phone: (858) 966-8800 Provider Gender: Female License number: A91208 NPI: 1376862177 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Pomerado Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690 Phone: (619) 280-2905 Fax: (619) 283-1614 After Hours Phone: (619) 280-2905 Provider Gender: Female License number: A91208 NPI: 1376862177 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Pomerado Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>JOSHI, WEENA E</b> Provider ID: 262232 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK	<b>JOSHI, WEENA E</b> Provider ID: 262234 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK	<b>KANEGAYE, JOHN T</b> Provider ID: 206153 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223 Phone: (858) 966-8800 Fax: (858) 966-7433 After Hours Phone: (858) 966-8800 Provider Gender: Male License number: G67670 NPI: 1689745432 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Phone: (619) 280-2905 Fax: (619) 283-1614 After Hours Phone: (619) 280-2905 Provider Gender: Female License number: A126911 NPI: 1659632362 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Phone: (858) 309-7701 Fax: (858) 966-8038 After Hours Phone: (858) 309-7701 Provider Gender: Female License number: A126911 NPI: 1659632362 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
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### **KANTHARIA, TINA H**

Provider ID: 206291  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

### **KANTHARIA, TINA H**

Provider ID: 262247  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

### **KHAN, SHAHFAR**

Provider ID: 294094  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A179228  
 NPI: 1013361815  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **LUCIO, SIMON J**

Provider ID: 206040  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 License number: G72884  
 NPI: 1306917158  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **METCALF, ASHLEY M**

Provider ID: 205348  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: 20A14115  
 NPI: 1073740205  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **MINKA, GENEVIEVE M**

Provider ID: 205334  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

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## D. Directorio de proveedores de atención especializada

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 License number: A77841  
 NPI: 1689646689  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Mercy Hospital Chula  
 Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **MURRAY, MATTHEW P**

Provider ID: 205759  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 License number: A115958  
 NPI: 1215103023  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **OZCAN, ALI K**

Provider ID: 287923  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 License number: A162669  
 NPI: 1265867683  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Turkish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Loma Linda University Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **PADE, KATHRYN H**

Provider ID: 262411  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A126029  
 NPI: 1215375183  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Stanford Health Care, Lucile Salter Packard Childrens Hosp, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PATEL, BEENA H**

Provider ID: 205583  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A98529  
 NPI: 1366612848  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego, Southwest Healthcare System Murrieta  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PATEL, PRIYANKA P**

Provider ID: 295693  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A180052  
 NPI: 1518521798  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/99  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PRING, MAYA E**

Provider ID: 205779  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A77003  
 NPI: 1104997964  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **PRITCHARD, AMY M**

Provider ID: 205973  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: 20A13216  
 NPI: 1710140819  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsf Benioff  
 Children's Hospital Oakland,  
 Rady Childrens Hospital San  
 Diego, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:

### **RANASURIYA, DUNISHA G**

Provider ID: 216970  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: C161114  
 NPI: 1740468057  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **RATNAYAKE, KRISTIN J**

Provider ID: 206034  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY # 5075  
 MC  
 SAN DIEGO, CA 92123-4223

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## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 966-8800            Fax: (858) 966-7433            After Hours Phone: (858) 966-8800            Provider Gender: Female            License number: A113599            NPI: 1679716658            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:  Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223            Phone: (858) 966-8800            Fax: (858) 966-7433            After Hours Phone: (858) 966-8800            Provider Gender: Female            License number: A140439            NPI: 1023308921            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:  Accessibility:            Hours: M-SU 12AM-11:59PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Phone: (858) 966-8800            Fax: (858) 966-7433            After Hours Phone: (858) 966-8800            Provider Gender: Male            License number: A132585            NPI: 1053754499            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:  Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>RICKERT, KATHLEEN D</b>            Provider ID: 296020            Board Certified Specialty: No            RADY CHILDRENS HEALTH</p>	<p><b>RIVERA, GASPAR</b>            Provider ID: 205979            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223</p>	<p><b>SALEH, FAREED R</b>            Provider ID: 206216            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 License number: A149736  
 NPI: 1366691115  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SCHWARTZ, KRISTY L**

Provider ID: 206169  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A121299  
 NPI: 1497080808  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Southwest  
 Healthcare System Wildomar,  
 Childrens Hosp And Resrch Ctr  
 At Oakland, Southwest  
 Healthcare System Murrieta  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:

### **SHETH, SARIKA K**

Medical Group(s):  
 IPA: Rady Childrens Health  
 Network  
 Provider ID: 248171  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A154435  
 NPI: 1336503234  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **TAMAS, VANESSA L**

Provider ID: 206212  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 576-1700  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Female  
 License number: A101991  
 NPI: 1326225368  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Southwest Healthcare System  
 Wildomar, Childrens Hosp Of  
 Los Angeles, Southwest  
 Healthcare System Murrieta  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **TRAUT, JOEL**

Provider ID: 205475  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 576-1700  
 Provider Gender: Male  
 License number: C51079  
 NPI: 1982792065  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ULRICH, STACEY L**

Provider ID: 205847  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8036  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8036  
 Provider Gender: Female  
 License number: A76660  
 NPI: 1619049236  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **UPASANI, VIDYADHAR V**

Provider ID: 205914  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 License number: A97603  
 NPI: 1548417652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **VAIDYA, KAMALA**

Provider ID: 205811  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690

Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619) 280-2905  
 Provider Gender: Female  
 License number: A124814  
 NPI: 1083840920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: SA,SU 1PM-10PM, M-F  
 4PM-10PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **VANE, JACKSON**

Provider ID: 205883  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 License number: A120394  
 NPI: 1952608580  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **VARGAS, JACLYN**

Provider ID: 285934  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (858) 966-5841  
Fax: (858) 966-6728  
After Hours Phone: (858) 966-5841  
Provider Gender: Female  
License number: A144447  
NPI: 1619359718  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Lac Usc Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **VARGAS, JACLYN**

Provider ID: 285935  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4223

Phone: (858) 576-1700  
Fax: (858) 966-8479  
After Hours Phone: (858) 576-1700  
Provider Gender: Female  
License number: A144447  
NPI: 1619359718  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Lac Usc Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **VAYNGORTIN, TATYANA**

Provider ID: 263012  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
License number: A128532  
NPI: 1578967907  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Childrens  
Hosp And Resrch Ctr At  
Oakland, Childrens Hosp Of Los  
Angeles, Rady Childrens  
Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **WAI, SHANNON S**

Provider ID: 205640  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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## D. Directorio de proveedores de atención especializada

3020 CHILDRENS WAY # 5075 MC SAN DIEGO, CA 92123-4223 Phone: (858) 966-8800 Fax: (858) 966-7433 After Hours Phone: (858) 966-8800 Provider Gender: Female License number: A122459 NPI: 1528395282 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-8800 Fax: (858) 966-7433 After Hours Phone: (858) 966-8800 Provider Gender: Female License number: A132451 NPI: 1710321278 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	SAN DIEGO, CA 92123-4223 Phone: (858) 576-1700 Fax: (858) 966-7433 After Hours Phone: (858) 576-1700 Provider Gender: Female License number: 20A13298 NPI: 1861880817 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>WANG, YVETTE L</b> Provider ID: 263416 Board Certified Specialty: No RADY CHILDRENS HEALTH	<b>YAPHOCKUN, KAREN K</b> Provider ID: 206184 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY	<b>CYMBALUK, ANNA L</b> Provider ID: 294214 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY STE 4

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### PEDIATRIC ENDOCRINOLOGY

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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4032  
 Fax: (858) 966-6227  
 After Hours Phone: (858) 966-4032  
 Provider Gender: Female  
 License number: A178926  
 NPI: 1043674849  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**DEMETERCO BERGGREN,  
 CARLA**  
 Provider ID: 206161  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 NORTH

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4032  
 Fax: (858) 966-6227  
 After Hours Phone: (858) 966-4032  
 Provider Gender: Female  
 License number: A98629  
 NPI: 1619130655  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**GOTTSCHALK, MICHAEL E**  
 Provider ID: 205777  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 NORTH  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-4032  
 Fax: (858) 966-6227  
 After Hours Phone: (858) 966-4032  
 Provider Gender: Male  
 License number: G55424  
 NPI: 1033280888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**KIM, JANE J**  
 Provider ID: 206194  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 NORTH  
 SAN DIEGO, CA 92123-4232

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-4032  
 Fax: (858) 966-6227  
 After Hours Phone: (858) 966-4032  
 Provider Gender: Female  
 License number: C51620  
 NPI: 1235200098  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Medical Ctr At Ucsf  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KLEIN, KAREN O**

Provider ID: 206269  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 NORTH  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-4032  
 Fax: (858) 966-6227  
 After Hours Phone: (858) 966-4032  
 Provider Gender: Female  
 License number: G76034  
 NPI: 1760553515  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **MARINKOVIC, MAJA**

Provider ID: 206139  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 NORTH  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-4032  
 Fax: (858) 966-6227  
 After Hours Phone: (858) 966-4032  
 Provider Gender: Female  
 License number: A95251  
 NPI: 1053469767  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **NEWFIELD, RON S**

Provider ID: 205372  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 NORTH

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## D. Directorio de proveedores de atención especializada

<p>SAN DIEGO, CA 92123-4232            Phone: (858) 966-4032            Fax: (858) 966-6227            After Hours Phone: (858) 966-4032            Provider Gender: Male            License number: A73875            NPI: 1679644421            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego,            Sharp Memorial Hospital, Ucsd            Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p>	<p>3030 CHILDRENS WAY FL 4            NORTH            SAN DIEGO, CA 92123-4232            Phone: (858) 966-4032            Fax: (858) 966-6227            After Hours Phone: (858) 966-4032            Provider Gender: Female            License number: A104058            NPI: 1912112020            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p>	<p>3030 CHILDRENS WAY FL 4            NORTH            SAN DIEGO, CA 92123-4232            Phone: (858) 966-4032            Fax: (858) 966-6227            After Hours Phone: (858) 966-4032            Provider Gender: Female            License number: G85921            NPI: 1588735336            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p>
<p><b>PATTERSON, MARY E</b>            Provider ID: 206059            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK</p>	<p><b>PHILLIPS, SUSAN A</b>            Provider ID: 205579            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK</p>	<p><b>VARGAS TRUJILLO, MARCELA</b>            Provider ID: 205605            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK            3030 CHILDRENS WAY FL 4</p>

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4032  
 Fax: (858) 966-4032  
 After Hours Phone: (858) 966-4032  
 Provider Gender: Female  
 License number: A139213  
 NPI: 1952534091  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female  
 License number: A146137  
 NPI: 1013396126  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4003  
 Fax: (858) 966-8592  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Male  
 License number: A73858  
 NPI: 1396816146  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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### **PEDIATRIC GASTROENTEROLOGY**

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#### **CHU, ANGELA L**

Provider ID: 284173  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

#### **DOHIL, RANJAN**

Provider ID: 205418  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2  
 SOUTH

#### **GOYAL, NIDHI P**

Provider ID: 205598  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

3030 CHILDRENS WAY FL 2  
SOUTH  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858)  
966-4003  
Provider Gender: Female  
License number: A111133  
NPI: 1598029332  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **HARTMANN, PHILLIPP**

Provider ID: 294228  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858)  
966-4003  
Provider Gender: Male  
License number: A157817  
NPI: 1356796536  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, German  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **NEWTON, KIMBERLY P**

Provider ID: 205361  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY STE 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858)  
966-4003  
Provider Gender: Female  
License number: A101980  
NPI: 1912071655  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Naval  
Medical Ctr Sd Rbe  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **ORDONEZ NARANJO, MARIA P**

Provider ID: 205582  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

3030 CHILDRENS WAY STE 2 SAN DIEGO, CA 92123-4232 Phone: (858) 966-4003 Fax: (858) 560-6798 After Hours Phone: (858) 966-4003 Provider Gender: Female License number: A95983 NPI: 1275764458 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsf Benioff Children's Hospital Oakland Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	FNDTN 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123-4232 Phone: (858) 966-4003 Fax: After Hours Phone: (858) 966-4003 Provider Gender: Female License number: G152263 NPI: 1265465918 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	SAN DIEGO, CA 92123-4232 Phone: (858) 966-4003 Fax: (858) 560-6798 After Hours Phone: (858) 966-4003 Provider Gender: Female License number: G152263 NPI: 1265465918 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>SCHWARZ, KATHLEEN B</b> Provider ID: 125422 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED	<b>SCHWARZ, KATHLEEN B</b> Provider ID: 205885 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY FL 2	<b>SCHWIMMER, JEFFREY B</b> Provider ID: 205414 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY STE 2 SAN DIEGO, CA 92123-4232

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Male  
 License number: A60461  
 NPI: 1932270782  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Naval Medical Ctr Sd Rbe  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **SIVAGNANAM, MAMATA**

Provider ID: 206323  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2 SOUTH  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female  
 License number: A86863  
 NPI: 1932328747  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **TIMBERMAN, SARAH A**

Provider ID: 295361  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female  
 License number: NP95002898  
 NPI: 1144614066  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **YOUNG, JOCELYN A**

Provider ID: 294675  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female  
 License number: A146576  
 NPI: 1306227491  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Uc Davis  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **YU, ELIZABETH L**

Provider ID: 206312  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2  
 SOUTH  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female  
 License number: A102372  
 NPI: 1538485586  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

### **ANDERSON, ERIC J**

Provider ID: 205705  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 3010 CHILDRENS WAY STE 2W  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Male  
 License number: A91428  
 NPI: 1346312964  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ARISTIZABAL, MARIA P**

Provider ID: 205762  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3010 CHILDRENS WAY STE 2W

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Female  
 License number: A127586  
 NPI: 1154662583  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **BRIGGS, BENJAMIN J**

Provider ID: 274689  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Male  
 License number: A148562  
 NPI: 1952695777  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Naval Medical Ctr Sd Rbe  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **BUSH, KELLY A**

Provider ID: 274408  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY STE 2  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Female  
 License number: A125141  
 NPI: 1073831079  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CHOO, SUN H**

Provider ID: 206115  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY STE 2-WEST  
 SAN DIEGO, CA 92123-4223

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5811	Phone: (858) 966-5811	Phone: (858) 966-5811
Fax: (858) 966-8035	Fax: (858) 966-8035	Fax: (858) 966-8035
After Hours Phone: (858) 966-5811	After Hours Phone: (858) 966-5811	After Hours Phone: (858) 966-5811
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: A112219	License number: A144295	License number: A144876
NPI: 1700047628	NPI: 1780813923	NPI: 1588866115
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
Hospital Affiliation: Rady Childrens Hospital San Diego	Hospital Affiliation: Rady Childrens Hospital San Diego	Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Min/Max Age: 0/18	Min/Max Age: 0/18	Min/Max Age: 0/18
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility:	♿ Accessibility:	♿ Accessibility:
Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
Website:	Website:	Website:
Email:	Email:	Email:
Medical Group(s):	Medical Group(s):	Medical Group(s):
IPA: Rady Childrens Health Network	IPA: Rady Childrens Health Network	IPA: Rady Childrens Health Network

### **DING, HILDA H**

Provider ID: 206173  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

### **ELSTER, JENNIFER D**

Provider ID: 205769  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

### **GANESAN, ANUSHA P**

Provider ID: 205882  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5811	Phone: (858) 966-5811	Phone: (858) 966-5811
Fax: (858) 966-8035	Fax:	Fax: (858) 966-8035
After Hours Phone: (858) 966-5811	After Hours Phone: (858) 966-5811	After Hours Phone: (858) 966-5811
Provider Gender: Female	Provider Gender: Male	Provider Gender: Female
License number: A147249	License number: A119146	License number: A80257
NPI: 1982091740	NPI: 1447527833	NPI: 1255402012
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Rady Childrens Hospital San Diego	Hospital Affiliation: Rady Childrens Hospital San Diego	Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Min/Max Age: 0/18	Min/Max Age: 0/18	Min/Max Age: 0/18
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility:	♿ Accessibility:	♿ Accessibility:
Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM
Website:	Website:	Website:
Email:	Email:	Email:
Medical Group(s):	Medical Group(s):	Medical Group(s):
IPA: Rady Childrens Health Network	IPA: Rady Childrens Health Network	IPA: Rady Childrens Health Network

### **GLOUDE, NICHOLAS J**

Provider ID: 205927  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746

### **KIM, JENNY M**

Provider ID: 206235  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY STE 2-WEST  
 SAN DIEGO, CA 92123-4223

### **KUO, DENNIS J**

Provider ID: 205433  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Male  
 License number: A84128  
 NPI: 1750492146  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ROBERTS, WILLIAM D**

Provider ID: 206045  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3010 CHILDRENS WAY STE  
 2-WEST  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Male  
 License number: A46026  
 NPI: 1245302561  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsf Benioff Children's Hospital  
 Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SCHIFF, DEBORAH E**

Provider ID: 206127  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3010 CHILDRENS WAY STE 2W  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Female  
 License number: G68457  
 NPI: 1922179779  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego,  
 Scripps Green Hospital, Ucsf  
 Benioff Children's Hospital  
 Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **THORNBURG, COURTNEY D**

Provider ID: 206165  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Female  
 License number: C55985  
 NPI: 1538222310  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **WONG, VICTOR**

Provider ID: 206149  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Male  
 License number: A119433  
 NPI: 1154692473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **YU, JENNIFER C**

Provider ID: 206148  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Female  
 License number: A110445  
 NPI: 1326315599  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ZAGE, PETER E**

Provider ID: 206315  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3010 CHILDRENS WAY STE 2W  
 SAN DIEGO, CA 92123-4223

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Male  
 License number: C141853  
 NPI: 1912003161  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PEDIATRIC INFECTIOUS DISEASES**

#### **BRADLEY, JOHN S**

Provider ID: 205983  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-7785  
 Fax: (858) 966-8658  
 After Hours Phone: (858) 966-7785  
 Provider Gender: Male  
 License number: G35234  
 NPI: 1740351592  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

#### **CANNAVINO, CHRISTOPHER R**

Provider ID: 205358  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-7785  
 Fax: (858) 966-8658  
 After Hours Phone: (858) 966-7785  
 Provider Gender: Male  
 License number: A86636  
 NPI: 1831260595  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

#### **CANNAVINO, CHRISTOPHER R**

Provider ID: 205359  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

3020 CHILDRENS WAY STE  
5041  
SAN DIEGO, CA 92123-4223  
Phone: (885) 966-7785  
Fax:  
After Hours Phone: (885)  
966-7785  
Provider Gender: Male  
License number: A86636  
NPI: 1831260595  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Ucsd  
Medical Ctr, Ucsf Benioff  
Children's Hospital Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**CHIANG, LESLIE Y**  
Provider ID: 294102

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-7785  
Fax:  
After Hours Phone: (858)  
966-7785  
Provider Gender: Female  
License number: A147041  
NPI: 1023404050  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**CHRISTMAN, JAMESINA C**  
Provider ID: 259978  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
License number: A93574  
NPI: 1538372032  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Childrens  
Hosp Of Los Angeles, Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/19  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: SA,SU 1PM-10PM, M-F  
4PM-10PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**CHRISTMAN, JAMESINA C**  
Provider ID: 259980  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690  
 Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619)  
 280-2905  
 Provider Gender: Female  
 License number: A93574  
 NPI: 1538372032  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Childrens  
 Hosp Of Los Angeles, Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/19  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: SA,SU 1PM-10PM, M-F  
 4PM-10PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **MILDER, EDMUND A**

Provider ID: 289138  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-7785  
 Fax: (858) 966-8658  
 After Hours Phone: (858)  
 966-7785  
 Provider Gender: Male  
 License number: C175758  
 NPI: 1760460026  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **PONG, ALICE**

Provider ID: 205626  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-7785  
 Fax: (858) 966-8658  
 After Hours Phone: (858)  
 966-7785  
 Provider Gender: Female  
 License number: G75974  
 NPI: 1568533313  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SPECTOR, STEPHEN A**

Provider ID: 206301  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 330 LEWIS ST

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>SAN DIEGO, CA 92103-2108  <i>Phone:</i> (619) 543-8089  <i>Fax:</i> (619) 298-2698  <i>After Hours Phone:</i> (619) 543-8089  <i>Provider Gender:</i> Male  <i>License number:</i> G32467  <i>NPI:</i> 1790857316  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital, Ucsf Benioff Children's Hospital Oakland  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>3030 CHILDRENS WAY FL 2  SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-7785  <i>Fax:</i> (858) 966-8658  <i>After Hours Phone:</i> (858) 966-7785  <i>Provider Gender:</i> Male  <i>License number:</i> G32467  <i>NPI:</i> 1790857316  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital, Childrens Hosp And Resrch Ctr At Oakland  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>NETWORK  3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 246-0157  <i>Fax:</i> (858) 246-0156  <i>After Hours Phone:</i> (858) 246-0157  <i>Provider Gender:</i> Female  <i>License number:</i> A76788  <i>NPI:</i> 1013015445  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Mercy Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Childrens Hosp And Resrch Ctr At Oakland  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health</p>
<p><b>SPECTOR, STEPHEN A</b>  <i>Provider ID:</i> 206302  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK</p>	<p><b>TREMOULET, ADRIANA H</b>  <i>Provider ID:</i> 205392  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Network</p> <p><b>TREMOULET, ADRIANA H</b>  <i>Provider ID:</i> 205393  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY FL 2            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-7785  <i>Fax:</i> (858) 966-8658  <i>After Hours Phone:</i> (858) 966-7785  <i>Provider Gender:</i> Female  <i>License number:</i> A76788  <i>NPI:</i> 1013015445  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Mercy Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Childrens Hosp And Resrch Ctr At Oakland  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i></p>	<p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <hr/> <p style="text-align: center;"><b>PEDIATRIC NEPHROLOGY</b></p> <hr/> <p><b>ALLRED, ERIKA T</b>  <i>Provider ID:</i> 294221  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-8547  <i>Fax:</i> (858) 966-7930  <i>After Hours Phone:</i> (858) 966-8547  <i>Provider Gender:</i> Female  <i>License number:</i> A151669  <i>NPI:</i> 1073977120  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No</p>	<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <hr/> <p><b>BENADOR, NADINE M</b>  <i>Provider ID:</i> 205908  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            8001 FROST ST            SAN DIEGO, CA 92123-2746  <i>Phone:</i> (858) 966-8052  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-8052  <i>Provider Gender:</i> Female  <i>License number:</i> A84483  <i>NPI:</i> 1366513129  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i></p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **CARTER, CAITLIN E**

Provider ID: 205641  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
Phone: (858) 966-8052  
Fax: (858) 966-7789  
After Hours Phone: (858)  
966-8052  
Provider Gender: Female  
License number: A93600  
NPI: 1255514618  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Green Hospital, Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **GUNTA, SUJANA S**

Provider ID: 205947  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
Phone: (760) 631-5000  
Fax:  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
License number: A109056  
NPI: 1932304342  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hindi, Marathi, Spanish, Telugu  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **INGULLI, ELIZABETH G**

Provider ID: 206322  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST STE 10  
SAN DIEGO, CA 92123-2746  
Phone: (858) 966-8052  
Fax: (858) 966-7789  
After Hours Phone: (858)  
966-8052  
Provider Gender: Female  
License number: G87981  
NPI: 1811919244  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Sharp  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **KIMBALL, AMY L**

Provider ID: 262149

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

License number: A87696

NPI: 1932255668

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital  
Encinitas, Ucsd Medical Ctr,  
Southwest Healthcare System  
Wildomar, Scripps Mercy  
Hospital Chula Vista, Southwest  
Healthcare System Murrieta,  
Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **NOURBAKSH, NOUREDDIN D**

Provider ID: 205604

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8001 FROST ST  
SAN DIEGO, CA 92123-2746

Phone: (858) 966-8052

Fax: (858) 966-7789

After Hours Phone: (858)

966-8052

Provider Gender: Male

License number: 20A11746

NPI: 1801082003

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsf Benioff  
Children's Hospital Oakland

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **PANNELL, JEFFREY S**

Provider ID: 262369

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 120  
SAN DIEGO, CA 92123-2776

Phone: (858) 966-8574

Fax: (858) 966-7930

After Hours Phone: (858)

966-8574

Provider Gender: Male

License number: A120161

NPI: 1346426996

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr, Rady Childrens  
Hospital San Diego

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### PERENS, ELLIOT A

Provider ID: 205726  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
 Phone: (858) 966-8052  
 Fax: (858) 966-7789  
 After Hours Phone: (858)  
 966-8052  
 Provider Gender: Male  
 License number: A108840  
 NPI: 1922328947  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland, Medical Ctr At Ucsf

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### YORGIN, PETER D

Provider ID: 206225  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8001 FROST ST # 1 ENTRANCE  
 SAN DIEGO, CA 92123-2746  
 Phone: (858) 966-8052  
 Fax: (858) 966-7789  
 After Hours Phone: (858)  
 966-8052  
 Provider Gender: Male  
 License number: G64029  
 NPI: 1023039831  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital,  
 Sharp Memorial Hospital, Ucsf

Benioff Children's Hospital  
 Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### PEDIATRIC ORTHOPEDICS

### CHAMBERS, HENRY G

Provider ID: 205793  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-5999  
 Fax: (858) 576-8412  
 After Hours Phone: (858)  
 576-5999  
 Provider Gender: Male  
 License number: A44985  
 NPI: 1205907060  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health            Network</p>	<p><i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health            Network</p>	<p><i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health            Network</p>
<p><b>CHAMBERS, HENRY G</b>  <i>Provider ID:</i> 217680  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            3030 CHILDRENS WAY FL 3            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-6789  <i>Fax:</i> (858) 966-6706  <i>After Hours Phone:</i> (858)            966-1700  <i>Provider Gender:</i> Male  <i>License number:</i> A44985  <i>NPI:</i> 1205907060  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego</p>	<p><b>EDMONDS, ERIC W</b>  <i>Provider ID:</i> 205492  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            3030 CHILDRENS WAY STE 410            SAN DIEGO, CA 92123-4228  <i>Phone:</i> (858) 966-6789  <i>Fax:</i> (858) 966-6706  <i>After Hours Phone:</i> (858)            966-6789  <i>Provider Gender:</i> Male  <i>License number:</i> A86165  <i>NPI:</i> 1013048412  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Ucsf Benioff Children's Hospital            Oakland</p>	<p><b>EDMONDS, ERIC W</b>  <i>Provider ID:</i> 205494  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            7910 FROST ST STE 190            SAN DIEGO, CA 92123-2731  <i>Phone:</i> (858) 966-9360  <i>Fax:</i> (858) 966-8519  <i>After Hours Phone:</i> (858)            966-9360  <i>Provider Gender:</i> Male  <i>License number:</i> A86165  <i>NPI:</i> 1013048412  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady            Childrens Hospital San Diego,            Ucsf Benioff Children's Hospital            Oakland</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:  No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:  No            Hours: M-SU 12AM-11:59PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:  No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>EDMONDS, ERIC W</b>            Provider ID: 205495            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223            Phone: (858) 966-8800            Fax: (858) 966-7433            After Hours Phone: (858) 966-8800            Provider Gender: Male            License number: A86165            NPI: 1013048412            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland            Medi-Cal Open Panel: No</p>	<p><b>EDMONDS, ERIC W</b>            Provider ID: 260841            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY FL 3            SAN DIEGO, CA 92123-4232            Phone: (858) 966-6789            Fax: (858) 966-6706            After Hours Phone: (858) 966-6789            Provider Gender: Male            License number: A86165            NPI: 1013048412            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland            Medi-Cal Open Panel: No</p>	<p><b>NEWTON, PETER O</b>            Provider ID: 242970            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY FL 3            SAN DIEGO, CA 92123-4232            Phone: (858) 966-6789            Fax:            After Hours Phone: (858) 966-6789            Provider Gender: Male            License number: A45168            NPI: 1023189883            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Doctors Hospital Of Riverside Llc            Medi-Cal Open Panel: Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/18	American Sign Language (ASL): No	♿ Accessibility: Hours: M-SU 12AM-11:59PM
American Sign Language (ASL): No	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
♿ Accessibility: Hours: M-SA 9AM-5PM	Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	
Website: Email: Medical Group(s): IPA: Rady Childrens Health Network		
<b>PENNOCK, ANDREW T</b>	<b>PRING, MAYA E</b>	<b>RICKERT, KATHLEEN D</b>
Provider ID: 262451	Provider ID: 205779	Provider ID: 205977
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK	RADY CHILDRENS HEALTH NETWORK	RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3	3020 CHILDRENS WAY	3030 CHILDRENS WAY STE 3
SAN DIEGO, CA 92123-4232	SAN DIEGO, CA 92123-4223	SAN DIEGO, CA 92123-4232
Phone: (858) 966-6789	Phone: (858) 966-8800	Phone: (858) 966-6789
Fax: (858) 966-6706	Fax: (858) 966-7433	Fax: (858) 966-6706
After Hours Phone: (858) 966-6789	After Hours Phone: (858) 966-8800	After Hours Phone: (858) 966-6789
Provider Gender: Male	Provider Gender: Female	Provider Gender: Female
License number: A90049	License number: A77003	License number: A140439
NPI: 1619151685	NPI: 1104997964	NPI: 1023308921
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland	Hospital Affiliation: Rady Childrens Hospital San Diego	Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: No	Medi-Cal Open Panel: No
Min/Max Age: 0/18	Min/Max Age: 0/18	Min/Max Age: 0/18
	American Sign Language (ASL): No	American Sign Language (ASL): No
	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Website:	IPA: Rady Childrens Health Network	<b>UPASANI, VIDYADHAR V</b> Provider ID: 260953 Board Certified Specialty: No
Email:		RADY CHILDRENS HEALTH NETWORK
Medical Group(s):	<b>UPASANI, VIDYADHAR V</b> Provider ID: 205916 Board Certified Specialty: No	3030 CHILDRENS WAY FL 3 SAN DIEGO, CA 92123-4232
IPA: Rady Childrens Health Network	RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY STE 410 SAN DIEGO, CA 92123-4228	Phone: (858) 966-6789 Fax: (858) 966-6706 After Hours Phone: (858) 966-6789
<b>UPASANI, VIDYADHAR V</b> Provider ID: 205914 Board Certified Specialty: No	3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223	Phone: (858) 966-8800 Fax: (858) 966-7433 After Hours Phone: (858) 966-8800
RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223	Phone: (858) 966-8800 Fax: (858) 966-7433 After Hours Phone: (858) 966-8800	Provider Gender: Male License number: A97603 NPI: 1548417652 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No
Phone: (858) 966-8800 Fax: (858) 966-7433 After Hours Phone: (858) 966-8800	Provider Gender: Male License number: A97603 NPI: 1548417652 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No	⌘ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
Provider Gender: Male License number: A97603 NPI: 1548417652 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No	⌘ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	<b>WALLACE, CHARLES D</b> Provider ID: 205661
Hours: M-SU 12AM-11:59PM Website: Email: Medical Group(s):	Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY STE 410  
 SAN DIEGO, CA 92123-4228  
*Phone:* (858) 966-6789  
*Fax:* (858) 966-6706  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Male  
*License number:* G67953  
*NPI:* 1144229600  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Parkview Community Hospital  
 Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **WALLACE, CHARLES D**

*Provider ID:* 205662

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 190  
 SAN DIEGO, CA 92123-2731  
*Phone:* (858) 966-9360  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858) 966-9360  
*Provider Gender:* Male  
*License number:* G67953  
*NPI:* 1144229600  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Parkview Community Hospital  
 Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **WALLACE, CHARLES D**

*Provider ID:* 205663

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 576-8412  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Male  
*License number:* G67953  
*NPI:* 1144229600  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Parkview Community Hospital  
 Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRIC PATHOLOGY**

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## D. Directorio de proveedores de atención especializada

### MO, JUN Q

Provider ID: 205432  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY # 5007 MC  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5944  
 Fax: (858) 966-8087  
 After Hours Phone: (858) 966-5944  
 Provider Gender: Female  
 License number: A72760  
 NPI: 1952402786  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

Provider ID: 205613  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5944  
 Fax: (858) 966-8087  
 After Hours Phone: (858) 966-5944  
 Provider Gender: Male  
 License number: A49890  
 NPI: 1205907961  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5944  
 Fax: (858) 966-8087  
 After Hours Phone: (858) 966-5944  
 Provider Gender: Female  
 License number: A149311  
 NPI: 1326210527  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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### PEDIATRIC PULMONOLOGY

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### NEWBURY, ROBERT O

### TUCKER, SUZANNE M

Provider ID: 205378

### AKONG, KATHRYN A

Provider ID: 205673

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  3030 CHILDRENS WAY STE 2  SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-5846  <i>Fax:</i> (858) 966-8457  <i>After Hours Phone:</i> (858) 966-5846  <i>Provider Gender:</i> Female  <i>License number:</i> A96565  <i>NPI:</i> 1912169061  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Rady Childrens Health Network</p> <p><b>BHATTACHARJEE, RAKESH</b>  <i>Provider ID:</i> 102439  <i>Board Certified Specialty:</i> No  RADY CHILDRENS</p>	<p>SPECIALISTS SAN DIEGO MED FNDTN  3030 CHILDRENS WAY FL 2  SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-4003  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-4003  <i>Provider Gender:</i> Male  <i>License number:</i> C138339  <i>NPI:</i> 1588781173  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Rady Childrens Health Network</p> <p><b>BHATTACHARJEE, RAKESH</b>  <i>Provider ID:</i> 205950  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK</p>	<p>3030 CHILDRENS WAY FL 2  NORTH  SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-5846  <i>Fax:</i> (858) 966-8457  <i>After Hours Phone:</i> (858) 966-5846  <i>Provider Gender:</i> Male  <i>License number:</i> C138339  <i>NPI:</i> 1588781173  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  Cultural Competency: No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  IPA: Rady Childrens Health Network</p> <p><b>BHATTACHARJEE, RAKESH</b>  <i>Provider ID:</i> 246060  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  3020 CHILDRENS WAY</p>
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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax:  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Male  
 License number: C138339  
 NPI: 1588781173  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CERNELC KOHAN, MATEJKA**

Provider ID: 243041  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 After Hours Phone: (858) 966-5846  
 Provider Gender: Female  
 License number: A116947  
 NPI: 1871752451  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Childrens  
 Hosp And Resrch Ctr At  
 Oakland, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CERNELC KOHAN, MATEJKA**

Provider ID: 243042  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 After Hours Phone: (858) 966-5846  
 Provider Gender: Female  
 License number: A116947  
 NPI: 1871752451  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Childrens  
 Hosp And Resrch Ctr At  
 Oakland, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CHENG, EULALIA R**

Provider ID: 205827  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY STE 2  
 SAN DIEGO, CA 92123-4232

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)  
966-5846

Provider Gender: Female

License number: C142765

NPI: 1750394862

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **DUONG, THU A**

Provider ID: 260354

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 2  
NORTH

SAN DIEGO, CA 92123-4232

Phone: (858) 966-5846

Fax: (858) 569-8457

After Hours Phone: (858)  
966-5846

Provider Gender: Female

License number: A127187

NPI: 1326309881

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **DUONG, THU A**

Provider ID: 260356

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

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

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

License number: A127187

NPI: 1326309881

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **LANDEO GUTIERREZ, JEREMY S**

Provider ID: 284176

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5846

Fax: (858) 569-9052

After Hours Phone: (858)  
966-5846

Provider Gender: Male

License number: A172945

NPI: 1255750360

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **LANDEO GUTIERREZ, JEREMY S**

Provider ID: 284177

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)  
966-5846

Provider Gender: Male

License number: A172945

NPI: 1255750360

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **LENHART-PENDERGRASS, PATRICIA M**

Provider ID: 294641

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)  
966-5846

Provider Gender: Female

License number: A179331

NPI: 1144615659

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **LESSER, DANIEL J**

Provider ID: 205890

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 2  
NORTH  
SAN DIEGO, CA 92123-4232

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5846  
 Fax: (858) 569-5847  
 After Hours Phone: (858) 966-5846  
 Provider Gender: Male  
 License number: A89883  
 NPI: 1427274679  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp Of Los Angeles  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### LIM, MEERANA

Provider ID: 206039  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2  
 NORTH  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-5846  
 Fax: (858) 569-5847  
 After Hours Phone: (858) 966-5846  
 Provider Gender: Female  
 License number: A79998  
 NPI: 1073684833  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### RAO, APARNA R

Provider ID: 118515  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5846  
 Fax:  
 After Hours Phone: (858) 966-5846  
 Provider Gender: Female  
 License number: C54275  
 NPI: 1649222340  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### RAO, APARNA R

Provider ID: 206123  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (858) 966-5846  
Fax: (858) 569-9052  
After Hours Phone: (858) 966-5846  
Provider Gender: Female  
License number: C54275  
NPI: 1649222340  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Hindi  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **RAO, APARNA R**

Provider ID: 206124  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232

Phone: (858) 966-5846  
Fax: (858) 966-5847  
After Hours Phone: (858) 966-5846  
Provider Gender: Female  
License number: C54275  
NPI: 1649222340  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Hindi  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **RYU, JULIE**

Provider ID: 206218  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2  
NORTH  
SAN DIEGO, CA 92123-4232

Phone: (858) 966-5846  
Fax: (858) 569-5847  
After Hours Phone: (858) 966-5846  
Provider Gender: Female  
License number: A94343  
NPI: 1568533321  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **TANTISIRA, KELAN G**

Provider ID: 277183  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5846

Fax: (858) 569-9052

After Hours Phone: (858)  
966-5846

Provider Gender: Male

License number: G67143

NPI: 1760420434

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

Phone: (858) 549-7400

Fax:

After Hours Phone: (858)  
549-7400

Provider Gender: Male

License number: A81474

NPI: 1346251287

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Scripps Memorial Hospital,

Scripps Green Hospital, Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SU 8AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A138998

NPI: 1609190578

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Valley

Childrens Hospital, Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PEDIATRIC RADIOLOGY**

#### **GROVER, RYAN S**

Provider ID: 206104

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

9730 SUMMERS RIDGE RD  
SAN DIEGO, CA 92121-3101

#### **PUGMIRE, BRIAN S**

Provider ID: 285401

Board Certified Specialty: No

UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911

#### **PUGMIRE, BRIAN S**

Provider ID: 285403

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A138998  
 NPI: 1609190578  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Valley Childrens Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PEDIATRIC RHEUMATOLOGY**

#### **CHANG, JOHANNA C**

Provider ID: 246394  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-8082  
 Fax:  
 After Hours Phone: (858) 966-8082  
 Provider Gender: Female  
 License number: A98479  
 NPI: 1821242199  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

#### **CHIRASEVEENUPRAPUND, PETER**

Provider ID: 205936  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289

Phone: (858) 966-7484  
 Fax: (858) 966-6791  
 After Hours Phone: (858) 966-7484  
 Provider Gender: Male  
 License number: A68277  
 NPI: 1467518209  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

#### **CHIRASEVEENUPRAPUND, PETER**

Provider ID: 283268  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 1

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-8082  
 Fax: (858) 966-6791  
 After Hours Phone: (858) 966-8082  
 Provider Gender: Male  
 License number: A68277  
 NPI: 1467518209  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SHEETS, ROBERT M**

Provider ID: 255900  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 1

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-8082  
 Fax: (858) 966-4067  
 After Hours Phone: (858) 966-8082  
 Provider Gender: Male  
 License number: G31567  
 NPI: 1013088772  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/21  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-4:30PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **PEDIATRICS**

### **ABE, NAOMI**

Provider ID: 112862  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED

FN D T N  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A137946  
 NPI: 1821387572  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **AJAYI, TOLUWALASE A**

Provider ID: 205719  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5841	7920 FROST ST STE 200	SAN DIEGO, CA 92115-3621
Fax: (858) 966-6728	SAN DIEGO, CA 92123-4289	Phone: (619) 515-2400
After Hours Phone: (858) 966-5841	Phone: (858) 966-7484	Fax:
Provider Gender: Female	Fax: (858) 966-4064	After Hours Phone: (619) 515-2400
License number: A121454	After Hours Phone: (858) 966-7484	Provider Gender: Female
NPI: 1316175912	Provider Gender: Male	License number: A51563
Provider English Spoken: Yes	License number: G83089	NPI: 1790830511
Provider Language(s) Spoken: Cultural Competency: No	NPI: 1619083961	Provider English Spoken: Yes
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital	Provider English Spoken: Yes	Provider Language(s) Spoken: Hindi
Medi-Cal Open Panel: Yes	Provider Language(s) Spoken: Cultural Competency: No	Cultural Competency: No
Min/Max Age: 0/18	Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego	Hospital Affiliation: Medi-Cal Open Panel: Yes
American Sign Language (ASL): No	Medi-Cal Open Panel: Yes	Min/Max Age: None
No	Min/Max Age: 0/18	American Sign Language (ASL): No
♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	American Sign Language (ASL): No	♿ Accessibility: P, EB, IB, E, R, T, ME
Hours: M-F 8AM-5PM, SA 9AM-5PM	♿ Accessibility: P, EB, IB, E, R, T	Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM
Website:	Hours: M-F 8AM-5PM, SA 9AM-5PM	Website: www.fhcsd.org
Email:	Website:	Email:
Medical Group(s): IPA: Rady Childrens Health Network	Email:	Medical Group(s): City Heights Family Health Centers Inc
	Medical Group(s): IPA: Rady Childrens Health Network	IPA:
<b>ALAGIRI, MADHU</b>	<b>AMATYA, SUDHA</b>	<b>ANDREE, GREGOR</b>
Provider ID: 206387	Provider ID: 122458	Provider ID: 293219
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK	CITY HEIGHTS FAMILY HEALTH CENTERS INC	IHP OF SOUTHERN CALIFORNIA
	5454 EL CAJON BLVD	4305 UNIVERSITY AVE STE 150
		SAN DIEGO, CA 92105-1690

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 280-2058  
 Fax: (858) 633-4682  
 After Hours Phone: (619) 280-2058  
 Provider Gender: Male  
 License number: A72833  
 NPI: 1467436063  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: No  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **ANDREE, GREGOR**

Provider ID: 293220  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700

Provider Gender: Male  
 License number: A72833  
 NPI: 1467436063  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: No  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **AYSON, NICOLE M**

Provider ID: 110023  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3665 KEARNY VILLA RD STE 501  
 SAN DIEGO, CA 92123-1953  
 Phone: (858) 966-5803  
 Fax:  
 After Hours Phone: (858) 966-5803  
 Provider Gender: Female  
 License number: A128091

NPI: 1013278704  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **AYSON, NICOLE M**

Provider ID: 110025  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5841  
 Fax:  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 License number: A128091  
 NPI: 1013278704  
 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Childrens Hospital San Diego  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i> Rady Childrens Health Network</p> <p><b>AYSON, NICOLE M</b>  <i>Provider ID:</i> 110512  <i>Board Certified Specialty:</i> No  FAMILY HLTH CTR SAN DIEGO-CITY COLLEGE  1550 BROADWAY STE 2  SAN DIEGO, CA 92101-5713  <i>Phone:</i> (619) 515-2525  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2525  <i>Provider Gender:</i> Female  <i>License number:</i> A128091  <i>NPI:</i> 1013278704  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady</p>	<p><i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Family Hlth Ctr San Diego- City College  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>AYSON, NICOLE M</b>  <i>Provider ID:</i> 205685  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  3665 KEARNY VILLA RD STE 501  SAN DIEGO, CA 92123-1953  <i>Phone:</i> (858) 966-5803  <i>Fax:</i> (858) 966-5992  <i>After Hours Phone:</i> (858) 966-5803  <i>Provider Gender:</i> Female  <i>License number:</i> A128091  <i>NPI:</i> 1013278704  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady</p>	<p>Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i> Rady Childrens Health Network</p> <p><b>AYSON, NICOLE M</b>  <i>Provider ID:</i> 205686  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH NETWORK  3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5841  <i>Fax:</i> (858) 966-6728  <i>After Hours Phone:</i> (858) 966-5841  <i>Provider Gender:</i> Female  <i>License number:</i> A128091  <i>NPI:</i> 1013278704  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18</p>
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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No</p> <p>⌘ Accessibility: Hours: M-SA 9AM-5PM</p> <p>Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>BEAUCHAMP WALTERS, JULIA</b></p> <p>Provider ID: 270063</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p> <p>Phone: (858) 966-5841</p> <p>Fax: (858) 966-6728</p> <p>After Hours Phone: (858) 966-5841</p> <p>Provider Gender: Female</p> <p>License number: A60054</p> <p>NPI: 1457420713</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Rady Childrens Hospital San Diego</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/25</p> <p>American Sign Language (ASL): No</p> <p>⌘ Accessibility: Hours: M-SU 12AM-11:59PM</p> <p>Website: Email: Medical Group(s):</p>	<p>Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>BEAUCHAMP WALTERS, JULIA</b></p> <p>Provider ID: 52775</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN</p> <p>3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p> <p>Phone: (858) 966-5841</p> <p>Fax: (858) 966-6728</p> <p>After Hours Phone: (858) 966-5841</p> <p>Provider Gender: Female</p> <p>License number: A60054</p> <p>NPI: 1457420713</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Rady Childrens Hospital San Diego</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>⌘ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website: Email: Medical Group(s):</p>
<p><b>BAI-TONG, SHIYU S</b></p> <p>Provider ID: 283285</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p> <p>Phone: (858) 966-5818</p> <p>Fax: (858) 966-5818</p> <p>After Hours Phone: (858) 966-5818</p> <p>Provider Gender: Female</p> <p>License number: A155419</p> <p>NPI: 1528454188</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Rady Childrens Hospital San Diego</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/18</p> <p>American Sign Language (ASL): No</p> <p>⌘ Accessibility:</p>	<p><b>BEAUCHAMP WALTERS, JULIA</b></p> <p>Provider ID: 270063</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p> <p>Phone: (858) 966-5841</p> <p>Fax: (858) 966-6728</p> <p>After Hours Phone: (858) 966-5841</p> <p>Provider Gender: Female</p> <p>License number: A60054</p> <p>NPI: 1457420713</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Rady Childrens Hospital San Diego</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/25</p> <p>American Sign Language (ASL): No</p> <p>⌘ Accessibility: Hours: M-SU 12AM-11:59PM</p> <p>Website: Email: Medical Group(s):</p>	<p><b>BEAUCHAMP WALTERS, JULIA</b></p> <p>Provider ID: 52775</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN</p> <p>3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p> <p>Phone: (858) 966-5841</p> <p>Fax: (858) 966-6728</p> <p>After Hours Phone: (858) 966-5841</p> <p>Provider Gender: Female</p> <p>License number: A60054</p> <p>NPI: 1457420713</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Rady Childrens Hospital San Diego</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>⌘ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website: Email: Medical Group(s):</p>

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## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health  
Network

### **BENADOR, NADINE M**

Provider ID: 52563  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDDTN  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
Phone: (999) 999-9999  
Fax:  
After Hours Phone: (999)  
999-9999  
Provider Gender: Female  
License number: A84483  
NPI: 1366513129  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health

Network

### **CAMERON, MELISSA A**

Provider ID: 205965  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5841  
Fax: (858) 966-6728  
After Hours Phone: (858)  
966-5841  
Provider Gender: Female  
License number: A125249  
NPI: 1902983752  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **CAMERON, MELISSA A**

Provider ID: 79851  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 576-1700  
Fax:  
After Hours Phone: (858)  
576-1700  
Provider Gender: Female  
License number: A125249  
NPI: 1902983752  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Palomar Medical Center  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

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## D. Directorio de proveedores de atención especializada

### **CANTU, ALICIA O**

*Provider ID:* 205752  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A72946  
*NPI:* 1922179688  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CANTU, ALICIA O**

*Provider ID:* 205753

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY STE 300  
 SAN DIEGO, CA 92123-4228  
*Phone:* (858) 966-8974  
*Fax:* (858) 966-6721  
*After Hours Phone:* (858) 966-8974  
*Provider Gender:* Female  
*License number:* A72946  
*NPI:* 1922179688  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CANTU, ALICIA O**

*Provider ID:* 52787  
*Board Certified Specialty:* No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A72946  
*NPI:* 1922179688  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CARROLL, JEANNE M**

*Provider ID:* 108883  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED

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## D. Directorio de proveedores de atención especializada

<p>FNDTN 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5818 Fax: After Hours Phone: (858) 966-5818 Provider Gender: Female License number: A118050 NPI: 1386928224 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Phone: (858) 966-5841 Fax: (858) 966-6728 After Hours Phone: (858) 966-5841 Provider Gender: Female License number: A141057 NPI: 1255785150 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Phone: (858) 966-7484 Fax: After Hours Phone: (858) 966-7484 Provider Gender: Male License number: A68277 NPI: 1467518209 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T, W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<p><b>CHEN, JENNIFER K</b> Provider ID: 205729 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p>	<p><b>CHIRASEVEENUPRAPUND, PETER</b> Provider ID: 86506 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 7920 FROST ST STE 200 SAN DIEGO, CA 92123-4289</p>	<p><b>CHONG, AMY</b> Provider ID: 259993 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p>

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## D. Directorio de proveedores de atención especializada

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Phone: (858) 966-5803  
Fax: (858) 966-5992  
After Hours Phone: (858) 966-5803  
Provider Gender: Female  
License number: A133965  
NPI: 1720423288  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **COHENMEYER, CASEY L**

Provider ID: 52560  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-5841  
Provider Gender: Female  
License number: A80114  
NPI: 1033286430  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Ucsd Medical Ctr, Southwest  
Healthcare System Wildomar,  
Scripps Memorial Hospital  
Encinitas, Southwest  
Healthcare System Murrieta,  
Sharp Memorial Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **CORDES, WILLIAM D**

Provider ID: 122494  
Board Certified Specialty: No

LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Provider Gender: Male  
License number: 20A15743  
NPI: 1174942544  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M 8AM-7PM, TU-TH  
8AM-6PM, F 8AM-5:30PM, SA  
8AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Logan  
Heights Family Health Center  
IPA:

### **CORNELL, CAITLYN**

Provider ID: 295386  
Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

<p>RADY CHILDRENS HEALTH NETWORK 7920 FROST ST STE 200 SAN DIEGO, CA 92123-4289 Phone: (858) 966-7484 Fax: (858) 966-4064 After Hours Phone: (858) 966-7484 Provider Gender: Female License number: NP95006224 NPI: 1154861136 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5841 Fax: (858) 966-6728 After Hours Phone: (858) 966-5841 Provider Gender: Female License number: A49734 NPI: 1174695795 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, El Centro Regional Medical Center, Valley Childrens Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Provider ID: 82886 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-8800 Fax: (858) 966-7433 After Hours Phone: (858) 966-8800 Provider Gender: Male License number: A129572 NPI: 1275761371 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland, Scripps Memorial Hospital Encinitas Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<p><b>DE LA ROSA, IVONNE E</b> Provider ID: 206027 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>	<p><b>DEL RE, ANGELO</b></p>	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><b>DOAN STEPHENS, CRYSTAL T</b>  <i>Provider ID:</i> 293274  <i>Board Certified Specialty:</i> No                      IHP OF SOUTHERN CALIFORNIA                      4305 UNIVERSITY AVE STE 150                      SAN DIEGO, CA 92105-1690  <i>Phone:</i> (619) 280-2058  <i>Fax:</i> (858) 633-4682  <i>After Hours Phone:</i> (619) 280-2058  <i>Provider Gender:</i> Female  <i>License number:</i> A152267  <i>NPI:</i> 1730570144  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                      Cultural Competency: No                      Hospital Affiliation:                      Medi-Cal Open Panel: Yes                      Min/Max Age: 0/18                      American Sign Language (ASL):                      No                      ♿ <i>Accessibility:</i>                      Hours: M-SA 9AM-5PM                      Website:                      Email:                      Medical Group(s):                      IPA: Ihp Of Southern California</p>	<p>7011 LINDA VISTA RD                      SAN DIEGO, CA 92111-6307  <i>Phone:</i> (858) 810-8700  <i>Fax:</i> (858) 633-4680  <i>After Hours Phone:</i> (858) 810-8700  <i>Provider Gender:</i> Female  <i>License number:</i> A152267  <i>NPI:</i> 1730570144  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                      Cultural Competency: No                      Hospital Affiliation:                      Medi-Cal Open Panel: Yes                      Min/Max Age: 0/18                      American Sign Language (ASL):                      No                      ♿ <i>Accessibility:</i>                      Hours: M-SA 9AM-5PM                      Website:                      Email:                      Medical Group(s):                      IPA: Ihp Of Southern California</p>	<p><i>Phone:</i> (858) 966-5841  <i>Fax:</i> (858) 966-6728  <i>After Hours Phone:</i> (858) 966-5841  <i>Provider Gender:</i> Female  <i>License number:</i> A95217  <i>NPI:</i> 1801099676  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                      Gujarati, Spanish                      Cultural Competency: No                      Hospital Affiliation: Rady                      Childrens Hospital San Diego,                      Palomar Medical Center                      Medi-Cal Open Panel: Yes                      Min/Max Age: 0/18                      American Sign Language (ASL):                      No                      ♿ <i>Accessibility:</i>                      Hours: M-F 8AM-5PM, SA                      9AM-5PM                      Website:                      Email:                      Medical Group(s):                      IPA: Rady Childrens Health                      Network</p>
<p><b>DOAN STEPHENS, CRYSTAL T</b>  <i>Provider ID:</i> 293275  <i>Board Certified Specialty:</i> No                      IHP OF SOUTHERN CALIFORNIA</p>	<p><b>DOSHI, AMI P</b>  <i>Provider ID:</i> 205329  <i>Board Certified Specialty:</i> No                      RADY CHILDRENS HEALTH NETWORK                      3020 CHILDRENS WAY                      SAN DIEGO, CA 92123-4223</p>	<p><b>DOSHI, AMI P</b>  <i>Provider ID:</i> 205330  <i>Board Certified Specialty:</i> No                      RADY CHILDRENS HEALTH NETWORK                      3030 CHILDRENS WAY STE 300</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4228 Phone: (858) 966-8974 Fax: (858) 966-6721 After Hours Phone: (858) 966-8974 Provider Gender: Female License number: A95217 NPI: 1801099676 Provider English Spoken: Yes Provider Language(s) Spoken: Gujarati, Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 576-1700 Fax: After Hours Phone: (858) 576-1700 Provider Gender: Male License number: A107618 NPI: 1053545376 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hospital At Mission, Childrens Hospital Of Orange County Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	FNDTN 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690 Phone: (619) 280-2905 Fax: After Hours Phone: (619) 280-2905 Provider Gender: Female License number: A127187 NPI: 1326309881 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>DO, THOMAS B</b> Provider ID: 101284 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN	<b>DUONG, THU A</b> Provider ID: 103011 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED	<b>EDMUNDS, MICHELLE A</b> Provider ID: 102047 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 3020 CHILDRENS WAY

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax: (858) 966-6728  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Female  
 License number: A129816  
 NPI: 1881958064  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **EDMUNDS, MICHELLE A**

Provider ID: 205864  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 License number: A129816  
 NPI: 1881958064  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **EKPENYONG, ATIM O**

Provider ID: 97424  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A134969  
 NPI: 1932318565  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Southwest Healthcare System  
 Wildomar, Southwest  
 Healthcare System Murrieta  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ETKIN, MARC L**

Provider ID: 51983  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDDTN

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 License number: A75092  
 NPI: 1194896852  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

Phone: (858) 966-8974  
 Fax: (858) 966-6721  
 After Hours Phone: (858)  
 966-8974  
 Provider Gender: Female  
 License number: G66360  
 NPI: 1841361508  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

Phone: (858) 966-5841  
 Fax:  
 After Hours Phone: (858)  
 966-5841  
 Provider Gender: Female  
 License number: G66360  
 NPI: 1841361508  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**FISHER, ERIN R**  
 Provider ID: 205906  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY STE  
 300  
 SAN DIEGO, CA 92123-4228

**FISHER, ERIN R**  
 Provider ID: 205907  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4232

**FISHER, ERIN R**  
 Provider ID: 260913  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 License number: G66360  
 NPI: 1841361508  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **FLEMING, SARAH E**

Provider ID: 104812  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 4077 5TH AVE  
 SAN DIEGO, CA 92103-2105

Phone: (619) 260-7046  
 Fax: (619) 686-3843  
 After Hours Phone: (619) 260-7046  
 Provider Gender: Female  
 License number: A89838  
 NPI: 1679809826  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **FORTUNE, ERIN L**

Provider ID: 38555  
 Board Certified Specialty: No  
 LOGAN HEIGHTS FAMILY HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Provider Gender: Male  
 License number: A95577  
 NPI: 1801088422  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: ME  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan Heights Family Health Center  
 IPA:

### **GAHAGAN, SHEILA**

Provider ID: 214387  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 7910 FROST ST STE 230  
 SAN DIEGO, CA 92123-2776

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: C53666  
 NPI: 1053327221  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GANESAN, ANUSHA P**

Provider ID: 114913  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3010 CHILDRENS WAY STE 2W  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811  
 Fax:  
 After Hours Phone: (858) 966-5811  
 Provider Gender: Female  
 License number: A147249  
 NPI: 1982091740  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **GHAFOURI, NAZLI**

Provider ID: 257249  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A94326  
 NPI: 1942325113  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: California Pacific Med Ctr Pacific Campus, California Pacific Medical Center - Mission Bernal Campus, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **GIST, LAUREN**

Provider ID: 214433  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 7910 FROST ST STE 230  
 SAN DIEGO, CA 92123-2776

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A81381  
 NPI: 1023105335  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **GLENN, TARA J**

Provider ID: 283159  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5818  
 Provider Gender: Female  
 License number: A170207  
 NPI: 1992060974  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **GOLEMBESKI, DAVID J**

Provider ID: 83625  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-3759  
 Fax:  
 After Hours Phone: (619) 543-3759  
 Provider Gender: Male  
 License number: G63111  
 NPI: 1376614131  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **GOTTSCHALK, MICHAEL E**

Provider ID: 52040  
 Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

<p>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123-4232 Phone: (858) 966-4003 Fax: After Hours Phone: (858) 966-4003 Provider Gender: Male License number: G55424 NPI: 1033280888 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>GRAY, SARAH M</b> Provider ID: 284224 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>	<p>3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5841 Fax: (858) 966-6728 After Hours Phone: (858) 966-5841 Provider Gender: Female License number: A151631 NPI: 1508210311 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>GREENBERG, MARK</b> Provider ID: 63927 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911</p>	<p>Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: G63733 NPI: 1710906375 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>GUNTA, SUJANA S</b> Provider ID: 80521 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123-4232</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-4003  
 Fax:  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female  
 License number: A109056  
 NPI: 1932304342  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Marathi, Spanish, Telugu  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HEGDE, SANJEET R**

Provider ID: 74643  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: A112326  
 NPI: 1306036884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HERSHEY, DANIEL W**

Provider ID: 205990  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 License number: A82477  
 NPI: 1063435055  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HERSHEY, DANIEL W**

Provider ID: 205994  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY STE 300  
 SAN DIEGO, CA 92123-4228

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-8974  
 Fax: (858) 966-6721  
 After Hours Phone: (858) 966-8974  
 Provider Gender: Male  
 License number: A82477  
 NPI: 1063435055  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HERSKOVITZ, SCOTT A**

Provider ID: 126733  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY # 5063 MC

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-4073  
 Fax:  
 After Hours Phone: (858) 966-4073  
 Provider Gender: Male  
 License number: A155234  
 NPI: 1225393499  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HONOLD, JOSE A**

Provider ID: 52532  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Male  
 License number: A51798  
 NPI: 1093886855  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Pioneers Memorial Hospital, El Centro Regional Medical Center, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HSIEH, LESLIE Q**

Provider ID: 206031

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            7920 FROST ST STE 200            SAN DIEGO, CA 92123-4289  <i>Phone:</i> (858) 966-7484  <i>Fax:</i> (858) 966-4064  <i>After Hours Phone:</i> (858) 966-7484  <i>Provider Gender:</i> Female  <i>License number:</i> A120282  <i>NPI:</i> 1326207283  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5841  <i>Fax:</i> (858) 966-6728  <i>After Hours Phone:</i> (858) 966-5841  <i>Provider Gender:</i> Female  <i>License number:</i> A137270  <i>NPI:</i> 1770841140  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5841  <i>Fax:</i> (858) 966-6728  <i>After Hours Phone:</i> (858) 966-5841  <i>Provider Gender:</i> Female  <i>License number:</i> A137270  <i>NPI:</i> 1770841140  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>HUANG, MARIA Z</b>  <i>Provider ID:</i> 102388  <i>Board Certified Specialty:</i> No</p>	<p><b>HUANG, MARIA Z</b>  <i>Provider ID:</i> 205974  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK</p>	<p><b>HUNTER, WENDY L</b>  <i>Provider ID:</i> 52857  <i>Board Certified Specialty:</i> No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            3020 CHILDRENS WAY</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax:  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Female  
 License number: A94607  
 NPI: 1053515551  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **INGULLI, ELIZABETH G**

Provider ID: 52564  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 8001 FROST ST

SAN DIEGO, CA 92123-2746  
 Phone: (858) 966-5855  
 Fax:  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Female  
 License number: G87981  
 NPI: 1811919244  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **JIMENEZ BACARDI, ADRIA**

Provider ID: 294640  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Male  
 License number: A161861  
 NPI: 1467847293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: St Marys Hospital And Medical Center, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **JONES, MARILYN C**

Provider ID: 52308  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7920 FROST ST STE 200

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

<p>SAN DIEGO, CA 92123-4289            Phone: (858) 966-7484            Fax: (858) 966-4064            After Hours Phone: (858) 966-7484            Provider Gender: Female            License number: G30850            NPI: 1295806040            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego,            Ucsd Medical Ctr, Ucsd La Jolla            John Sally Thornton            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: P, EB, IB, E, R, T,            W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network, Ucsd Medical Group</p>	<p>3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223            Phone: (858) 576-1700            Fax:            After Hours Phone: (858)            576-1700            Provider Gender: Female            License number: A126911            NPI: 1659632362            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p>	<p>Phone: (844) 200-2426            Fax:            After Hours Phone: (844)            200-2426            Provider Gender: Female            License number: C54941            NPI: 1972536654            Provider English Spoken: Yes            Provider Language(s) Spoken:            Bengali, Hindi, Polish, Spanish,            Tagalog            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M,TU,TH,F            8:30AM-5:30PM, W 10AM-7PM,            SA 9AM-5PM            Website:            www.operationsamahan.org            Email:            Medical Group(s): Operation            Samahan - Mira Mesa            IPA: Community Care Ipa Llc</p>
<p><b>KANTHARIA, TINA H</b>            Provider ID: 109309            Board Certified Specialty: No            RADY CHILDRENS            SPECIALISTS SAN DIEGO MED            FN D TN</p>	<p><b>KARMAKAR, KANKA</b>            Provider ID: 116261            Board Certified Specialty: No            OPERATION SAMAHAN - MIRA            MESA            10737 CAMINO RUIZ STE 235            SAN DIEGO, CA 92126-2375</p>	<p><b>KARMAKAR, KANKA, MD</b>            Provider ID: 213847            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            10737 CAMINO RUIZ STE 235            SAN DIEGO, CA 92126-2375</p>

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## D. Directorio de proveedores de atención especializada

Phone: (844) 200-2426	Phone: (858) 966-5803	SAN DIEGO, CA 92123-4223
Fax: (858) 578-4417	Fax: (858) 966-5992	Phone: (858) 966-5841
After Hours Phone: (844) 200-2426	After Hours Phone: (858) 966-5803	Fax: (858) 966-6728
Provider Gender: Female	Provider Gender: Female	After Hours Phone: (858) 966-5841
License number: C54941	License number: C33767	Provider Gender: Female
NPI: 1972536654	NPI: 1295806057	License number: C33767
Provider English Spoken: Yes	Provider English Spoken: Yes	NPI: 1295806057
Provider Language(s) Spoken: Bengali, Hindi, Polish, Spanish, Tagalog	Provider Language(s) Spoken: Cultural Competency: No	Provider English Spoken: Yes
Cultural Competency: No	Hospital Affiliation: Ucsd Medical Ctr, Ucsf Benioff Children's Hospital Oakland, Rady Childrens Hospital San Diego	Provider Language(s) Spoken: Cultural Competency: No
Hospital Affiliation:	Medi-Cal Open Panel: Yes	Hospital Affiliation: Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
Medi-Cal Open Panel: Yes	Min/Max Age: 0/18	Medi-Cal Open Panel: Yes
Min/Max Age: 0/18	American Sign Language (ASL): No	Min/Max Age: 0/18
American Sign Language (ASL): No	⌘ Accessibility:	American Sign Language (ASL): No
⌘ Accessibility:	Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM	⌘ Accessibility:
Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM	Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-SA 9AM-5PM
Website:	Website:	Website:
Email:	Email:	Email:
Medical Group(s):	Medical Group(s):	Medical Group(s):
IPA: Community Care Ipa Llc	IPA: Rady Childrens Health Network	IPA: Rady Childrens Health Network
<b>KAUFHOLD, MARILYN J</b>	<b>KAUFHOLD, MARILYN J</b>	<b>KHARE, MANASWITHA</b>
Provider ID: 206213	Provider ID: 206214	Provider ID: 109081
Board Certified Specialty: Yes	Board Certified Specialty: No	Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK	RADY CHILDRENS HEALTH NETWORK	RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3665 KEARNY VILLA RD STE 501	3020 CHILDRENS WAY	3020 CHILDRENS WAY
SAN DIEGO, CA 92123-1953		

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 License number: A140062  
 NPI: 1912345307  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KHARE, MANASWITHA**

Provider ID: 206289  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 License number: A140062  
 NPI: 1912345307  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KIMBALL, AMY L**

Provider ID: 52537  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841  
 Fax:  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 License number: A87696  
 NPI: 1932255668  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital  
 Encinitas, Ucsd Medical Ctr,  
 Southwest Healthcare System  
 Wildomar, Scripps Mercy  
 Hospital Chula Vista, Southwest  
 Healthcare System Murrieta,  
 Scripps Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network  
**KIM, JANE J**  
 Provider ID: 52051  
 Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 3030 CHILDRENS WAY FL 3 SAN DIEGO, CA 92123-4232 Phone: (858) 966-6789 Fax: After Hours Phone: (858) 966-6789 Provider Gender: Female License number: C51620 NPI: 1235200098 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Medical Ctr At Ucsf Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>SPECIALISTS SAN DIEGO MED FNDTN 3010 CHILDRENS WAY STE 2W SAN DIEGO, CA 92123-4223 Phone: (858) 966-5811 Fax: (858) 966-8035 After Hours Phone: (858) 966-5811 Provider Gender: Female License number: A80257 NPI: 1255402012 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123-4232 Phone: (858) 966-4003 Fax: After Hours Phone: (858) 966-4003 Provider Gender: Female License number: G76034 NPI: 1760553515 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<p><b>KIM, JENNY M</b> Provider ID: 52313 Board Certified Specialty: No RADY CHILDRENS</p>	<p><b>KLEIN, KAREN O</b> Provider ID: 52052 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN</p>	<p><b>KUELBS, CYNTHIA L</b> Provider ID: 205341 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-1726

Fax: (858) 966-6271

After Hours Phone: (858)  
966-1726

Provider Gender: Female

License number: G58415

NPI: 1932270691

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **KUO, DENNIS J**

Provider ID: 91889

Board Certified Specialty: No  
CHILDRENS HOSP SAN DIEGO  
CHADWICK CTR

3010 CHILDRENS WAY STE 2W  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811

Fax:

After Hours Phone: (858)  
966-5811

Provider Gender: Male

License number: A84128

NPI: 1750492146

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **LAMBERTI, JOHN J**

Provider ID: 205612

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY STE 202  
SAN DIEGO, CA 92123-4227

Phone: (858) 966-8030

Fax: (858) 966-8032

After Hours Phone: (858)  
966-8030

Provider Gender: Male

License number: G19503

NPI: 1518038371

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Sharp

Memorial Hospital, Childrens

Hospital Of Orange County,  
Childrens Hosp And Resrch Ctr

At Oakland, Lucile Salter

Packard Childrens Hosp,  
Stanford Health Care

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **LANE, BRIAN P**

Provider ID: 52539

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858)  
 966-5841  
*Provider Gender:* Male  
*License number:* A73829  
*NPI:* 1427129287  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital  
 Encinitas, Scripps Memorial  
 Hospital, Sharp Chula Vista  
 Med Ctr, Southwest Healthcare  
 System Wildomar, Southwest  
 Healthcare System Murrieta,  
 Scripps Mercy Hospital, Scripps  
 Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network  
**LARROW, ANNIE N**  
*Provider ID:* 276013  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858)  
 966-5841  
*Provider Gender:* Female  
*License number:* A147181  
*NPI:* 1417344128  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network  
**LAUB, NATALIE**  
*Provider ID:* 274665  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858)  
 966-5841  
*Provider Gender:* Female  
*License number:* A168555  
*NPI:* 1336448083  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **LAUB, NATALIE**

*Provider ID:* 274666  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3665 KEARNY VILLA RD STE 500  
 SAN DIEGO, CA 92123-1953  
*Phone:* (858) 966-5980  
*Fax:* (858) 966-8535  
*After Hours Phone:* (858) 966-5980  
*Provider Gender:* Female  
*License number:* A168555  
*NPI:* 1336448083  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LEE, BEGEM**

*Provider ID:* 205923

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A126770  
*NPI:* 1053672444  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LEHNERT SCHUCHARDT, ELEANOR L**

*Provider ID:* 127691  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Female  
*License number:* A156946  
*NPI:* 1760707210  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SU 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LEIBEL, SANDRA L**

*Provider ID:* 103580  
*Board Certified Specialty:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 576-1700  
Fax:  
After Hours Phone: (858)  
576-1700  
Provider Gender: Female  
License number: A121976  
NPI: 1407024995  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Polish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas,  
Rady Childrens Hospital San  
Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### LEIBEL, SYDNEY A

Provider ID: 106806  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN  
5776 RUFFIN RD  
SAN DIEGO, CA 92123-1013  
Phone: (858) 292-1144  
Fax: (858) 268-5145  
After Hours Phone: (858)  
292-1144  
Provider Gender: Male  
License number: A116427  
NPI: 1861666919  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### LENZEN, CHRISTIANE

Provider ID: 112872  
Board Certified Specialty: No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 576-1700  
Fax:  
After Hours Phone: (858)  
576-1700  
Provider Gender: Female  
License number: C143617  
NPI: 1497982227  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, German  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
University Hsp Of San Diego Co,  
Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### LENZEN, CHRISTIANE

Provider ID: 205978

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:*  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* C143617  
*NPI:* 1497982227  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, German  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, University Hsp Of San Diego Co, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*No*  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### LEVINE, FRED

*Provider ID:* 52504  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6789  
*Fax:*  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Male  
*License number:* G65341  
*NPI:* 1154493476  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*No*  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### LEVY, MICHAEL

*Provider ID:* 206053

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:*  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Male  
*License number:* A112901  
*NPI:* 1699937250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Cedars Sinai Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*No*  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### LE, CRYSTAL N

*Provider ID:* 52540

*Board Certified Specialty:* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5818  
Fax:  
After Hours Phone: (858)  
966-5818  
Provider Gender: Female  
License number: A97634  
NPI: 1003028416  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Southwest Healthcare System  
Wildomar, Southwest  
Healthcare System Murrieta,  
Scripps Memorial Hospital,  
Scripps Memorial Hospital  
Encinitas  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**LE, JOAN T**  
Provider ID: 206524  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE  
300  
SAN DIEGO, CA 92123-4228  
Phone: (858) 966-8974  
Fax: (858) 966-6721  
After Hours Phone: (858)  
966-8974  
Provider Gender: Female  
License number: A99391  
NPI: 1447460050  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Parkview Community Hospital  
Medical Center, Childrens Hosp  
And Resrch Ctr At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

**LUJAN, ARLEEN G**  
Provider ID: 25649  
Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Provider Gender: Female  
License number: A61687  
NPI: 1760412431  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Logan  
Heights Family Health Center

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA:	Network	Network
<b>MANNINO AVILA, ELIZABETH E</b>	<b>MANNINO AVILA, ELIZABETH E</b>	<b>MARIETTI SHEPHERD, SARAH R</b>
<i>Provider ID: 262161</i>	<i>Provider ID: 74656</i>	<i>Provider ID: 206244</i>
<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>
RADY CHILDRENS HEALTH NETWORK	RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN	RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY	3020 CHILDRENS WAY	7930 FROST ST STE 407
SAN DIEGO, CA 92123-4223	SAN DIEGO, CA 92123-4223	SAN DIEGO, CA 92123-4286
<i>Phone: (858) 966-5841</i>	<i>Phone: (858) 966-5841</i>	<i>Phone: (858) 279-8527</i>
<i>Fax: (858) 966-6728</i>	<i>Fax: (858) 966-6728</i>	<i>Fax:</i>
<i>After Hours Phone: (858) 966-5841</i>	<i>After Hours Phone: (858) 966-5841</i>	<i>After Hours Phone: (858) 279-8527</i>
<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>License number: A117906</i>	<i>License number: A117906</i>	<i>License number: A106447</i>
<i>NPI: 1164747127</i>	<i>NPI: 1164747127</i>	<i>NPI: 1801094115</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken: Cultural Competency: No</i>	<i>Provider Language(s) Spoken: Cultural Competency: No</i>	<i>Provider Language(s) Spoken: Cultural Competency: No</i>
<i>Hospital Affiliation: Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego</i>	<i>Hospital Affiliation: Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego</i>	<i>Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: No</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Min/Max Age: 0/18</i>	<i>Min/Max Age: None</i>	<i>Min/Max Age: 0/18</i>
<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>
<i>Accessibility:</i>	<i>Accessibility: W</i>	<i>Accessibility:</i>
<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>	<i>Hours: M-SA 9AM-5PM</i>	<i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA: Rady Childrens Health</i>	<i>IPA: Rady Childrens Health</i>	<i>IPA: Rady Childrens Health</i>

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## D. Directorio de proveedores de atención especializada

Network	Network	Medical Group(s):
<p><b>MARINKOVIC, MAJA</b>  <i>Provider ID:</i> 52053  <i>Board Certified Specialty:</i> No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            3030 CHILDRENS WAY FL 2            SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-4003  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-4003  <i>Provider Gender:</i> Female  <i>License number:</i> A95251  <i>NPI:</i> 1053469767  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health</p>	<p><b>METCALF, ASHLEY M</b>  <i>Provider ID:</i> 101237  <i>Board Certified Specialty:</i> No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-8800  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-8800  <i>Provider Gender:</i> Female  <i>License number:</i> 20A14115  <i>NPI:</i> 1073740205  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i></p>	<p><b>MISHRA-OCCHINO, SEEMA S</b>  <i>Provider ID:</i> 52907  <i>Board Certified Specialty:</i> No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-8800  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-8800  <i>Provider Gender:</i> Female  <i>License number:</i> A100307  <i>NPI:</i> 1689612830  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health</p>

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## D. Directorio de proveedores de atención especializada

Network	SAN DIEGO, CA 92123-2776	SAN DIEGO, CA 92123-4232
<b>MOBLEY, WILLIAM C</b>	Phone: (858) 496-4800	Phone: (858) 966-4003
Provider ID: 128124	Fax:	Fax:
Board Certified Specialty: No	After Hours Phone: (858)	After Hours Phone: (858)
UCSD MEDICAL GROUP	496-4800	966-4003
4510 EXECUTIVE DR STE 325	Provider Gender: Female	Provider Gender: Male
SAN DIEGO, CA 92121-3069	License number: G75021	License number: A73875
Phone: (800) 926-8273	NPI: 1326130584	NPI: 1679644421
Fax:	Provider English Spoken: Yes	Provider English Spoken: Yes
After Hours Phone: (800)	Provider Language(s) Spoken:	Provider Language(s) Spoken:
926-8273	Spanish	Cultural Competency: No
Provider Gender: Male	Cultural Competency: No	Hospital Affiliation: Rady
License number: G36551	Hospital Affiliation: Ucsd	Childrens Hospital San Diego,
NPI: 1902941743	Medical Ctr, Ucsd La Jolla John	Sharp Memorial Hospital, Ucsd
Provider English Spoken: Yes	Sally Thornton	Medical Ctr
Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: No
Cultural Competency: No	Min/Max Age: 0/18	Min/Max Age: None
Hospital Affiliation:	American Sign Language (ASL):	American Sign Language (ASL):
Medi-Cal Open Panel: No	No	No
Min/Max Age: None	♿ Accessibility:	♿ Accessibility: W
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Hours: M-SA 9AM-5PM
No	9AM-5PM	Website:
♿ Accessibility:	Website:	Email:
Hours: M-SA 9AM-5PM	Email:	Medical Group(s):
Website:	Medical Group(s):	IPA: Rady Childrens Health
Email:	IPA: Ucsd Medical Group	Network
Medical Group(s):	<b>NEWFIELD, RON S</b>	<b>NGUYEN, MARGARET B</b>
IPA:	Provider ID: 52057	Provider ID: 83870
<b>NELSON, THEODORA J</b>	Board Certified Specialty: No	Board Certified Specialty: No
Provider ID: 257259	RADY CHILDRENS	RADY CHILDRENS
Board Certified Specialty: No	SPECIALISTS SAN DIEGO MED	SPECIALISTS SAN DIEGO MED
UCSD MEDICAL GROUP	FNDTN	FNDTN
7910 FROST ST STE 230	3030 CHILDRENS WAY FL 2	3020 CHILDRENS WAY

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A131847  
 NPI: 1942485248  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **NIENOW, SHALON M**

Provider ID: 127354  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDDTN

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5841  
 Fax:  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 License number: A155289  
 NPI: 1255592465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 University Of New Mexico  
 Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **NIENOW, SHALON M**

Provider ID: 262189  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

3665 KEARNY VILLA RD STE  
 501  
 SAN DIEGO, CA 92123-1953  
 Phone: (858) 966-5990  
 Fax: (858) 966-5992  
 After Hours Phone: (858) 966-5990  
 Provider Gender: Female  
 License number: A155289  
 NPI: 1255592465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 University Of New Mexico  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **NIENOW, SHALON M**

Provider ID: 262190  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><b>NETWORK</b>            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 576-1700  <i>Fax:</i> (858) 966-6728  <i>After Hours Phone:</i> (858) 576-1700  <i>Provider Gender:</i> Female  <i>License number:</i> A155289  <i>NPI:</i> 1255592465  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, University Of New Mexico Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><b>SPECIALISTS SAN DIEGO MED FNDTN</b>            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5841  <i>Fax:</i> (858) 966-7483  <i>After Hours Phone:</i> (858) 966-5841  <i>Provider Gender:</i> Female  <i>License number:</i> G81056  <i>NPI:</i> 1477625325  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><b>PARDEE, PERRIE E</b>  <i>Provider ID:</i> 205767  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 576-1700  <i>Fax:</i> (858) 966-6782  <i>After Hours Phone:</i> (858) 576-1700  <i>Provider Gender:</i> Female  <i>License number:</i> A123826  <i>NPI:</i> 1578850988  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>ODONNELL, F JANE D</b>  <i>Provider ID:</i> 52506  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS</b></p>		

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **PARKER, PAUL C**

*Provider ID:* 205755  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Male  
*License number:* A54747  
*NPI:* 1841202710  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Marian Regional Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PATEL, AARTI R**

*Provider ID:* 205865  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A142110  
*NPI:* 1871813105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PHILLIPS, SUSAN A**

*Provider ID:* 52151  
*Board Certified Specialty:* No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858) 966-4003  
*Provider Gender:* Female  
*License number:* G85921  
*NPI:* 1588735336  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PIERCE, HEATHER C**

*Provider ID:* 205701  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>3020 CHILDRENS WAY  SAN DIEGO, CA 92123-4223  Phone: (858) 966-5841  Fax: (858) 966-6728  After Hours Phone: (858) 966-5841  Provider Gender: Female  License number: A103389  NPI: 1699955542  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p> <p><b>PIERCE, HEATHER C</b>  Provider ID: 52797  Board Certified Specialty: No  RADY CHILDRENS  SPECIALISTS SAN DIEGO MED  FNDTN  3020 CHILDRENS WAY</p>	<p>SAN DIEGO, CA 92123-4223  Phone: (858) 966-5841  Fax: (858) 966-6728  After Hours Phone: (858) 966-5841  Provider Gender: Female  License number: A103389  NPI: 1699955542  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p> <p><b>RAMOS, CARLOS G</b>  Provider ID: 102158  Board Certified Specialty: No  RADY CHILDRENS  SPECIALISTS SAN DIEGO MED  FNDTN  200 W ARBOR DR  SAN DIEGO, CA 92103-1911</p>	<p>Phone: (619) 543-3759  Fax:  After Hours Phone: (619) 543-3759  Provider Gender: Male  License number: A91944  NPI: 1205047545  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, El Centro Regional  Medical Center, Southwest  Healthcare System Wildomar,  Southwest Healthcare System  Murrieta, Rady Childrens  Hospital San Diego, Ucsd La  Jolla John Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p> <p><b>RHEE, KYUNG E</b>  Provider ID: 206114  Board Certified Specialty: No  RADY CHILDRENS HEALTH</p>
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## D. Directorio de proveedores de atención especializada

<p>NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5841 Fax: (858) 966-6728 After Hours Phone: (858) 966-5841 Provider Gender: Female License number: A112676 NPI: 1013996529 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>RIES, DAVID C</b> Provider ID: 206082 Board Certified Specialty: No RADY CHILDRENS HEALTH</p>	<p>NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5841 Fax: After Hours Phone: (858) 966-5841 Provider Gender: Male License number: A127233 NPI: 1376705483 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>ROBERTS, WILLIAM D</b> Provider ID: 52318 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED</p>	<p>FNDTN 3010 CHILDRENS WAY STE 2W SAN DIEGO, CA 92123-4223 Phone: (858) 966-5811 Fax: After Hours Phone: (858) 966-5811 Provider Gender: Male License number: A46026 NPI: 1245302561 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>RODRIGUEZ, JAVIER</b> Provider ID: 46966 Board Certified Specialty: No LA MAESTRA FAMILY CLINIC INC</p>
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## D. Directorio de proveedores de atención especializada

4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: (619) 255-9155  
 Fax:  
 After Hours Phone: (619)  
 255-9155  
 Provider Gender: Male  
 License number: A82639  
 NPI: 1013059385  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, W  
 Hours: M-SA 9AM-5PM  
 Website: www.lamaestra.org  
 Email:  
 Medical Group(s): La Maestra  
 Family Clinic Inc  
 IPA:

### **RUNGVIVATJARUS, TIRANUN**

Provider ID: 206319  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 After Hours Phone: (858)  
 966-5841  
 Provider Gender: Female  
 License number: A141353  
 NPI: 1407276363  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SAJTI, ENIKO C**

Provider ID: 117483  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDDTN  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-3759  
 Fax: (619) 543-3812  
 After Hours Phone: (619)  
 543-3759  
 Provider Gender: Female  
 License number: A115973  
 NPI: 1649433103  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Childrens  
 Hosp And Resrch Ctr At  
 Oakland, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SAJTI, ENIKO C**

Provider ID: 83875  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

License number: A115973

NPI: 1649433103

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Childrens

Hosp And Resrch Ctr At

Oakland, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Provider Gender: Female

License number: A103099

NPI: 1538484316

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Logan

Heights Family Health Center  
IPA:

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)  
966-5841

Provider Gender: Female

License number: A159494

NPI: 1720512015

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Grossmont Hospital, Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SEBSO, JODI**

Provider ID: 46712

Board Certified Specialty: No

LOGAN HEIGHTS FAMILY  
HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

### **SELLERS, JAIME P**

Provider ID: 294954

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

### **SONG, RICHARD S**

Provider ID: 70909

Board Certified Specialty: No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDRN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5818  
 Provider Gender: Male  
 License number: A112147  
 NPI: 1881893477  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Pomerado Hospital, Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta, Scripps Memorial  
 Hospital, Scripps Memorial  
 Hospital Encinitas, Palomar  
 Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SPECTOR, STEPHEN A**

Provider ID: 52328  
 Board Certified Specialty: No

RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4003  
 Fax:  
 After Hours Phone: (858)  
 966-4003  
 Provider Gender: Male  
 License number: G32467  
 NPI: 1790857316  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Scripps Mercy  
 Hospital, Childrens Hosp And  
 Resrch Ctr At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SPECTOR, STEPHEN A**

Provider ID: 52329

Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDDTN  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 543-8089  
 Fax: (619) 298-2698  
 After Hours Phone: (619)  
 543-8089  
 Provider Gender: Male  
 License number: G32467  
 NPI: 1790857316  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Scripps Mercy  
 Hospital, Childrens Hosp And  
 Resrch Ctr At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SPEZIALE, MARK V**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider ID:* 52555  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
**3020 CHILDRENS WAY**  
**SAN DIEGO, CA 92123-4223**  
*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858) 966-5818  
*Provider Gender:* Male  
*License number:* G78658  
*NPI:* 1801978143  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
**SPITZER, MARSHA D**  
*Provider ID:* 25654  
*Board Certified Specialty:* No  
**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
**1809 NATIONAL AVE**  
**SAN DIEGO, CA 92113-2113**  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Provider Gender:* Female  
*License number:* A76785  
*NPI:* 1851323315  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan

Heights Family Health Center  
*IPA:*  
**STOVER, LAURIE B**  
*Provider ID:* 206196  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
**3020 CHILDRENS WAY**  
**SAN DIEGO, CA 92123-4223**  
*Phone:* (858) 966-5841  
*Fax:*  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A71978  
*NPI:* 1659442317  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

### **STRAIT, MARIE I**

*Provider ID:* 273471  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:*  
*After Hours Phone:* (858) 966-5818  
*Provider Gender:* Female  
*License number:* C167351  
*NPI:* 1669633012  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **STRAIT, MARIE I**

*Provider ID:* 273473  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH

NETWORK  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3759  
*Fax:*  
*After Hours Phone:* (619) 543-3759  
*Provider Gender:* Female  
*License number:* C167351  
*NPI:* 1669633012  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **STRINGER, JESSE D**

*Provider ID:* 118220  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* A120899  
*NPI:* 1972745388  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SURESH, PREMI T**

*Provider ID:* 217863  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3685 KEARNY VILLA RD  
SAN DIEGO, CA 92123-1950

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 966-5990            Fax: (858) 966-6728            After Hours Phone: (858) 966-5990            Provider Gender: Female            License number: A89651            NPI: 1558408559            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Palomar Medical Center            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>SURESH, PREMI T</b>            Provider ID: 265149            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK</p>	<p>3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223            Phone: (858) 576-1700            Fax: (858) 966-6728            After Hours Phone: (858) 576-1700            Provider Gender: Female            License number: A89651            NPI: 1558408559            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Palomar Medical Center            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>SURESH, PREMI T</b>            Provider ID: 265150            Board Certified Specialty: No</p>	<p>RADY CHILDRENS HEALTH NETWORK            3665 KEARNY VILLA RD STE 501            SAN DIEGO, CA 92123-1953            Phone: (858) 966-5990            Fax: (858) 966-7508            After Hours Phone: (858) 966-5990            Provider Gender: Female            License number: A89651            NPI: 1558408559            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsf Benioff Children's Hospital Oakland, Palomar Medical Center            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>SURESH, PREMI T</b></p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

*Provider ID:* 283161  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3665 KEARNY VILLA RD STE 500  
 SAN DIEGO, CA 92123-1953  
*Phone:* (858) 966-5980  
*Fax:* (858) 966-5992  
*After Hours Phone:* (858) 966-5980  
*Provider Gender:* Female  
*License number:* A89651  
*NPI:* 1558408559  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsf Benioff Children's Hospital Oakland, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SUTTNER, DENISE M**  
*Provider ID:* 52558  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:*  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A52313  
*NPI:* 1457433799  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SWEENEY, NATHALY M**  
*Provider ID:* 127345  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:*  
*After Hours Phone:* (858) 966-5818  
*Provider Gender:* Female  
*License number:* A110761  
*NPI:* 1164572632  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W

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## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **TAMAS, VANESSA L**

Provider ID: 109195

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 576-1700

Fax:

After Hours Phone: (858)

576-1700

Provider Gender: Female

License number: A101991

NPI: 1326225368

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Southwest Healthcare System

Wildomar, Childrens Hosp Of

Los Angeles, Southwest

Healthcare System Murrieta

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **TANG, ANDREW S**

Provider ID: 294677

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)

966-8800

Provider Gender: Male

License number: 20A19851

NPI: 1184071516

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **THORNBURG, COURTNEY D**

Provider ID: 70905

Board Certified Specialty: No

CHILDRENS HOSP SAN DIEGO  
CHADWICK CTR

3010 CHILDRENS WAY STE 2W  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811

Fax:

After Hours Phone: (858)

966-5811

Provider Gender: Female

License number: C55985

NPI: 1538222310

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

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## D. Directorio de proveedores de atención especializada

Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **TOVAR PADUA, LEIDY J**

Provider ID: 128013  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8800  
Fax:  
After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
License number: A130894  
NPI: 1033491311  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hosp Of Los Angeles,  
Long Beach Memorial Med Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **TREMOULET, ADRIANA H**

Provider ID: 121500  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDDTN  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-7785  
Fax:  
After Hours Phone: (858)  
966-7785  
Provider Gender: Female  
License number: A76788  
NPI: 1013015445  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital,  
Scripps Mercy Hospital, Sharp  
Mary Birch Hosp For Women  
And Newborns, Scripps  
Memorial Hospital Encinitas,  
Childrens Hosp And Resrch Ctr  
At Oakland  
Medi-Cal Open Panel: No  
Min/Max Age: None

American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **VANE, JACKSON**

Provider ID: 114920  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8800  
Fax:  
After Hours Phone: (858)  
966-8800  
Provider Gender: Male  
License number: A120394  
NPI: 1952608580  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility: W</i>  <i>Hours: M-SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p><i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Rady Childrens Health Network</i></p>
<p><b>VARGAS TRUJILLO, MARCELA</b>  <i>Provider ID: 102679</i>  <i>Board Certified Specialty: No</i>            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            3030 CHILDRENS WAY FL 2            SAN DIEGO, CA 92123-4232  <i>Phone: (858) 966-4003</i>  <i>Fax:</i>  <i>After Hours Phone: (858) 966-4003</i>  <i>Provider Gender: Female</i>  <i>License number: A139213</i>  <i>NPI: 1952534091</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego</i>  <i>Medi-Cal Open Panel: No</i>  <i>Min/Max Age: None</i>  <i>American Sign Language (ASL): No</i>            ♿ <i>Accessibility: W</i></p>	<p><b>VAUCHER, YVONNE E</b>  <i>Provider ID: 107742</i>  <i>Board Certified Specialty: No</i>            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            4168 FRONT ST            SAN DIEGO, CA 92103-2030  <i>Phone: (619) 543-3771</i>  <i>Fax: (619) 543-7543</i>  <i>After Hours Phone: (619) 543-3771</i>  <i>Provider Gender: Female</i>  <i>License number: G25444</i>  <i>NPI: 1275615510</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Ucsd Medical Ctr</i>  <i>Medi-Cal Open Panel: No</i>  <i>Min/Max Age: None</i>  <i>American Sign Language (ASL): No</i>            ♿ <i>Accessibility: W</i>  <i>Hours: M-SA 9AM-5PM</i></p>	<p><b>VAUCHER, YVONNE E</b>  <i>Provider ID: 52559</i>  <i>Board Certified Specialty: No</i>            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            4077 5TH AVE            SAN DIEGO, CA 92103-2105  <i>Phone: (619) 260-7046</i>  <i>Fax:</i>  <i>After Hours Phone: (619) 260-7046</i>  <i>Provider Gender: Female</i>  <i>License number: G25444</i>  <i>NPI: 1275615510</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Ucsd Medical Ctr</i>  <i>Medi-Cal Open Panel: No</i>  <i>Min/Max Age: None</i>  <i>American Sign Language (ASL): No</i>            ♿ <i>Accessibility: W</i>  <i>Hours: M-SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Medical Group(s):*  
*IPA: Rady Childrens Health Network*

### **VILLARROEL, SARAH A**

*Provider ID: 205861*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 3665 KEARNY VILLA RD STE 501  
 SAN DIEGO, CA 92123-1953  
*Phone: (858) 966-5980*  
*Fax: (858) 966-5992*  
*After Hours Phone: (858) 966-5980*  
*Provider Gender: Female*  
*License number: 20A9338*  
*NPI: 1336205558*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: No*  
*Hospital Affiliation: Ucsf Benioff Children's Hospital Oakland, Rady Childrens Hospital San Diego, Ucsd Medical Ctr*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/18*  
*American Sign Language (ASL): No*  
 ☯ *Accessibility:*  
*Hours: M-F 8AM-5PM, SA 9AM-5PM*  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health Network*

### **VILLARROEL, SARAH A**

*Provider ID: 205862*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
*After Hours Phone: (858) 966-5841*  
*Provider Gender: Female*  
*License number: 20A9338*  
*NPI: 1336205558*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: No*  
*Hospital Affiliation: Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego, Ucsd Medical Ctr*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/18*  
*American Sign Language (ASL): No*  
 ☯ *Accessibility:*  
*Hours: M-F 8AM-5PM, SA 9AM-5PM*

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health Network*

### **WAI, SHANNON S**

*Provider ID: 70903*  
*Board Certified Specialty: No*  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone: (858) 966-8800*  
*Fax: (858) 966-7433*  
*After Hours Phone: (858) 966-8800*  
*Provider Gender: Female*  
*License number: A122459*  
*NPI: 1528395282*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: No*  
*Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL): No*  
 ☯ *Accessibility: W*

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM	No	Min/Max Age: None
Website:	♿ Accessibility: W	American Sign Language (ASL):
Email:	Hours: M-SA 9AM-5PM	No
Medical Group(s):	Website:	♿ Accessibility: P, EB, IB, E, W
IPA: Rady Childrens Health Network	Email:	Hours: M-SA 9AM-5PM
	Medical Group(s):	Website:
	IPA: Rady Childrens Health Network	Email:
<b>WANG, EMILY J</b>	<b>WANG, EMILY J</b>	<b>WERHO, DAVID K</b>
Provider ID: 126801	Provider ID: 126804	Provider ID: 118921
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN	RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN	RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223	4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690	3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223
Phone: (858) 966-8800	Phone: (619) 280-2905	Phone: (858) 966-5855
Fax:	Fax:	Fax:
After Hours Phone: (858) 966-8800	After Hours Phone: (619) 280-2905	After Hours Phone: (858) 966-5855
Provider Gender: Female	Provider Gender: Female	Provider Gender: Male
License number: A89393	License number: A89393	License number: A135895
NPI: 1427142363	NPI: 1427142363	NPI: 1235391863
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital	Hospital Affiliation: Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital	Hospital Affiliation: Rady Childrens Hospital San Diego
Medi-Cal Open Panel: No	Medi-Cal Open Panel: No	Medi-Cal Open Panel: No
Min/Max Age: None	Min/Max Age: None	Min/Max Age: None
American Sign Language (ASL):	American Sign Language (ASL):	American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network	Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>WONG, YOLANDA Y</b> Provider ID: 293291 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690 Phone: (619) 280-2058 Fax: (858) 633-4682 After Hours Phone: (619) 280-2058 Provider Gender: Female License number: A94449 NPI: 1851599872 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility:	<b>WONG, YOLANDA Y</b> Provider ID: 293292 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307 Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Provider Gender: Female License number: A94449 NPI: 1851599872 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM	<b>WOSK, BERNARD</b> Provider ID: 294742 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 2630 1ST AVE SAN DIEGO, CA 92103-6599 Phone: (619) 234-2158 Fax: (619) 234-0505 After Hours Phone: (619) 234-2158 Provider Gender: Male License number: A49350 NPI: 1033154984 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medical Group(s):

IPA: Ihp Of Southern California

### **YAPHOCKUN, KAREN K**

Provider ID: 113245

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FN D TN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 576-1700

Fax:

After Hours Phone: (858)

576-1700

Provider Gender: Female

License number: 20A13298

NPI: 1861880817

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **YEH, DEBRA M**

Provider ID: 294672

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)

966-5841

Provider Gender: Female

License number: A156954

NPI: 1497287726

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **YORGIN, PETER D**

Provider ID: 52573

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FN D TN

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (858) 966-5855

Fax:

After Hours Phone: (858)

966-5855

Provider Gender: Male

License number: G64029

NPI: 1023039831

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Scripps Memorial Hospital,

Sharp Memorial Hospital,

Childrens Hosp And Resrch Ctr

At Oakland

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **YU, ELIZABETH L**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<i>Provider ID:</i> 80373	<b>ZAGULI, MARVIN J</b>	<i>IPA:</i>
<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 98958	<b>ZAHEER, AARON A</b>
RADY CHILDRENS	<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 293262
SPECIALISTS SAN DIEGO MED	RADY CHILDRENS	<i>Board Certified Specialty:</i> No
FNDTN	SPECIALISTS SAN DIEGO MED	IHP OF SOUTHERN
3030 CHILDRENS WAY FL 2	FNDTN	CALIFORNIA
SAN DIEGO, CA 92123-4232	12036 SCRIPPS HIGHLANDS DR	4305 UNIVERSITY AVE STE 150
<i>Phone:</i> (858) 966-4003	STE 102	SAN DIEGO, CA 92105-1690
<i>Fax:</i>	SAN DIEGO, CA 92131-5155	<i>Phone:</i> (619) 280-2058
<i>After Hours Phone:</i> (858)	<i>Phone:</i> (858) 566-4444	<i>Fax:</i> (858) 633-4682
966-4003	<i>Fax:</i>	<i>After Hours Phone:</i> (619)
<i>Provider Gender:</i> Female	<i>After Hours Phone:</i> (858)	280-2058
<i>License number:</i> A102372	566-4444	<i>Provider Gender:</i> Male
<i>NPI:</i> 1538485586	<i>Provider Gender:</i> Male	<i>License number:</i> A61238
<i>Provider English Spoken:</i> Yes	<i>License number:</i> G38188	<i>NPI:</i> 1902882301
<i>Provider Language(s) Spoken:</i>	<i>NPI:</i> 1508837501	<i>Provider English Spoken:</i> Yes
<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Hospital Affiliation:</i> Rady	<i>Provider Language(s) Spoken:</i>	Persian, Spanish
Childrens Hospital San Diego,	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
Childrens Hosp And Resrch Ctr	<i>Hospital Affiliation:</i> Rady	<i>Hospital Affiliation:</i> Rady
At Oakland	Childrens Hospital San Diego,	Childrens Hospital San Diego
<i>Medi-Cal Open Panel:</i> No	Sharp Memorial Hospital, Sharp	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> None	Mary Birch Hosp For Women	<i>Min/Max Age:</i> 0/18
<i>American Sign Language (ASL):</i>	And Newborns	<i>American Sign Language (ASL):</i>
No	<i>Medi-Cal Open Panel:</i> No	No
<i>♿ Accessibility:</i> W	<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i>
<i>Hours:</i> M-F 9AM-5PM, SA	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA
9AM-5PM	No	9AM-5PM
<i>Website:</i>	<i>♿ Accessibility:</i> W	<i>Website:</i>
<i>Email:</i>	<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>IPA:</i> Rady Childrens Health	<i>Email:</i>	<i>IPA:</i> Ihp Of Southern California,
Network	<i>Medical Group(s):</i>	Rady Childrens Health Network

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

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### **ZAHEER, AARON A**

Provider ID: 293263  
Board Certified Specialty: No  
IHP OF SOUTHERN CALIFORNIA  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax: (858) 633-4680  
After Hours Phone: (858) 810-8700  
Provider Gender: Male  
License number: A61238  
NPI: 1902882301  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Persian, Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California, Rady Childrens Health Network

### **ZANDKARIMI, FARIBA**

Provider ID: 25659

Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Provider Gender: Female  
License number: A46161  
NPI: 1356373674  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Farsi, Persian, Spanish  
Cultural Competency: No  
Hospital Affiliation: Mercy General Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Logan Heights Family Health Center  
IPA:

### **ZIMMERMAN, ELISE**

Provider ID: 101317  
Board Certified Specialty: No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
License number: A120177  
NPI: 1649413071  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Network</p>
<p><b>PHYSICAL MEDICINE / REHABILITATION</b></p>	<p><b>BIFFL, SUSAN E</b> Provider ID: 287453 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 195 SAN DIEGO, CA 92123-2771 Phone: (858) 966-8974 Fax: After Hours Phone: (858) 966-8974 Provider Gender: Female License number: C151768 NPI: 1366589640 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health</p>	<p><b>BROWN, MACKENZIE E</b> Provider ID: 287516 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 195 SAN DIEGO, CA 92123-2771 Phone: (858) 966-8974 Fax: After Hours Phone: (858) 966-8974 Provider Gender: Female License number: 20A14180 NPI: 1275812323 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<p><b>ALGRA, JEFFREY</b> Provider ID: 287524 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 195 SAN DIEGO, CA 92123-2771 Phone: (858) 966-8974 Fax: After Hours Phone: (858) 966-8974 Provider Gender: Male License number: A121138 NPI: 1457664518 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No Ⓜ Accessibility: Hours: M-SA 9AM-5PM Website: Email:</p>	<p><b>BULLOCK, ANDREW C</b> Provider ID: 257588</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 1855 1ST AVE STE 200  
 SAN DIEGO, CA 92101-2650  
*Phone:* (619) 379-6579  
*Fax:* (619) 501-3846  
*After Hours Phone:* (619)  
 379-6579  
*Provider Gender:* Male  
*License number:* 20A6842  
*NPI:* 1295743045  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Fataleka, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health  
 Plan Direct, Community Care  
 Ipa Llc

### **CHANG, ENOCH H**

*Provider ID:* 295205

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6719 ALVARADO RD STE 200  
 SAN DIEGO, CA 92120-5256  
*Phone:* (619) 229-3932  
*Fax:* (619) 582-2860  
*After Hours Phone:* (619)  
 229-3932  
*Provider Gender:* Male  
*License number:* A126071  
*NPI:* 1205128196  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* St Agnes  
 Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-4:30PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHEN, JEFFREY L**

*Provider ID:* 63845  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* A102762  
*NPI:* 1811183700  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
 Health, Ucsd Medical Ctr, Ucsd  
 La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DALAL, PRITHA B**

*Provider ID:* 287523  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7910 FROST ST STE 195  
 SAN DIEGO, CA 92123-2771

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-8974  
 Fax:  
 After Hours Phone: (858) 966-8974  
 Provider Gender: Female  
 License number: A132097  
 NPI: 1609017532  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **GAVRILYUK, OLEG M**

Provider ID: 34930  
 Board Certified Specialty: No  
 OLEG M GAVRILYUK MD PC  
 6699 ALVARADO RD STE 2302  
 SAN DIEGO, CA 92120-5241

Phone: (619) 578-2518  
 Fax:  
 After Hours Phone: (619) 578-2518  
 Provider Gender: Male  
 License number: A74418  
 NPI: 1952496291  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HURSCHEMAN, ALAN B**

Provider ID: 295864  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 5395 RUFFIN RD STE 204  
 SAN DIEGO, CA 92123-1338  
 Phone: (858) 571-3630  
 Fax: (858) 430-3146  
 After Hours Phone: (858) 571-3630

Provider Gender: Male  
 License number: C155336  
 NPI: 1326031980  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 8:30AM-5PM, F 8:30AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **LEE, HAEWON**

Provider ID: 256226  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Female  
 License number: A161567  
 NPI: 1447661657

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LE, JOAN T**

*Provider ID:* 243378  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A99391  
*NPI:* 1447460050  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **MERCADO, JEFFRY J**

*Provider ID:* 295652  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 6719 ALVARADO RD STE 308  
 SAN DIEGO, CA 92120-5268  
*Phone:* (619) 265-7912  
*Fax:*  
*After Hours Phone:* (619) 265-7912  
*Provider Gender:* Male  
*License number:* A178578  
*NPI:* 1669908562

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **MIGNOSA, ROGER J**

*Provider ID:* 120585  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE STE 200  
 SAN DIEGO, CA 92121-2113  
*Phone:* (858) 657-8600  
*Fax:*  
*After Hours Phone:* (858) 657-8600  
*Provider Gender:* Male  
*License number:* 20A12464  
*NPI:* 1255627691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Sally Thornton	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
Medi-Cal Open Panel: No	No	9AM-5PM
Min/Max Age: None	♿ Accessibility:	Website:
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Email:
No	9AM-5PM	Medical Group(s):
♿ Accessibility: W	Website:	IPA: Ucsd Medical Group
Hours: M-SA 9AM-5PM	Email:	
Website:	Medical Group(s):	<b>MIGNOSA, ROGER J</b>
Email:	IPA: Ucsd Medical Group	Provider ID: 286300
Medical Group(s):		Board Certified Specialty: No
IPA: Ucsd Medical Group	<b>MIGNOSA, ROGER J</b>	UCSD MEDICAL GROUP
	Provider ID: 203478	9333 GENESEE AVE
<b>MIGNOSA, ROGER J</b>	Board Certified Specialty: No	SAN DIEGO, CA 92121-2111
Provider ID: 203477	UCSD MEDICAL GROUP	Phone: (800) 926-8273
Board Certified Specialty: No	9333 GENESEE AVE STE 200	Fax: (888) 539-8781
UCSD MEDICAL GROUP	SAN DIEGO, CA 92121-2113	After Hours Phone: (800)
9909 MIRA MESA BLVD STE	Phone: (800) 926-8273	926-8273
200	Fax:	Provider Gender: Male
SAN DIEGO, CA 92131-1061	After Hours Phone: (800)	License number: 20A12464
Phone: (800) 926-8273	926-8273	NPI: 1255627691
Fax:	Provider Gender: Male	Provider English Spoken: Yes
After Hours Phone: (800)	License number: 20A12464	Provider Language(s) Spoken:
926-8273	NPI: 1255627691	Cultural Competency: No
Provider Gender: Male	Provider English Spoken: Yes	Hospital Affiliation: Ucsd
License number: 20A12464	Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John
NPI: 1255627691	Cultural Competency: No	Sally Thornton
Provider English Spoken: Yes	Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John	Min/Max Age: 0/999
Cultural Competency: No	Sally Thornton	American Sign Language (ASL):
Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes	No
Medical Ctr, Ucsd La Jolla John	Min/Max Age: 0/999	♿ Accessibility:
Sally Thornton	American Sign Language (ASL):	Hours: M-SA 9AM-5PM
Medi-Cal Open Panel: Yes	No	Website:
Min/Max Age: 0/999	♿ Accessibility:	Email:

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## D. Directorio de proveedores de atención especializada

Medical Group(s):

IPA: Ucsd Medical Group

### **RICHARDSON, HENRY A**

Provider ID: 295276

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

3434 MIDWAY DR STE 2001

SAN DIEGO, CA 92110-4924

Phone: (619) 325-1161

Fax: (619) 325-1717

After Hours Phone: (619)

325-1161

Provider Gender: Male

License number: A105294

NPI: 1407052459

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### **RYAN, KYLE**

Provider ID: 287520

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 195

SAN DIEGO, CA 92123-2771

Phone: (858) 966-8974

Fax:

After Hours Phone: (858)

966-8974

Provider Gender: Male

License number: A170177

NPI: 1447645742

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **SCOTT-WYARD, PHOEBE R**

Provider ID: 287519

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 195

SAN DIEGO, CA 92123-2771

Phone: (858) 966-8974

Fax:

After Hours Phone: (858)

966-8974

Provider Gender: Female

License number: 20A11699

NPI: 1336356203

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Childrens

Hosp Of Los Angeles, Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **SKALSKY, ANDREW J**

Provider ID: 287537

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 195

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## D. Directorio de proveedores de atención especializada

---

SAN DIEGO, CA 92123-2771  
 Phone: (858) 966-8974  
 Fax:  
 After Hours Phone: (858) 966-8974  
 Provider Gender: Male  
 License number: A90003  
 NPI: 1487635272  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **TAHAEI, SEYED A**

Provider ID: 295813  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 3434 MIDWAY DR STE 2001  
 SAN DIEGO, CA 92110-4924

Phone: (619) 325-1161  
 Fax: (619) 325-1717  
 After Hours Phone: (619)  
 325-1161  
 Provider Gender: Male  
 License number: A133899  
 NPI: 1275845133  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Mercy Hospital,  
 Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M,W 8AM-5PM, TU,TH  
 7AM-3:30PM, F,SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **THOMPSON, SHARRON L**

Provider ID: 278396  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3703 CAMINO DEL RIO S STE  
 210  
 SAN DIEGO, CA 92108-4033

Phone: (619) 640-5555  
 Fax: (619) 640-5550  
 After Hours Phone: (619)  
 640-5555  
 Provider Gender: Female  
 License number: G55454  
 NPI: 1669462883  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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### **PHYSICIANS ASSISTANT**

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### **AINSWORTH, DELISSA M**

Provider ID: 243367  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3021

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PA53570  
 NPI: 1750734893  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **ALBRIGHT, KELSEY A**

Provider ID: 284763  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (800) 923-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 923-8273  
 Provider Gender: Female  
 License number: PA57996  
 NPI: 1235653148  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **ANDERSON, JUSTIN**

Provider ID: 289121  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Male  
 License number: PA60229  
 NPI: 1366105074  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hosp Med Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **ANDERSON, JUSTIN**

Provider ID: 295992  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Directorio de proveedores de atención especializada

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Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800  
Provider Gender: Male  
License number: PA60229  
NPI: 1366105074  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado Hosp Med Ctr, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SU 12AM-11:59PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **ARMEEN, GARY P**

Provider ID: 247035  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: PA21505  
NPI: 1760774863  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **ASARO, AMANDA M**

Provider ID: 260258  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY STE 410  
SAN DIEGO, CA 92123-4228

Phone: (858) 966-6789  
Fax:  
After Hours Phone: (858) 966-6789  
Provider Gender: Female  
License number: PA18493  
NPI: 1306961313  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/21  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **ASARO, AMANDA M**

Provider ID: 260260  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5999

Fax: (858) 576-8412

After Hours Phone: (858)  
966-5999

Provider Gender: Female

License number: PA18493

NPI: 1306961313

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **ASARO, AMANDA M**

Provider ID: 280620

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232

Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858)  
966-6789

Provider Gender: Female

License number: PA18493

NPI: 1306961313

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **BARKER, ALEXANDRA E**

Provider ID: 276599

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5846

Fax: (858) 569-9052

After Hours Phone: (858)  
966-5846

Provider Gender: Female

License number: PA58662

NPI: 1154846012

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **BARKER, ALEXANDRA E**

Provider ID: 276600

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5846	Provider Gender: Female	Cultural Competency: No
Fax: (858) 966-8457	License number: PA18241	Hospital Affiliation:
After Hours Phone: (858) 966-5846	NPI: 1225258445	Medi-Cal Open Panel: Yes
Provider Gender: Female	Provider English Spoken: Yes	Min/Max Age: 0/999
License number: PA58662	Provider Language(s) Spoken:	American Sign Language (ASL):
NPI: 1154846012	Cultural Competency: No	No
Provider English Spoken: Yes	Hospital Affiliation:	♿ Accessibility:
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	Hours: M-F 8AM-5PM, SA
Cultural Competency: No	Min/Max Age: None	9AM-5PM
Hospital Affiliation:	American Sign Language (ASL):	Website:
Medi-Cal Open Panel: No	No	Email:
Min/Max Age: 0/18	♿ Accessibility: W	Medical Group(s):
American Sign Language (ASL):	Hours: M-F 9AM-5PM, SA	IPA: Community Care Ipa Llc
No	9AM-5PM	
♿ Accessibility:	Website:	<b>BEALE, EVAN J , NPA</b>
Hours: M-F 8AM-5PM, SA	Email:	Provider ID: 271081
9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA:	COMMUNITY CARE IPA LLC
Email:		4060 4TH AVE STE 415
Medical Group(s):	<b>BEALE, EVAN J , NPA</b>	SAN DIEGO, CA 92103-2121
IPA: Rady Childrens Health Network	Provider ID: 271080	Phone: (858) 454-4300
	Board Certified Specialty: No	Fax: (858) 454-5088
	COMMUNITY CARE IPA LLC	After Hours Phone: (858) 454-4300
	9339 GENESEE AVE STE 350	
	SAN DIEGO, CA 92121-2150	Provider Gender: Male
	Phone: (858) 454-4300	License number: PA55344
	Fax: (858) 454-5088	NPI: 1689174146
	After Hours Phone: (858) 454-4300	Provider English Spoken: Yes
	Provider Gender: Male	Provider Language(s) Spoken:
	License number: PA55344	Cultural Competency: No
	NPI: 1689174146	Hospital Affiliation:
	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
	Provider Language(s) Spoken:	Min/Max Age: 0/999
		American Sign Language (ASL):

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## D. Directorio de proveedores de atención especializada

<p>No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California</p>	<p><i>IPA:</i> Ucsd Medical Group</p>
<p><b>BERGEN, SOPHEA R</b></p>	<p><b>BOYD, LISA N</b></p>	<p><b>BRAND, KELLY R</b></p>
<p><i>Provider ID:</i> 295518  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            6719 ALVARADO RD STE 308            SAN DIEGO, CA 92120-5268  <i>Phone:</i> (619) 265-7912  <i>Fax:</i> (619) 265-7922  <i>After Hours Phone:</i> (619) 265-7912  <i>Provider Gender:</i> Female  <i>License number:</i> PA18194  <i>NPI:</i> 1558300665  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Alvarado Hospital Llc  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/999  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>	<p><i>Provider ID:</i> 217649  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> PA20326  <i>NPI:</i> 1871859421  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><i>Provider ID:</i> 262160  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY STE 202            SAN DIEGO, CA 92123-4227  <i>Phone:</i> (858) 966-8030  <i>Fax:</i> (858) 966-8032  <i>After Hours Phone:</i> (858) 966-8030  <i>Provider Gender:</i> Female  <i>License number:</i> PA19840  <i>NPI:</i> 1528215993  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/99  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
		<p><b>BRUECKNER, TAMMIE N</b></p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 255558  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> PA57558  <i>NPI:</i> 1407212376  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  🗎 <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>NETWORK  3030 CHILDRENS WAY FL 1  SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 309-7701  <i>Fax:</i> (858) 966-8038  <i>After Hours Phone:</i> (858) 309-7701  <i>Provider Gender:</i> Female  <i>License number:</i> PA60904  <i>NPI:</i> 1396498499  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  🗎 <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2424  <i>Provider Gender:</i> Female  <i>License number:</i> PA17220  <i>NPI:</i> 1376550657  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  🗎 <i>Accessibility:</i> P, EB, IB, E, R, T, ME  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> North Park Family Health Centers  <i>IPA:</i> Blue Shield Promise Health Plan Direct</p>
<p><b>BUSE, MEGAN D</b>  <i>Provider ID:</i> 294236  <i>Board Certified Specialty:</i> No  RADY CHILDRENS HEALTH</p>	<p><b>CASTILLO, PATRICIA</b>  <i>Provider ID:</i> 115068  <i>Board Certified Specialty:</i> No  NORTH PARK FAMILY HEALTH CENTERS  3544 30TH ST</p>	<p><b>CASTILLO, PATRICIA</b>  <i>Provider ID:</i> 257530  <i>Board Certified Specialty:</i> No  BLUE SHIELD PROMISE HEALTH PLAN DIRECT  3544 30TH ST  SAN DIEGO, CA 92104-4120</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 515-2424	Provider Gender: Male	Provider Language(s) Spoken:
Fax:	License number: PA54651	Cultural Competency: No
After Hours Phone: (619)	NPI: 1255858221	Hospital Affiliation: Rady
515-2424	Provider English Spoken: Yes	Childrens Hospital San Diego
Provider Gender: Female	Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes
License number: PA17220	Cultural Competency: No	Min/Max Age: 0/18
NPI: 1376550657	Hospital Affiliation:	American Sign Language (ASL):
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	No
Provider Language(s) Spoken:	Min/Max Age: 0/999	♿ Accessibility:
Cultural Competency: No	American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA
Hospital Affiliation:	No	9AM-5PM
Medi-Cal Open Panel: Yes	♿ Accessibility:	Website:
Min/Max Age: 0/999	Hours: M-F 9AM-5PM, SA	Email:
American Sign Language (ASL):	9AM-5PM	Medical Group(s):
No	Website:	IPA: Rady Childrens Health
♿ Accessibility: P, EB, IB, E, R, T	Email:	Network
Hours: M-TH 8:30AM-5:30PM, F	Medical Group(s):	
8:30AM-5PM, SA 9AM-5PM	IPA: Community Care Ipa Llc	
Website:		
Email:	<b>CLARK, YVONNE L</b>	<b>DANESHVAR, ABRAHAM D ,</b>
Medical Group(s):	Provider ID: 260062	<b>NPA</b>
IPA: Blue Shield Promise Health	Board Certified Specialty: No	Provider ID: 271004
Plan Direct	RADY CHILDRENS HEALTH	Board Certified Specialty: No
	NETWORK	COMMUNITY CARE IPA LLC
<b>CERIALE, CHRISTOPHER H</b>	3030 CHILDRENS WAY FL 4	9610 GRANITE RIDGE DR STE B
Provider ID: 269867	SAN DIEGO, CA 92123-4232	SAN DIEGO, CA 92123-2684
Board Certified Specialty: No	Phone: (888) 996-6795	Phone: (858) 558-8150
COMMUNITY CARE IPA LLC	Fax:	Fax: (858) 346-1024
7526 CLAIREMONT MESA BLVD	After Hours Phone: (888)	After Hours Phone: (858)
SAN DIEGO, CA 92111-1504	996-6795	558-8150
Phone: (888) 743-7526	Provider Gender: Female	Provider Gender: Male
Fax:	License number: PA20447	License number: PA52905
After Hours Phone: (888)	NPI: 1629302476	NPI: 1245359140
743-7526	Provider English Spoken: Yes	Provider English Spoken: Yes
		Provider Language(s) Spoken:
		Farsi, Turkish

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i>	<i>Min/Max Age:</i> None
<i>Hospital Affiliation:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> None	No
<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i> W
<i>American Sign Language (ASL):</i>	No	<i>Hours:</i> M-F 9AM-5PM, SA
No	♿ <i>Accessibility:</i> ME	9AM-5PM
♿ <i>Accessibility:</i>	<i>Hours:</i> M-F 9AM-5PM, SA	<i>Website:</i>
<i>Hours:</i> M-F 9AM-5PM, SA	9AM-5PM	<i>Email:</i>
9AM-5PM	<i>Website:</i> www.fhcsd.org	<i>Medical Group(s):</i>
<i>Website:</i>	<i>Email:</i>	<i>IPA:</i>
<i>Email:</i>	<i>Medical Group(s):</i> Logan	<b>DICKINSON, ALLISON J</b>
<i>Medical Group(s):</i>	Heights Family Health Center	<i>Provider ID:</i> 260622
<i>IPA:</i> Community Care Ipa Llc,	<i>IPA:</i>	<i>Board Certified Specialty:</i> No
Ihp Of Southern California,	<b>DENEVAN, ANDREW J</b>	RADY CHILDRENS HEALTH
Imperial Health Holdings	<i>Provider ID:</i> 83352	NETWORK
Medical Group-Sd	<i>Board Certified Specialty:</i> No	3020 CHILDRENS WAY
<b>DAVID, MARVIC T</b>	UCSD MEDICAL GROUP	SAN DIEGO, CA 92123-4223
<i>Provider ID:</i> 115065	200 W ARBOR DR	<i>Phone:</i> (858) 966-5999
<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-1911	<i>Fax:</i> (858) 966-8519
LOGAN HEIGHTS FAMILY	<i>Phone:</i> (619) 543-6222	<i>After Hours Phone:</i> (858)
HEALTH CENTER	<i>Fax:</i>	966-5999
1809 NATIONAL AVE	<i>After Hours Phone:</i> (619)	<i>Provider Gender:</i> Female
SAN DIEGO, CA 92113-2113	543-6222	<i>License number:</i> PA17163
<i>Phone:</i> (619) 515-2300	<i>Provider Gender:</i> Male	<i>NPI:</i> 1972655389
<i>Fax:</i>	<i>License number:</i> PA23100	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1811324726	<i>Provider Language(s) Spoken:</i>
515-2300	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Rady
<i>License number:</i> PA53748	<i>Cultural Competency:</i> No	Childrens Hospital San Diego
<i>NPI:</i> 1750832317	<i>Hospital Affiliation:</i> Ucsd La	<i>Medi-Cal Open Panel:</i> No
<i>Provider English Spoken:</i> Yes	Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> 0/18
<i>Provider Language(s) Spoken:</i>	Medical Ctr	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No	No

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>
<p><b>DICKINSON, ALLISON J</b>  <i>Provider ID:</i> 260623  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            7910 FROST ST STE 190            SAN DIEGO, CA 92123-2731  <i>Phone:</i> (858) 966-9360  <i>Fax:</i> (858) 966-8519  <i>After Hours Phone:</i> (858) 966-9360  <i>Provider Gender:</i> Female  <i>License number:</i> PA17163  <i>NPI:</i> 1972655389  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No</p>	<p><b>DICKINSON, ALLISON J</b>  <i>Provider ID:</i> 260624  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY STE 410            SAN DIEGO, CA 92123-4228  <i>Phone:</i> (858) 966-6789  <i>Fax:</i> (858) 966-6706  <i>After Hours Phone:</i> (858) 966-6789  <i>Provider Gender:</i> Female  <i>License number:</i> PA17163  <i>NPI:</i> 1972655389  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No</p>	<p><b>DICKINSON, ALLISON J</b>  <i>Provider ID:</i> 289442  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            7910 FROST ST STE 195            SAN DIEGO, CA 92123-2771  <i>Phone:</i> (858) 966-8974  <i>Fax:</i> (858) 966-6721  <i>After Hours Phone:</i> (858) 966-8974  <i>Provider Gender:</i> Female  <i>License number:</i> PA17163  <i>NPI:</i> 1972655389  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i>            No</p>
<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA</p>	<p>9AM-5PM  <i>Website:</i></p>	<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>

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## D. Directorio de proveedores de atención especializada

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IPA: Rady Childrens Health Network

### **DICKINSON, ALLISON J**

Provider ID: 289444

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY STE 3  
SAN DIEGO, CA 92123-4232

Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858)  
966-6789

Provider Gender: Female

License number: PA17163

NPI: 1972655389

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **DODSON, EMILY E**

Provider ID: 260705

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232

Phone: (858) 966-7711

Fax: (858) 966-7712

After Hours Phone: (858)  
966-7711

Provider Gender: Female

License number: PA57548

NPI: 1952708695

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **DODSON, EMILY E**

Provider ID: 285750

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289

Phone: (858) 966-7484

Fax: (858) 966-4064

After Hours Phone: (858)  
966-7484

Provider Gender: Female

License number: PA57548

NPI: 1952708695

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **DOREY, DANIELLE B**

Provider ID: 286212

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NETWORK 7920 FROST ST STE 200 SAN DIEGO, CA 92123-4289 Phone: (858) 966-5999 Fax: (858) 966-8394 After Hours Phone: (858) 966-5999 Provider Gender: Female License number: PA51652 NPI: 1578966925 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Childrens Hosp Of Los Angeles Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p> <p><b>FINK, ELLEN E</b> Provider ID: 124646 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911</p>	<p>Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Female License number: PA52655 NPI: 1689962946 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>FINK, PATRICK M</b> Provider ID: 107145 Board Certified Specialty: No FAMILY HLTH CTR SAN DIEGO-BEACH AREA 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2444 Fax: After Hours Phone: (619) 515-2444 Provider Gender: Male</p>	<p>License number: PA52704 NPI: 1922380328 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Family Hlth Ctr San Diego-Beach Area IPA:</p> <p><b>FLOCO, VIRGINIA A</b> Provider ID: 272562 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123-4232 Phone: (858) 309-7701 Fax: (858) 966-8038 After Hours Phone: (858) 309-7701 Provider Gender: Female License number: PA20788 NPI: 1982798112 Provider English Spoken: Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	Memorial Hospital, Ucsd La	<i>Medi-Cal Open Panel:</i> No
<i>Cultural Competency:</i> No	Jolla John Sally Thornton, Ucsd	<i>Min/Max Age:</i> None
<i>Hospital Affiliation:</i> Rady	Medical Ctr	<i>American Sign Language (ASL):</i>
Childrens Hospital San Diego	<i>Medi-Cal Open Panel:</i> Yes	No
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i> W
<i>Min/Max Age:</i> 0/18	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>American Sign Language (ASL):</i>	No	<i>Website:</i>
No	♿ <i>Accessibility:</i>	<i>Email:</i>
♿ <i>Accessibility:</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Medical Group(s):</i>
<i>Hours:</i> M-SA 9AM-5PM	9AM-5PM	<i>IPA:</i>
<i>Website:</i>	<i>Website:</i>	<b>HALTER, KENNETH N</b>
<i>Email:</i>	<i>Email:</i>	<i>Provider ID:</i> 102100
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
<i>IPA:</i> Rady Childrens Health	<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP
Network		200 W ARBOR DR
	<b>HAGEN, HILARY A</b>	SAN DIEGO, CA 92103-1911
<b>GAIDADJIEV, TEODORA</b>	<i>Provider ID:</i> 122337	<i>Phone:</i> (619) 543-6222
<i>Provider ID:</i> 276737	<i>Board Certified Specialty:</i> No	<i>Fax:</i>
<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP	<i>After Hours Phone:</i> (619)
UCSD MEDICAL GROUP	200 W ARBOR DR	543-6222
203 W F ST	SAN DIEGO, CA 92103-1911	<i>Provider Gender:</i> Male
SAN DIEGO, CA 92101-6016	<i>Phone:</i> (619) 543-6222	<i>License number:</i> PA22613
<i>Phone:</i> (800) 926-8273	<i>Fax:</i>	<i>NPI:</i> 1053745059
<i>Fax:</i> (888) 539-8781	<i>After Hours Phone:</i> (619)	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (800)	543-6222	<i>Provider Language(s) Spoken:</i>
926-8273	<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Female	<i>License number:</i> PA52034	<i>Hospital Affiliation:</i>
<i>License number:</i> PA53021	<i>NPI:</i> 1174920805	<i>Medi-Cal Open Panel:</i> No
<i>NPI:</i> 1235502162	<i>Provider English Spoken:</i> Yes	<i>Min/Max Age:</i> None
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>American Sign Language (ASL):</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	No
Spanish	<i>Hospital Affiliation:</i> Ucsd La	♿ <i>Accessibility:</i> W
<i>Cultural Competency:</i> No	Jolla John Sally Thornton, Ucsd	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Hospital Affiliation:</i> Scripps	Medical Ctr	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM	IPA:	UCSD MEDICAL GROUP
Website:		200 W ARBOR DR
Email:	<b>HARRIS, CHRISTINA V</b>	SAN DIEGO, CA 92103-1911
Medical Group(s):	Provider ID: 104660	Phone: (800) 926-8273
IPA:	Board Certified Specialty: No	Fax:
<b>HAMILTON, JAMES N</b>	UCSD MEDICAL GROUP	After Hours Phone: (800)
Provider ID: 104629	200 W ARBOR DR	926-8273
Board Certified Specialty: No	SAN DIEGO, CA 92103-1911	Provider Gender: Male
UCSD MEDICAL GROUP	Phone: (619) 543-6222	License number: PA56884
200 W ARBOR DR	Fax:	NPI: 1225698962
SAN DIEGO, CA 92103-1911	After Hours Phone: (619)	Provider English Spoken: Yes
Phone: (619) 543-6222	543-6222	Provider Language(s) Spoken:
Fax:	Provider Gender: Female	Cultural Competency: No
After Hours Phone: (619)	License number: PA51525	Hospital Affiliation: Ucsd La
543-6222	NPI: 1720053846	Jolla John Sally Thornton, Ucsd
Provider Gender: Male	Provider English Spoken: Yes	Medical Ctr
License number: PA51679	Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes
NPI: 1003221078	Cultural Competency: No	Min/Max Age: 0/999
Provider English Spoken: Yes	Hospital Affiliation: Ucsd	American Sign Language (ASL):
Provider Language(s) Spoken:	Medical Ctr	No
Cultural Competency: No	Medi-Cal Open Panel: No	♿ Accessibility:
Hospital Affiliation: Ucsd	Min/Max Age: None	Hours: M-F 8AM-5PM, SA
Medical Ctr	American Sign Language (ASL):	9AM-5PM
Medi-Cal Open Panel: No	No	Website:
Min/Max Age: None	♿ Accessibility: W	Email:
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Medical Group(s):
No	9AM-5PM	IPA: Ucsd Medical Group
♿ Accessibility: W	Website:	<b>HASEGAWA, CHRIS</b>
Hours: M-F 8AM-5PM, SA	Email:	Provider ID: 287349
9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA:	UCSD MEDICAL GROUP
Email:	<b>HASEGAWA, CHRIS</b>	4168 FRONT ST
Medical Group(s):	Provider ID: 247206	SAN DIEGO, CA 92103-2030
	Board Certified Specialty: No	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: PA56884  
 NPI: 1225698962  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HAUA, STEPHANIE L**

Provider ID: 295639  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 6719 ALVARADO RD STE 308  
 SAN DIEGO, CA 92120-5268

Phone: (619) 265-7912  
 Fax: (619) 265-7922  
 After Hours Phone: (619) 265-7912  
 Provider Gender: Female  
 License number: PA53930  
 NPI: 1689027427  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hosp Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **HIGGINS, JOSHUA B**

Provider ID: 287133  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 203 W F ST  
 SAN DIEGO, CA 92101-6016  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
 License number: PA20471  
 NPI: 1861624181  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HUNTER, JACOB A**

Provider ID: 287449  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: PA54452  
 NPI: 1114459765

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	Childrens Hospital San Diego	<i>Min/Max Age:</i> 18/999
<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/18	No
<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Hours:</i> M-TH 8:30AM-5PM, F
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i>	8AM-4:30PM, SA 9AM-5PM
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Website:</i>
No	9AM-5PM	<i>Email:</i>
♿ <i>Accessibility:</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Email:</i>	<i>IPA:</i> Ihp Of Southern California
9AM-5PM	<i>Medical Group(s):</i>	
<i>Website:</i>	<i>IPA:</i> Rady Childrens Health	<b>KRASOVIC, ERYNN E</b>
<i>Email:</i>	Network	<i>Provider ID:</i> 262185
<i>Medical Group(s):</i>		<i>Board Certified Specialty:</i> No
<i>IPA:</i> Ucsd Medical Group	<b>KHALEGHI, MANI</b>	RADY CHILDRENS HEALTH
	<i>Provider ID:</i> 295896	NETWORK
<b>KASIAN, ELIZA B</b>	<i>Board Certified Specialty:</i> No	3030 CHILDRENS WAY STE 410
<i>Provider ID:</i> 262241	IHP OF SOUTHERN	SAN DIEGO, CA 92123-4228
<i>Board Certified Specialty:</i> No	CALIFORNIA	<i>Phone:</i> (858) 966-6789
RADY CHILDRENS HEALTH	5395 RUFFIN RD STE 204	<i>Fax:</i> (858) 966-6706
NETWORK	SAN DIEGO, CA 92123-1338	<i>After Hours Phone:</i> (858)
3030 CHILDRENS WAY FL 4	<i>Phone:</i> (858) 571-3630	966-6789
SAN DIEGO, CA 92123-4232	<i>Fax:</i> (858) 430-3146	<i>Provider Gender:</i> Female
<i>Phone:</i> (858) 966-6795	<i>After Hours Phone:</i> (858)	<i>License number:</i> PA52779
<i>Fax:</i> (858) 966-7479	571-3630	<i>NPI:</i> 1992173124
<i>After Hours Phone:</i> (858)	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
966-6795	<i>License number:</i> PA54238	<i>Provider Language(s) Spoken:</i>
<i>Provider Gender:</i> Male	<i>NPI:</i> 1275072423	<i>Cultural Competency:</i> No
<i>License number:</i> PA52368	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Rady
<i>NPI:</i> 1780071399	<i>Provider Language(s) Spoken:</i>	Childrens Hospital San Diego
<i>Provider English Spoken:</i> Yes	Farsi	<i>Medi-Cal Open Panel:</i> No
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/99
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>
<i>Hospital Affiliation:</i> Rady	<i>Medi-Cal Open Panel:</i> Yes	No

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## D. Directorio de proveedores de atención especializada

🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **LAKHANPAL, SONIA**

*Provider ID:* 110210  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* PA16823  
*NPI:* 1285796458  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

🗎 *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LAMBERT, GAGE I**

*Provider ID:* 214788  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* PA53792  
*NPI:* 1144672494  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Mercy Hospital, Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LAM, DAVINA**

*Provider ID:* 295651  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 6719 ALVARADO RD STE 308  
 SAN DIEGO, CA 92120-5268  
*Phone:* (619) 265-7912  
*Fax:* (619) 265-7922  
*After Hours Phone:* (619)  
 265-7912  
*Provider Gender:* Female  
*License number:* PA59860  
*NPI:* 1245863737  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
 Medical Center, Scripps  
 Memorial Hospital, Alvarado  
 Hosp Med Ctr, Grossmont  
 Hospital, Sharp Memorial  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

🗎 *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

9AM-5PM	<i>Medical Group(s):</i> North Park	<b>LEBOWITZ, STEVEN</b>
<i>Website:</i>	Family Health Centers	<i>Provider ID:</i> 283732
<i>Email:</i>	<i>IPA:</i>	<i>Board Certified Specialty:</i> No
<i>Medical Group(s):</i>	<b>LAZAR, ANITA A</b>	RADY CHILDRENS HEALTH
<i>IPA:</i> Ihp Of Southern California	<i>Provider ID:</i> 272531	NETWORK
<b>LAPINA, LORI L</b>	<i>Board Certified Specialty:</i> No	3020 CHILDRENS WAY
<i>Provider ID:</i> 77863	RADY CHILDRENS HEALTH	SAN DIEGO, CA 92123-4223
<i>Board Certified Specialty:</i> No	NETWORK	<i>Phone:</i> (858) 966-5818
NORTH PARK FAMILY HEALTH	3030 CHILDRENS WAY FL 1	<i>Fax:</i> (858) 966-7483
CENTERS	SAN DIEGO, CA 92123-4232	<i>After Hours Phone:</i> (858)
3544 30TH ST	<i>Phone:</i> (858) 309-7701	966-5818
SAN DIEGO, CA 92104-4120	<i>Fax:</i> (858) 966-8038	<i>Provider Gender:</i> Male
<i>Phone:</i> (619) 515-2424	<i>After Hours Phone:</i> (858)	<i>License number:</i> PA51721
<i>Fax:</i>	309-7701	<i>NPI:</i> 1497714828
<i>After Hours Phone:</i> (619)	<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes
515-2424	<i>License number:</i> PA55984	<i>Provider Language(s) Spoken:</i>
<i>Provider Gender:</i> Female	<i>NPI:</i> 1609208198	<i>Cultural Competency:</i> No
<i>License number:</i> PA23231	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Palomar
<i>NPI:</i> 1245670413	<i>Provider Language(s) Spoken:</i>	Medical Center, Rady Childrens
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	Hospital San Diego, Scripps
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Rady	Mercy Hospital Chula Vista,
<i>Cultural Competency:</i> No	Childrens Hospital San Diego	Scripps Memorial Hospital
<i>Hospital Affiliation:</i>	<i>Medi-Cal Open Panel:</i> No	<i>Medi-Cal Open Panel:</i> No
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/18	<i>Min/Max Age:</i> 18/999
<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>American Sign Language (ASL):</i>	No	No
No	<i>Accessibility:</i>	<i>Accessibility:</i>
<i>Accessibility:</i> P, EB, IB, E, R, T,	<i>Hours:</i> M-SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA
ME	<i>Website:</i>	9AM-5PM
<i>Hours:</i> M-TH 8:30AM-5:30PM, F	<i>Email:</i>	<i>Website:</i>
8AM-5PM, SA 9AM-5PM	<i>Medical Group(s):</i>	<i>Email:</i>
<i>Website:</i> www.fhcsd.org	<i>IPA:</i> Rady Childrens Health	<i>Medical Group(s):</i>
<i>Email:</i>	Network	<i>IPA:</i> Rady Childrens Health

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## D. Directorio de proveedores de atención especializada

Network	COMMUNITY CARE IPA LLC	Phone: (800) 926-8273
<b>LINDEMANN, CHRISTINA R</b>	9333 GENESEE AVE STE 350A	Fax: (888) 539-8781
Provider ID: 283760	SAN DIEGO, CA 92121-2103	After Hours Phone: (800)
Board Certified Specialty: No	Phone: (858) 455-6460	926-8273
UCSD MEDICAL GROUP	Fax: (858) 455-7197	Provider Gender: Male
4510 EXECUTIVE DR STE 325	After Hours Phone: (858)	License number: PA58420
SAN DIEGO, CA 92121-3069	455-6460	NPI: 1104371251
Phone: (800) 926-8273	Provider Gender: Female	Provider English Spoken: Yes
Fax: (858) 539-8781	License number: PA52844	Provider Language(s) Spoken:
After Hours Phone: (800)	NPI: 1407224157	Cultural Competency: No
926-8273	Provider English Spoken: Yes	Hospital Affiliation: Ucsd
Provider Gender: Female	Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John
License number: PA57053	Cultural Competency: No	Sally Thornton
NPI: 1194373514	Hospital Affiliation:	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Medi-Cal Open Panel: Yes	Min/Max Age: 0/999
Provider Language(s) Spoken:	Min/Max Age: 18/999	American Sign Language (ASL):
Cultural Competency: No	American Sign Language (ASL):	No
Hospital Affiliation:	No	♿ Accessibility:
Medi-Cal Open Panel: Yes	♿ Accessibility:	Hours: M-F 8AM-5PM, SA
Min/Max Age: 0/999	Hours: M-F 9AM-5PM, SA	9AM-5PM
American Sign Language (ASL):	9AM-5PM	Website:
No	Website:	Email:
♿ Accessibility:	Email:	Medical Group(s):
Hours: M-F 8AM-5PM, SA	Medical Group(s):	IPA: Ucsd Medical Group
9AM-5PM	IPA: Community Care Ipa Llc	
Website:	<b>MCADAMS, JOSEPH</b>	<b>MCCAULEY, KRISTINA R</b>
Email:	Provider ID: 280611	Provider ID: 262245
Medical Group(s):	Board Certified Specialty: No	Board Certified Specialty: No
IPA: Ucsd Medical Group	UCSD MEDICAL GROUP	RADY CHILDRENS HEALTH
	200 W ARBOR DR	NETWORK
<b>LONGOBARDO, FRANCESCA A</b>	SAN DIEGO, CA 92103-1911	3030 CHILDRENS WAY
, NPA		SAN DIEGO, CA 92123-4232
Provider ID: 241372		
Board Certified Specialty: No		

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Female  
License number: PA52100  
NPI: 1063819944  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **MCCLAFFERTY, STEPHANIE N**

Provider ID: 262297  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123-4232

Phone: (858) 966-6795  
Fax:  
After Hours Phone: (858) 966-6795  
Provider Gender: Female  
License number: PA52575  
NPI: 1609209238  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **MERRILL, COREY M**

Provider ID: 258040  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273

Provider Gender: Male  
License number: PA56995  
NPI: 1386032308  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MUNCH, LINH D**

Provider ID: 260085  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE 410  
SAN DIEGO, CA 92123-4228  
Phone: (858) 966-6789  
Fax: (858) 966-6706  
After Hours Phone: (858) 966-6789  
Provider Gender: Female  
License number: PA14223  
NPI: 1679792725  
Provider English Spoken: Yes

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## D. Directorio de proveedores de atención especializada

<p><i>Provider Language(s) Spoken:</i> Hospital Affiliation: Rady  <i>Cultural Competency:</i> No Childrens Hospital San Diego  <i>Hospital Affiliation:</i> Rady Medi-Cal Open Panel: No          Childrens Hospital San Diego Min/Max Age: 0/18  <i>Medi-Cal Open Panel:</i> No American Sign Language (ASL):          Min/Max Age: 0/18 No  <i>American Sign Language (ASL):</i> No          No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA          9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>          IPA: Rady Childrens Health          Network</p>	<p><i>Hospital Affiliation:</i> Rady          Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> No          Min/Max Age: 0/18  <i>American Sign Language (ASL):</i>          No  <i>Accessibility:</i>          Hours: M-F 8AM-5PM, SA          9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>          IPA: Rady Childrens Health          Network</p>	<p><i>Medi-Cal Open Panel:</i> No          Min/Max Age: 0/18  <i>American Sign Language (ASL):</i>          No  <i>Accessibility:</i>          Hours: M-F 8AM-5PM, SA          9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>          IPA: Rady Childrens Health          Network</p>
<p><b>MUNCH, LINH D</b>  <i>Provider ID:</i> 260086  <i>Board Certified Specialty:</i> No          RADY CHILDRENS HEALTH          NETWORK          7910 FROST ST STE 190          SAN DIEGO, CA 92123-2731  <i>Phone:</i> (858) 966-9360  <i>Fax:</i> (858) 966-8519  <i>After Hours Phone:</i> (858)          966-9360  <i>Provider Gender:</i> Female  <i>License number:</i> PA14223          NPI: 1679792725  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Cultural Competency: No</p>	<p><b>MUNCH, LINH D</b>  <i>Provider ID:</i> 260087  <i>Board Certified Specialty:</i> No          RADY CHILDRENS HEALTH          NETWORK          3020 CHILDRENS WAY          SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-5999  <i>Fax:</i> (858) 576-8412  <i>After Hours Phone:</i> (858)          966-5999  <i>Provider Gender:</i> Female  <i>License number:</i> PA14223          NPI: 1679792725  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Cultural Competency: No  <i>Hospital Affiliation:</i> Rady          Childrens Hospital San Diego</p>	<p><b>NAKAMITSU, ABIGAIL L</b>  <i>Provider ID:</i> 268666  <i>Board Certified Specialty:</i> No          RADY CHILDRENS HEALTH          NETWORK          3030 CHILDRENS WAY FL 3          SAN DIEGO, CA 92123-4232  <i>Phone:</i> (858) 966-6789  <i>Fax:</i> (858) 966-8519  <i>After Hours Phone:</i> (858)          966-6789  <i>Provider Gender:</i> Female  <i>License number:</i> PA22344          NPI: 1932459179  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Cultural Competency: No  <i>Hospital Affiliation:</i> Rady          Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes          Min/Max Age: 0/18</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Rady Childrens Health Network</p>	<p>Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA:   <b>NELMS, MICHAEL J , NPA</b>          Provider ID: 242771          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          4060 4TH AVE STE 415          SAN DIEGO, CA 92103-2121          Phone: (619) 298-9809          Fax: (619) 298-9823          After Hours Phone: (619) 298-9809          Provider Gender: Male          License number: PA14379          NPI: 1235113580          Provider English Spoken: Yes          Provider Language(s) Spoken:           Cultural Competency: No          Hospital Affiliation:           Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Community Care Ipa Llc, Imperial Health Holdings</p>	<p>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd  <b>NELMS, MICHAEL J</b>          Provider ID: 36201          Board Certified Specialty: No          WEST DERMATOLOGY AND SURG MED GRP          4060 4TH AVE STE 415          SAN DIEGO, CA 92103-2121          Phone: (619) 298-9809          Fax: (619) 298-9823          After Hours Phone: (619) 298-9809          Provider Gender: Male          License number: PA14379          NPI: 1235113580          Provider English Spoken: Yes          Provider Language(s) Spoken:           Cultural Competency: No          Hospital Affiliation:           Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Community Care Ipa Llc, Imperial Health Holdings</p>
<p><b>NASSAR, JEANNE A</b>          Provider ID: 112529          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:           After Hours Phone: (619) 543-6222          Provider Gender: Female          License number: PA21089          NPI: 1760704761          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation:           Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:  W</p>	<p><b>NELMS, MICHAEL J , NPA</b>          Provider ID: 242771          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          4060 4TH AVE STE 415          SAN DIEGO, CA 92103-2121          Phone: (619) 298-9809          Fax: (619) 298-9823          After Hours Phone: (619) 298-9809          Provider Gender: Male          License number: PA14379          NPI: 1235113580          Provider English Spoken: Yes          Provider Language(s) Spoken:           Cultural Competency: No          Hospital Affiliation:           Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Community Care Ipa Llc, Imperial Health Holdings</p>	<p>IPA: Community Care Ipa Llc, Imperial Health Holdings  <b>NELMS, MICHAEL J</b>          Provider ID: 36201          Board Certified Specialty: No          WEST DERMATOLOGY AND SURG MED GRP          4060 4TH AVE STE 415          SAN DIEGO, CA 92103-2121          Phone: (619) 298-9809          Fax: (619) 298-9823          After Hours Phone: (619) 298-9809          Provider Gender: Male          License number: PA14379          NPI: 1235113580          Provider English Spoken: Yes          Provider Language(s) Spoken:           Cultural Competency: No          Hospital Affiliation:           Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:           Email:           Medical Group(s):           IPA: Community Care Ipa Llc, Imperial Health Holdings</p>

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## D. Directorio de proveedores de atención especializada

Medical Group-Sd

### **NGUYEN, CECILIA**

Provider ID: 289157

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123-4232

Phone: (858) 966-6795

Fax: (858) 966-7479

After Hours Phone: (858)  
966-6795

Provider Gender: Female

License number: PA57419

NPI: 1629636816

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **NGUYEN, THUY-VY V**

Provider ID: 291450

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9339 GENESEE AVE STE 350

SAN DIEGO, CA 92121-2150

Phone: (858) 454-4300

Fax: (858) 454-5088

After Hours Phone: (858)  
454-4300

Provider Gender: Female

License number: PA56919

NPI: 1205490521

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **NGUYEN, THUY-VY V**

Provider ID: 291451

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121

Phone: (619) 298-9808

Fax: (619) 298-9823

After Hours Phone: (619)  
298-9808

Provider Gender: Female

License number: PA56919

NPI: 1205490521

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **OCONNOR, ALYSON B**

Provider ID: 262343

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

Phone: (858) 966-5999

Fax: (858) 966-8394

After Hours Phone: (858)

966-5999

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider Gender: Female            License number: PA55497            NPI: 1053855239            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p>	<p>Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady            Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-SU 12AM-11:59PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p>	<p>Hospital Affiliation: Rady            Childrens Hospital San Diego            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health            Network</p>
<p><b>PAIK, CHRISTINA N</b>            Provider ID: 295996            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223            Phone: (858) 966-8800            Fax: (858) 966-7433            After Hours Phone: (858)            966-8800            Provider Gender: Female            License number: PA21680            NPI: 1174811475</p>	<p><b>PAIK, CHRISTINA N</b>            Provider ID: 295997            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK            3030 CHILDRENS WAY FL 3            SAN DIEGO, CA 92123-4232            Phone: (858) 966-6789            Fax: (858) 966-6706            After Hours Phone: (858)            966-6789            Provider Gender: Female            License number: PA21680            NPI: 1174811475            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No</p>	<p><b>PELIO, DARREN A</b>            Provider ID: 293441            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911            Phone: (800) 926-8275            Fax: (888) 539-8783            After Hours Phone: (800)            926-8275            Provider Gender: Male            License number: PA16037            NPI: 1386791028            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999</p>

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>	<p>Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>PERREAULT, MARK R</b> Provider ID: 283585 Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR SAN DIEGO, CA 92121-3018 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: PA57736 NPI: 1356749451 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>	<p>UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: PA57736 NPI: 1356749451 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>
<p><b>PELIO, DARREN A</b> Provider ID: 293444 Board Certified Specialty: No UCSD MEDICAL GROUP 3900 5TH AVE STE 110 SAN DIEGO, CA 92103-3122 Phone: (800) 926-8278 Fax: (888) 539-8786 After Hours Phone: (800) 926-8278 Provider Gender: Male License number: PA16037 NPI: 1386791028 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email:</p>	<p><b>PERREAULT, MARK R</b> Provider ID: 283586 Board Certified Specialty: No</p>	<p><b>PEWTHERS, HALLIE</b> Provider ID: 294644 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223</p>

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## D. Directorio de proveedores de atención especializada

Phone: (858) 966-5888  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5888  
 Provider Gender: Female  
 License number: PA60951  
 NPI: 1548918071  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PHUNG, AIVI D**

Provider ID: 293246  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Provider Gender: Female  
 License number: PA53902  
 NPI: 1639528110  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **PHUNG, AIVI D**

Provider ID: 293247  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925

Provider Gender: Female  
 License number: PA53902  
 NPI: 1639528110  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **PINEDA, RUSSEL V**

Provider ID: 295853  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 5395 RUFFIN RD STE 204  
 SAN DIEGO, CA 92123-1338  
 Phone: (858) 571-3630  
 Fax: (858) 430-3146  
 After Hours Phone: (858) 571-3630  
 Provider Gender: Male  
 License number: PA57473  
 NPI: 1528533007  
 Provider English Spoken: Yes

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## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	Medical Ctr	No
Tagalog	<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i> W
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-F 9AM-5PM, SA
<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>	9AM-5PM
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Website:</i>
<i>Min/Max Age:</i> 18/999	♿ <i>Accessibility:</i>	<i>Email:</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Medical Group(s):</i>
No	9AM-5PM	<i>IPA:</i>
♿ <i>Accessibility:</i>	<i>Website:</i>	<b>RAI, GEORGINA</b>
<i>Hours:</i> M-TH 8:30AM-5PM, F	<i>Email:</i>	<i>Provider ID:</i> 270053
8AM-4:30PM, SA 9AM-5PM	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	COMMUNITY CARE IPA LLC
<i>Email:</i>	<b>QUICK, ELISABETH A</b>	7526 CLAIREMONT MESA BLVD
<i>Medical Group(s):</i>	<i>Provider ID:</i> 87611	SAN DIEGO, CA 92111-1504
<i>IPA:</i> Ihp Of Southern California	<i>Board Certified Specialty:</i> No	<i>Phone:</i> (858) 743-7526
<b>PRIEST, VIVIAN N</b>	DTFHC AT CONNECTIONS	<i>Fax:</i>
<i>Provider ID:</i> 272430	1250 6TH AVE STE 100	<i>After Hours Phone:</i> (858)
<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92101-4368	743-7526
UCSD MEDICAL GROUP	<i>Phone:</i> (619) 515-2430	<i>Provider Gender:</i> Female
200 W ARBOR DR	<i>Fax:</i>	<i>License number:</i> PA54629
SAN DIEGO, CA 92103-1911	<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1467974915
<i>Phone:</i> (800) 926-8273	515-2430	<i>Provider English Spoken:</i> Yes
<i>Fax:</i> (888) 539-8781	<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (800)	<i>License number:</i> PA21591	<i>Cultural Competency:</i> No
926-8273	<i>NPI:</i> 1790055010	<i>Hospital Affiliation:</i>
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>License number:</i> PA55483	<i>Provider Language(s) Spoken:</i>	<i>Min/Max Age:</i> 0/999
<i>NPI:</i> 1225581754	Spanish	<i>American Sign Language (ASL):</i>
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	No
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i>	♿ <i>Accessibility:</i>
Vietnamese	<i>Medi-Cal Open Panel:</i> Yes	<i>Hours:</i> M-F 9AM-5PM, SA
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None	9AM-5PM
<i>Hospital Affiliation:</i> Ucsd	<i>American Sign Language (ASL):</i>	<i>Website:</i>

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## D. Directorio de proveedores de atención especializada

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **REYES, SALLIE J**

Provider ID: 288616

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232

Phone: (858) 309-7701

Fax: (858) 966-8038

After Hours Phone: (858)  
309-7701

Provider Gender: Female

License number: PA54464

NPI: 1134657653

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **RIDGWAY, CATHERINE A**

Provider ID: 110465

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: PA17175

NPI: 1184887408

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SANCHEZ, RAQUEL**

Provider ID: 262628

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

License number: PA14357

NPI: 1356560650

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SU 12AM-11:59PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SANCHEZ, RAQUEL**

Provider ID: 296025

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Female  
 License number: PA14357  
 NPI: 1356560650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SANTELLANO-BARTSCH, ALEXANDRA N**

Provider ID: 294298  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Female  
 License number: PA57182  
 NPI: 1902454051  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ronald  
 Reagan Ucla Med Ctr, Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SANTELLANO-BARTSCH, ALEXANDRA N**

Provider ID: 296009  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: PA57182  
 NPI: 1902454051  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ronald  
 Reagan Ucla Med Ctr, Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SU 12AM-11:59PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SHELLIE, SCOTT A**

Provider ID: 109933  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN DIEGO-  
 CITY COLLEGE  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 515-2525	Provider Gender: Female	Hospital Affiliation:
Fax:	License number: PA19644	Medi-Cal Open Panel: Yes
After Hours Phone: (619) 515-2525	NPI: 1780851253	Min/Max Age: 0/999
Provider Gender: Male	Provider English Spoken: Yes	American Sign Language (ASL): No
License number: PA53288	Provider Language(s) Spoken:	♿ Accessibility:
NPI: 1699053843	Cultural Competency: No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Provider English Spoken: Yes	Hospital Affiliation:	Website:
Provider Language(s) Spoken:	Medi-Cal Open Panel: No	Email:
Cultural Competency: No	Min/Max Age: None	Medical Group(s):
Hospital Affiliation:	American Sign Language (ASL): No	IPA: Ucsd Medical Group
Medi-Cal Open Panel: Yes	♿ Accessibility:	<b>SCHROEDER, JENNIFER K</b>
Min/Max Age: None	Hours: M-SA 9AM-5PM	Provider ID: 256640
American Sign Language (ASL): No	Website:	Board Certified Specialty: No
♿ Accessibility:	Email:	UCSD MEDICAL GROUP
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM	Medical Group(s):	4520 EXECUTIVE DR
Website: www.fhcsd.org	IPA: Ucsd Medical Group	SAN DIEGO, CA 92121-3018
Email:	<b>SCHROEDER, JENNIFER K</b>	Phone: (800) 926-8273
Medical Group(s): Family Hlth Ctr San Diego- City College	Provider ID: 256639	Fax:
IPA:	Board Certified Specialty: No	After Hours Phone: (800) 926-8273
<b>SCHROEDER, JENNIFER K</b>	UCSD MEDICAL GROUP	Provider Gender: Female
Provider ID: 124617	200 W ARBOR DR	License number: PA19644
Board Certified Specialty: No	SAN DIEGO, CA 92103-1911	NPI: 1780851253
UCSD MEDICAL GROUP	Phone: (800) 926-8273	Provider English Spoken: Yes
4510 EXECUTIVE DR	Fax: (858) 453-1469	Provider Language(s) Spoken:
SAN DIEGO, CA 92121-3021	After Hours Phone: (800) 926-8273	Cultural Competency: No
Phone: (858) 453-1792	Provider Gender: Female	Hospital Affiliation:
Fax:	License number: PA19644	Medi-Cal Open Panel: Yes
After Hours Phone: (858) 453-1792	NPI: 1780851253	Min/Max Age: 0/999
	Provider English Spoken: Yes	American Sign Language (ASL): No
	Provider Language(s) Spoken:	
	Cultural Competency: No	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>SHAPIRO, RACHEL M</b>  <i>Provider ID:</i> 110912  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            543-6222  <i>Provider Gender:</i> Female  <i>License number:</i> PA52539  <i>NPI:</i> 1720488836  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La            Jolla John Sally Thornton, Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>SHAUL, SHERA M</b></p>	<p><i>Provider ID:</i> 247974  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            4520 EXECUTIVE DR STE 111            SAN DIEGO, CA 92121-3019  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> PA56786  <i>NPI:</i> 1336659507  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p> <p><b>SMILEY, KATHRYN N</b>  <i>Provider ID:</i> 291218  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH            NETWORK            3030 CHILDRENS WAY FL 4</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-6795  
 Fax: (858) 966-7479  
 After Hours Phone: (858) 966-6795  
 Provider Gender: Female  
 License number: PA59476  
 NPI: 1780158733  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/99  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **STALLINGS, ANDREA M**

Provider ID: 101021  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Phone: (619) 543-6248  
 Fax:  
 After Hours Phone: (619) 543-6248  
 Provider Gender: Female  
 License number: PA16540  
 NPI: 1972595478  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **STALLINGS, ANDREA M**

Provider ID: 255913  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 543-7496  
 Fax:  
 After Hours Phone: (619) 543-7496  
 Provider Gender: Female

License number: PA16540  
 NPI: 1972595478  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **TESFAI, HELEN S**

Provider ID: 287372  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PA54848  
 NPI: 1942724042  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA          9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>American Sign Language (ASL):</i> 9AM-5PM          No          ☯ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Logan          Heights Family Health Center  <i>IPA:</i></p>
<p><b>TRAUTMAN, AMY L</b>  <i>Provider ID:</i> 104652  <i>Board Certified Specialty:</i> No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619)          543-6222  <i>Provider Gender:</i> Female  <i>License number:</i> PA51673  <i>NPI:</i> 1235412503  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None</p>	<p><b>TREUNER, JULIE A</b>  <i>Provider ID:</i> 47986  <i>Board Certified Specialty:</i> No          LOGAN HEIGHTS FAMILY          HEALTH CENTER          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619)          515-2300  <i>Provider Gender:</i> Female  <i>License number:</i> PA17478  <i>NPI:</i> 1922013614  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Spanish          Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i> ME  <i>Hours:</i> M-F 9AM-5PM, SA</p>	<p><b>UDOH, EKAETE D</b>  <i>Provider ID:</i> 291485  <i>Board Certified Specialty:</i> No          COMMUNITY CARE IPA LLC          9995 CARMEL MOUNTAIN RD          STE B10          SAN DIEGO, CA 92129-2889  <i>Phone:</i> (844) 200-2426  <i>Fax:</i> (619) 434-1613  <i>After Hours Phone:</i> (844)          200-2426  <i>Provider Gender:</i> Male  <i>License number:</i> PA19664  <i>NPI:</i> 1841472776  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>          No          ☯ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA          9AM-5PM  <i>Website:</i>  <i>Email:</i></p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>UDOH, EKAETE D</b>          Provider ID: 291486          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          10737 CAMINO RUIZ          SAN DIEGO, CA 92126-2359          Phone: (844) 200-2426          Fax: (619) 434-1613          After Hours Phone: (844)          200-2426          Provider Gender: Male          License number: PA19664          NPI: 1841472776          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p> <p><b>UPTON, JACQUELINE M</b>          Provider ID: 84938          Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619)          543-6222          Provider Gender: Female          License number: PA21933          NPI: 1295704328          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>VARGAS, ROBERT M</b>          Provider ID: 25717          Board Certified Specialty: No          LOGAN HEIGHTS FAMILY          HEALTH CENTER          1809 NATIONAL AVE          SAN DIEGO, CA 92113-2113</p>	<p>Phone: (619) 515-2300          Fax:          After Hours Phone: (619)          515-2300          Provider Gender: Male          License number: PA11194          NPI: 1972528081          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: ME          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website: www.fhcscd.org          Email:          Medical Group(s): Logan          Heights Family Health Center          IPA:</p> <p><b>VILLAPANDO, NORMA O</b>          Provider ID: 264057          Board Certified Specialty: No          RADY CHILDRENS HEALTH          NETWORK          3030 CHILDRENS WAY FL 4          SAN DIEGO, CA 92123-4232</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-6795	Provider Gender: Male	Spanish
Fax: (858) 966-7479	License number: PA15657	Cultural Competency: No
After Hours Phone: (858) 966-6795	NPI: 1376741934	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
Provider Gender: Female	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
License number: PA56098	Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: 0/999
NPI: 1376947960	Hospital Affiliation: Medi-Cal Open Panel: No	American Sign Language (ASL): No
Provider English Spoken: Yes	Min/Max Age: None	⚡ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM
Provider Language(s) Spoken: Cultural Competency: No	American Sign Language (ASL): No	Website: Email: Medical Group(s): IPA: Ucsd Medical Group
Hospital Affiliation: Medi-Cal Open Panel: No	⚡ Accessibility: W	
Min/Max Age: 0/18	Hours: M-F 9AM-5PM, SA 9AM-5PM	
American Sign Language (ASL): No	Website: Email: Medical Group(s): IPA:	
⚡ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM		
Website: Email: Medical Group(s): IPA: Rady Childrens Health Network		
<b>WAX, PLUMMER L</b>	<b>WEIR, JACQUELINE R</b>	<b>WEIR, JACQUELINE R</b>
Provider ID: 84960	Provider ID: 278200	Provider ID: 278201
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
200 W ARBOR DR	4168 FRONT ST	330 LEWIS ST
SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-2030	SAN DIEGO, CA 92103-2108
Phone: (619) 543-6222	Phone: (800) 926-8273	Phone: (800) 925-8271
Fax: After Hours Phone: (619) 543-6222	Fax: (888) 539-8781	Fax: (888) 539-8781
	After Hours Phone: (800) 926-8273	After Hours Phone: (800) 925-8271
	Provider Gender: Female	Provider Gender: Female
	License number: PA21646	License number: PA21646
	NPI: 1932494499	NPI: 1932494499
	Provider English Spoken: Yes	Provider English Spoken: Yes
	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Spanish
		Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>No  <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>WEIR, JACQUELINE R</b>  <i>Provider ID:</i> 278203  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  9909 MIRA MESA BLVD STE 200  SAN DIEGO, CA 92131-1061  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> PA21646  <i>NPI:</i> 1932494499  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd</p>	<p><b>WITT, CHRISTOPHER</b>  <i>Provider ID:</i> 110202  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-6222  <i>Provider Gender:</i> Male  <i>License number:</i> PA19586  <i>NPI:</i> 1982675708  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i></p>	<p><b>YIP, JACKAI A</b>  <i>Provider ID:</i> 122807  <i>Board Certified Specialty:</i> No  CITY HEIGHTS FAMILY HEALTH CENTERS INC  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2400  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2400  <i>Provider Gender:</i> Female  <i>License number:</i> PA20996  <i>NPI:</i> 1558676171  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T, ME</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): City Heights

Family Health Centers Inc

IPA:

### ZANZUCCHI, AUDREY E

Provider ID: 253253

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-7777

Fax:

After Hours Phone: (619)

543-7777

Provider Gender: Female

License number: PA54479

NPI: 1265960256

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### PODIATRIST

### COLLINS, MICHAEL L

Provider ID: 108897

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

9333 GENESEE AVE STE 350

SAN DIEGO, CA 92121-2103

Phone: (858) 455-6460

Fax: (858) 455-7197

After Hours Phone: (858)

455-6460

Provider Gender: Male

License number: DPM5146

NPI: 1912294711

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### COLLINS, MICHAEL L

Provider ID: 269866

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9333 GENESEE AVE STE 350A

SAN DIEGO, CA 92121-2103

Phone: (858) 455-6460

Fax: (858) 455-7197

After Hours Phone: (858)

455-6460

Provider Gender: Male

License number: DPM5146

NPI: 1912294711

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>FORG, PATRICIA L</b></p> <p>Provider ID: 270062</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p>3989 32ND ST</p> <p>SAN DIEGO, CA 92104-2001</p> <p>Phone: (619) 283-2097</p> <p>Fax: (619) 283-2540</p> <p>After Hours Phone: (619) 283-2097</p> <p>Provider Gender: Female</p> <p>License number: DPM3775</p> <p>NPI: 1962517508</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-TH 8AM-4:30PM, F 9AM-12PM, SA 9AM-5PM</p>	<p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc</p> <p><b>FOYGELMAN, ALEKSANDR</b></p> <p>Provider ID: 270221</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p>4440 EUCLID AVE</p> <p>SAN DIEGO, CA 92115-4522</p> <p>Phone: (619) 281-3338</p> <p>Fax: (844) 229-9092</p> <p>After Hours Phone: (619) 281-3338</p> <p>Provider Gender: Male</p> <p>License number: DPM4387</p> <p>NPI: 1265574669</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Armenian, Bulgarian, Hebrew, Russian, Spanish, Ukrainian</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Sharp Chula Vista Med Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 9AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p>	<p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc</p> <p><b>QUINN, MICHAEL H</b></p> <p>Provider ID: 66301</p> <p>Board Certified Specialty: No</p> <p>CALIFORNIA ORTHOPAEDIC INST MED ASSOCS INC</p> <p>7485 MISSION VALLEY RD STE 104A</p> <p>SAN DIEGO, CA 92108-4422</p> <p>Phone: (619) 291-8930</p> <p>Fax: (619) 291-8491</p> <p>After Hours Phone: (619) 291-8930</p> <p>Provider Gender: Male</p> <p>License number: DPM4132</p> <p>NPI: 1417918475</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: French</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website: califortho.com</p> <p>Email:</p> <p>Medical Group(s):</p>
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## D. Directorio de proveedores de atención especializada

IPA:

### SABET, PAYMANEH SALEHIAN

Provider ID: 110901  
 Board Certified Specialty: No  
 UCSD EMERG PHYSICIANS  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: DPM5073  
 NPI: 1437474442  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### GENERAL

### ROMERO, CAMILA X

Provider ID: 293289  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Provider Gender: Female  
 License number: A93812  
 NPI: 1508912130  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### ROMERO, CAMILA X

Provider ID: 293290  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Provider Gender: Female  
 License number: A93812  
 NPI: 1508912130  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### PREVENTATIVE MEDICINE

### PSYCHIATRIC-MENTAL HEALTH NURSE

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## D. Directorio de proveedores de atención especializada

<b>PRACTITIONER</b>	<b>BOARD CERTIFIED SPECIALTY: NO</b>	<b>UCSD MEDICAL GROUP</b>
<p><b>SIETSMA, ALEXANDRA</b>  <i>Provider ID: 276908</i>  <i>Board Certified Specialty: No</i>                      UCSD MEDICAL GROUP                      350 DICKINSON ST                      SAN DIEGO, CA 92103-1913  <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i>  <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>License number: NP95002705</i>  <i>NPI: 1932522778</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>                      Cultural Competency: No                      Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel: Yes</i>                      Min/Max Age: 0/999                      American Sign Language (ASL): No                      ♿ <i>Accessibility:</i>                      Hours: M-SA 9AM-5PM                      Website:                      Email:                      Medical Group(s):                      IPA: Ucsd Medical Group</p>	<p><i>Board Certified Specialty: No</i>                      UCSD MEDICAL GROUP                      200 W ARBOR DR                      SAN DIEGO, CA 92103-1911  <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i>  <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>License number: NP95002705</i>  <i>NPI: 1932522778</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>                      Cultural Competency: No                      Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel: Yes</i>                      Min/Max Age: 0/999                      American Sign Language (ASL): No                      ♿ <i>Accessibility:</i>                      Hours: M-SA 9AM-5PM                      Website:                      Email:                      Medical Group(s):                      IPA: Ucsd Medical Group</p>	<p>UCSD MEDICAL GROUP                      9333 GENESEE AVE STE 200                      SAN DIEGO, CA 92121-2113  <i>Phone: (800) 926-8273</i>                      Fax:  <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>License number: A139018</i>  <i>NPI: 1437446622</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken:</i>                      Cultural Competency: No                      Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel: Yes</i>                      Min/Max Age: 0/999                      American Sign Language (ASL): No                      ♿ <i>Accessibility:</i>                      Hours: M-F 8AM-5PM, SA 9AM-5PM                      Website:                      Email:                      Medical Group(s):                      IPA: Ucsd Medical Group</p>
	<b>PUBLIC HEALTH</b>	<b>PULMONARY DISEASES</b>
	<b>PREVENTATIVE MEDICINE</b>	
<p><b>SIETSMA, ALEXANDRA</b>  <i>Provider ID: 276909</i></p>	<p><b>SOZANSKI, JESSE</b>  <i>Provider ID: 200925</i>  <i>Board Certified Specialty: No</i></p>	<p><b>AFSHAR, KAMYAR</b>  <i>Provider ID: 102305</i>  <i>Board Certified Specialty: No</i>                      UCSD MEDICAL GROUP</p>

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## D. Directorio de proveedores de atención especializada

200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: 20A8875 NPI: 1407050669 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Phone: (858) 355-5864 Fax: (858) 657-6171 After Hours Phone: (858) 355-5864 Provider Gender: Male License number: 20A8875 NPI: 1407050669 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	License number: C137976 NPI: 1396704698 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:
<b>AFSHAR, KAMYAR</b> Provider ID: 102312 Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR STE 111 SAN DIEGO, CA 92121-3019	<b>AKUTHOTA, PRAVEEN</b> Provider ID: 102052 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male	<b>AKUTHOTA, PRAVEEN</b> Provider ID: 102053 Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR STE 2 SAN DIEGO, CA 92121-3018 Phone: (855) 355-5864 Fax: (858) 657-6171 After Hours Phone: (855) 355-5864 Provider Gender: Male License number: C137976 NPI: 1396704698 Provider English Spoken: Yes Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i> No
<i>Hospital Affiliation:</i> Ucsd Medical Ctr	<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i> W
<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-SA 9AM-5PM
<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i> Hours: M-F 9AM-5PM, SA 9AM-5PM	<i>Website:</i>
<i>American Sign Language (ASL):</i> No	<i>Website:</i>	<i>Email:</i>
<i>♿ Accessibility:</i> W	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>	<i>IPA:</i>
<i>Website:</i>	<b>ELMARAACHLI, WAEL</b>	<b>ELMARAACHLI, WAEL</b>
<i>Email:</i>	<i>Provider ID:</i> 83405	<i>Provider ID:</i> 83408
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
<i>IPA:</i>	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
<b>DEVEREAUX, ASHA V</b>	200 W ARBOR DR	4168 FRONT ST
<i>Provider ID:</i> 112518	SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-2030
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 543-6222	<i>Phone:</i> (619) 543-6248
UCSD MEDICAL GROUP	<i>Fax:</i> (858) 657-7107	<i>Fax:</i> (858) 657-7107
4168 FRONT ST FL 2	<i>After Hours Phone:</i> (619) 543-6222	<i>After Hours Phone:</i> (619) 543-6248
SAN DIEGO, CA 92103-2030	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male
<i>Phone:</i> (619) 543-5415	<i>License number:</i> A106280	<i>License number:</i> A106280
<i>Fax:</i>	<i>NPI:</i> 1366468969	<i>NPI:</i> 1366468969
<i>After Hours Phone:</i> (619) 543-5415	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i> Arabic, Spanish	<i>Provider Language(s) Spoken:</i> Arabic, Spanish
<i>License number:</i> A51614	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>NPI:</i> 1154392421	<i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
<i>Provider English Spoken:</i> Yes	<i>Medi-Cal Open Panel:</i> No	<i>Medi-Cal Open Panel:</i> No
<i>Provider Language(s) Spoken:</i> Spanish	<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> None
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i> No
<i>Hospital Affiliation:</i> Sharp Coronado Hosp And Healthcare Ctr	<i>Min/Max Age:</i> None	<i>♿ Accessibility:</i> W

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## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### FEDULLO, PETER F

Provider ID: 63903

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: G41977

NPI: 1427073683

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### FERNANDES, TIMOTHY M

Provider ID: 83429

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax: (858) 657-7107

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: A112514

NPI: 1669680757

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### FUSTER, MARK M

Provider ID: 63911

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: G80544

NPI: 1972537025

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### GUPTA, NAVEEN

Provider ID: 92099

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (855) 355-5864

Fax:

After Hours Phone: (855)

355-5864

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## D. Directorio de proveedores de atención especializada

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*Provider Gender:* Male  
*License number:* A81440  
*NPI:* 1013015569  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
Medical Ctr, Regional Medical  
Ctr Of San Jose, Ucsf Mount  
Zion, Scripps Green Hospital,  
Medical Ctr At Ucsf  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HEPOKOSKI, MARK L**

*Provider ID:* 122042  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (855) 355-5864  
*Fax:*  
*After Hours Phone:* (855)  
355-5864  
*Provider Gender:* Male

*License number:* A125984  
*NPI:* 1649408790  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **IBRAHIM, ISLAM M**

*Provider ID:* 64578  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6303  
*Fax:*  
*After Hours Phone:* (619)  
543-6303  
*Provider Gender:* Male  
*License number:* C54272  
*NPI:* 1962586917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **JOSHUA, JISHA K**

*Provider ID:* 238061  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121-3028  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A144956  
*NPI:* 1023436417  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi, Malayalam  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No</p> <p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p>	<p>♿ Accessibility: 9AM-5PM</p> <p>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p>	<p>Hours: M-W 9AM-5PM, TH 8AM-1PM, F 9AM-6PM, SA 8AM-11AM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc</p>
<p><b>JOSHUA, JISHA K</b></p> <p>Provider ID: 238062</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR</p> <p>SAN DIEGO, CA 92103-1911</p> <p>Phone: (800) 926-8273</p> <p>Fax:</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p> <p>License number: A144956</p> <p>NPI: 1023436417</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Hindi, Malayalam</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p>	<p><b>LE, HUAN A, MD</b></p> <p>Provider ID: 27358</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p>5507 EL CAJON BLVD STE C</p> <p>SAN DIEGO, CA 92115-3624</p> <p>Phone: (619) 582-1448</p> <p>Fax: (619) 582-1081</p> <p>After Hours Phone: (619) 582-1448</p> <p>Provider Gender: Male</p> <p>License number: A76373</p> <p>NPI: 1780797381</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: French, Spanish, Vietnamese</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 16/99</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p>	<p><b>LI, JINGHONG</b></p> <p>Provider ID: 83699</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR</p> <p>SAN DIEGO, CA 92103-1911</p> <p>Phone: (858) 657-7125</p> <p>Fax: (858) 657-7107</p> <p>After Hours Phone: (858) 657-7125</p> <p>Provider Gender: Female</p> <p>License number: A107000</p> <p>NPI: 1619014479</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Provider ID:</i> 64348	200 W ARBOR DR
<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-1911
<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP	<i>Phone:</i> (858) 657-7105
<b>LONGORIA, JAVIER A</b>	330 LEWIS ST	<i>Fax:</i>
<i>Provider ID:</i> 118849	SAN DIEGO, CA 92103-2108	<i>After Hours Phone:</i> (858)
<i>Board Certified Specialty:</i> No	<i>Phone:</i> (619) 471-9260	657-7105
UCSD MEDICAL GROUP	<i>Fax:</i>	<i>Provider Gender:</i> Female
200 W ARBOR DR	<i>After Hours Phone:</i> (619)	<i>License number:</i> A94464
SAN DIEGO, CA 92103-1911	471-9260	<i>NPI:</i> 1194856286
<i>Phone:</i> (619) 543-6222	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
<i>Fax:</i>	<i>License number:</i> G67450	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (619)	<i>NPI:</i> 1891728531	Spanish
543-6222	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Scripps
<i>License number:</i> A115684	Spanish	Memorial Hospital, Scripps
<i>NPI:</i> 1538397765	<i>Cultural Competency:</i> No	Memorial Hospital Encinitas,
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd	Ucsd Medical Ctr
<i>Provider Language(s) Spoken:</i>	Medical Ctr	<i>Medi-Cal Open Panel:</i> No
Spanish	<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> None
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i>
<i>Hospital Affiliation:</i> University	<i>American Sign Language (ASL):</i>	No
Of California Irvine Med Ctr	No	♿ <i>Accessibility:</i> W
<i>Medi-Cal Open Panel:</i> No	♿ <i>Accessibility:</i>	<i>Hours:</i> M-F 9AM-5PM, SA
<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 9AM-5PM, SA	9AM-5PM
<i>American Sign Language (ASL):</i>	9AM-5PM	<i>Website:</i>
No	<i>Website:</i>	<i>Email:</i>
♿ <i>Accessibility:</i> W	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>	<i>IPA:</i>
<i>Website:</i>	<i>IPA:</i>	<b>MALHOTRA, ATUL</b>
<i>Email:</i>	<b>MAGANA, MARISA M</b>	<i>Provider ID:</i> 83977
<i>Medical Group(s):</i>	<i>Provider ID:</i> 65372	<i>Board Certified Specialty:</i> No
<i>IPA:</i>	<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP
<b>LOREDO, JOSE S</b>	UCSD MEDICAL GROUP	330 LEWIS ST

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9260

Fax:

After Hours Phone: (619)  
471-9260

Provider Gender: Male

License number: C55949

NPI: 1982695169

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MALHOTRA, ATUL**

Provider ID: 83978

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (858) 657-6485

Fax: (858) 657-7107

After Hours Phone: (858)

657-6485

Provider Gender: Male

License number: C55949

NPI: 1982695169

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MANDEL, JESS**

Provider ID: 64608

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-6248

Fax:

After Hours Phone: (619)

543-6248

Provider Gender: Male

License number: C52434

NPI: 1023006970

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MORRIS, TIMOTHY A**

Provider ID: 64618

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-2793

Fax: (619) 543-3384

After Hours Phone: (619)

543-2793

Provider Gender: Male

License number: G71499

NPI: 1134206709

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PAPAMATHEAKIS, DEMOSTHENES G**

Provider ID: 64625  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (855) 355-5864  
 Fax: (619) 543-7352  
 After Hours Phone: (855)  
 355-5864  
 Provider Gender: Male  
 License number: A101188  
 NPI: 1326168600  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Greek  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Southwest  
 Healthcare System Murrieta,

Southwest Healthcare System  
 Wildomar  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PERALTA-AVILA, ANGEL R**

Provider ID: 291399  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: C175635  
 NPI: 1326354937  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PERALTA-AVILA, ANGEL R**

Provider ID: 291400  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: C175635  
 NPI: 1326354937  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

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### **PERALTA-AVILA, ANGEL R**

Provider ID: 291401  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR  
SAN DIEGO, CA 92121-3018  
Phone: (800) 926-8372  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8372  
Provider Gender: Male  
License number: C175635  
NPI: 1326354937  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **POCH, DAVID S**

Provider ID: 64140  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6303  
Fax: (858) 657-7107  
After Hours Phone: (619)  
543-6303  
Provider Gender: Male  
License number: A107956  
NPI: 1598955668  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **RAMNATH, VENKTESH R**

Provider ID: 114336  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121-3019  
Phone: (858) 657-8860  
Fax:  
After Hours Phone: (858)  
657-8860  
Provider Gender: Male

License number: A107714  
NPI: 1215911730  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Temecula  
Valley Hospital Inc, Southwest  
Healthcare System Murrieta,  
Southwest Healthcare System  
Wildomar, El Centro Regional  
Medical Center, Ucsd Medical  
Ctr, Healdsburg District Hosp,  
Providence Redwood Memorial  
Hospital, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **RIES, ANDREW L**

Provider ID: 64634  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6248	NPI: 1164405528	Provider English Spoken: Yes
Fax:	Provider English Spoken: Yes	Provider Language(s) Spoken:
After Hours Phone: (619) 543-6248	Provider Language(s) Spoken:	French, Spanish
Provider Gender: Male	Cultural Competency: No	Cultural Competency: No
License number: G33984	Hospital Affiliation: Ucsd	Hospital Affiliation: El Centro
NPI: 1225088214	Medical Ctr, Vibra Hospital Of	Regional Medical Center
Provider English Spoken: Yes	San Diego, Scripps Mercy	Medi-Cal Open Panel: No
Provider Language(s) Spoken:	Hospital, Scripps Mercy	Min/Max Age: None
Cultural Competency: No	Hospital Chula Vista, Alvarado	American Sign Language (ASL):
Hospital Affiliation:	Hospital Llc	No
Medi-Cal Open Panel: No	Medi-Cal Open Panel: No	♿ Accessibility: W
Min/Max Age: None	Min/Max Age: None	Hours: M-SA 9AM-5PM
American Sign Language (ASL):	American Sign Language (ASL):	Website:
No	No	Email:
♿ Accessibility: W	♿ Accessibility: W	Medical Group(s):
Hours: M-SA 9AM-5PM	Hours: M-SU 12AM-12PM	IPA:
Website:	Website:	<b>SUNWOO, BERNIE Y</b>
Email:	Email:	Provider ID: 118881
Medical Group(s):	Medical Group(s):	Board Certified Specialty: No
IPA:	IPA:	UCSD MEDICAL GROUP
<b>RIKER, DAVID R</b>	<b>SOLER TOMAS, XAVIER</b>	4520 EXECUTIVE DR STE 111
Provider ID: 122563	Provider ID: 64651	SAN DIEGO, CA 92121-3019
Board Certified Specialty: No	Board Certified Specialty: No	Phone: (858) 657-8860
NR MEDICAL ASSOCIATES	UCSD MEDICAL GROUP	Fax:
555 WASHINGTON ST	4168 FRONT ST	After Hours Phone: (858)
SAN DIEGO, CA 92103-2289	SAN DIEGO, CA 92103-2030	657-8860
Phone: (619) 250-8300	Phone: (855) 355-5864	Provider Gender: Female
Fax:	Fax:	License number: A138242
After Hours Phone: (619)	After Hours Phone: (855)	NPI: 1336294107
250-8300	355-5864	Provider English Spoken: Yes
Provider Gender: Male	Provider Gender: Male	Provider Language(s) Spoken:
License number: C53916	License number: A140707	Cultural Competency: No
	NPI: 1962738641	Hospital Affiliation: Medical Ctr

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p>At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<hr/>		
<b>RADIATION ONCOLOGY</b>		
<p><b>SUNWOO, BERNIE Y</b>  <i>Provider ID:</i> 118885  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-6222  <i>Provider Gender:</i> Female  <i>License number:</i> A138242  <i>NPI:</i> 1336294107  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Medical Ctr</p>	<p><b>YUNG, GORDON L</b>  <i>Provider ID:</i> 64669  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            4168 FRONT ST            SAN DIEGO, CA 92103-2030  <i>Phone:</i> (619) 543-7300  <i>Fax:</i> (619) 543-7334  <i>After Hours Phone:</i> (619) 543-7300  <i>Provider Gender:</i> Male  <i>License number:</i> A54237  <i>NPI:</i> 1134145949  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr</p>	<p><b>BRUGGEMAN, ANDREW R , MD</b>  <i>Provider ID:</i> 271007  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            16918 DOVE CANYON RD STE 103            SAN DIEGO, CA 92127-3455  <i>Phone:</i> (858) 649-5100  <i>Fax:</i> (858) 649-5099  <i>After Hours Phone:</i> (858) 649-5100  <i>Provider Gender:</i> Male  <i>License number:</i> A126549  <i>NPI:</i> 1790049591  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 0/120            American Sign Language (ASL): No            Accessibility:  No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Ucsd Medical Group</p>	<p>Hospital, Scripps Memorial Hospital            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:  No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:  No            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>CHANG, ANDREW L</b>            Provider ID: 205679            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            9730 SUMMERS RIDGE RD            SAN DIEGO, CA 92121-3101            Phone: (858) 549-7400            Fax:            After Hours Phone: (858) 549-7400            Provider Gender: Male            License number: A85308            NPI: 1255513859            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Cecil H And Ida M Green Hosp Of Scripps Clin, Rady Childrens Hospital San Diego, Scripps Green</p>	<p><b>CHOI, JEHEE I</b>            Provider ID: 206125            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            9730 SUMMERS RIDGE RD            SAN DIEGO, CA 92121-3101            Phone: (858) 549-7458            Fax:            After Hours Phone: (858) 549-7458            Provider Gender: Female            License number: A131202            NPI: 1619260056            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego</p>	<p><b>COLEMAN, LORI A , MD</b>            Provider ID: 221091            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            3075 HEALTH CENTER DR            SAN DIEGO, CA 92123-2773            Phone: (858) 939-5010            Fax: (858) 939-5021            After Hours Phone: (858) 939-5010            Provider Gender: Female            License number: G78635            NPI: 1053348920            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Palomar Medical Center</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes  Min/Max Age: 19/100  American Sign Language (ASL): No  No  🗎 Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>American Sign Language (ASL): No  No  🗎 Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>	<p>🗎 Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>
<p><b>DAVIS, STEVEN W</b>  Provider ID: 289134  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  9730 SUMMERS RIDGE RD  SAN DIEGO, CA 92121-3101  Phone: (858) 345-2445  Fax: (858) 578-1144  After Hours Phone: (858)  345-2445  Provider Gender: Male  License number: A82145  NPI: 1558463653  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18</p>	<p><b>DEWITT, KELLY D</b>  Provider ID: 289923  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  7901 FROST ST  SAN DIEGO, CA 92123-2701  Phone: (858) 939-5010  Fax: (858) 939-5021  After Hours Phone: (858)  939-5010  Provider Gender: Female  License number: A74873  NPI: 1184668741  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Sharp  Memorial Hospital, Sharp Chula  Vista Med Ctr, Grossmont  Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 19/100  American Sign Language (ASL):</p>	<p><b>ELSTER, JENNIFER D</b>  Provider ID: 109562  Board Certified Specialty: No  RADY CHILDRENS  SPECIALISTS SAN DIEGO MED  FNDDTN  3010 CHILDRENS WAY STE 2W  SAN DIEGO, CA 92123-4223  Phone: (858) 966-5811  Fax:  After Hours Phone: (858)  966-5811  Provider Gender: Female  License number: A144876  NPI: 1588866115  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Rady  Childrens Hospital San Diego  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  🗎 Accessibility: W</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM	No	Min/Max Age: 0/999
Website:	♿ Accessibility:	American Sign Language (ASL):
Email:	Hours: M-F 9AM-5PM, SA	No
Medical Group(s):	9AM-5PM	♿ Accessibility:
IPA: Rady Childrens Health Network	Website:	Hours: M-F 8AM-5PM, SA
	Email:	9AM-5PM
	Medical Group(s):	Website:
<b>FULLER, DONALD B , MD</b>	IPA: Community Care Ipa Llc	Email:
Provider ID: 269236		Medical Group(s):
Board Certified Specialty: Yes	<b>FULLER, DONALD B , MD</b>	IPA: Community Care Ipa Llc
COMMUNITY CARE IPA LLC	Provider ID: 269238	
2466 1ST AVE STE B	Board Certified Specialty: No	<b>HATTANGADI GLUTH, JONA A , MD</b>
SAN DIEGO, CA 92101-1480	COMMUNITY CARE IPA LLC	Provider ID: 254496
Phone: (619) 230-0400	5395 RUFFIN RD STE 103	Board Certified Specialty: No
Fax: (858) 429-7936	SAN DIEGO, CA 92123-1338	COMMUNITY CARE IPA LLC
After Hours Phone: (619) 230-0400	Phone: (858) 505-4100	16918 DOVE CANYON RD STE 103
Provider Gender: Male	Fax: (858) 429-7936	SAN DIEGO, CA 92127-3455
License number: G62532	After Hours Phone: (858) 505-4100	Phone: (858) 649-5100
NPI: 1285632711	Provider Gender: Male	Fax: (858) 649-5099
Provider English Spoken: Yes	License number: G62532	After Hours Phone: (858) 649-5100
Provider Language(s) Spoken:	NPI: 1285632711	Provider Gender: Female
Cultural Competency: No	Provider English Spoken: Yes	License number: A122308
Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Memorial Hospital, Scripps Green Hospital	Provider Language(s) Spoken:	NPI: 1467625491
Medi-Cal Open Panel: Yes	Cultural Competency: No	Provider English Spoken: Yes
Min/Max Age: 0/999	Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Memorial Hospital, Scripps Green Hospital	Provider Language(s) Spoken:
American Sign Language (ASL):	Medi-Cal Open Panel: Yes	Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>No  <i>Accessibility:</i>  <i>Hours:</i> M-TH 8AM-5PM, F            8AM-8PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p>No  <i>Accessibility:</i>  <i>Hours:</i> M-TH 8AM-5PM, F            8AM-8PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>	<p><i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc,            Imperial Health Holdings            Medical Group-Sd</p>
<p><b>HATTANGADI GLUTH, JONA A</b>  <i>Provider ID:</i> 262270  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD            16918 DOVE CANYON RD STE            103            SAN DIEGO, CA 92127-3455  <i>Phone:</i> (858) 649-5100  <i>Fax:</i> (858) 649-5099  <i>After Hours Phone:</i> (858)            649-5100  <i>Provider Gender:</i> Female  <i>License number:</i> A122308  <i>NPI:</i> 1467625491  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i></p>	<p><b>HOOPES, DAVID J</b>  <i>Provider ID:</i> 262206  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD            16918 DOVE CANYON RD STE            103            SAN DIEGO, CA 92127-3455  <i>Phone:</i> (858) 649-5100  <i>Fax:</i> (858) 649-5099  <i>After Hours Phone:</i> (858)            649-5100  <i>Provider Gender:</i> Male  <i>License number:</i> C128063  <i>NPI:</i> 1962520080  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes</p>	<p><b>HOOPES, DAVID J , MD</b>  <i>Provider ID:</i> 269725  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            16918 DOVE CANYON RD STE            103            SAN DIEGO, CA 92127-3455  <i>Phone:</i> (858) 649-5100  <i>Fax:</i> (858) 649-5099  <i>After Hours Phone:</i> (858)            649-5100  <i>Provider Gender:</i> Male  <i>License number:</i> C128063  <i>NPI:</i> 1962520080  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  🔗 Accessibility:  Hours: M-F 8:30AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>	<p>Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  🔗 Accessibility:  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Cultural Competency: No  Hospital Affiliation: St Agnes Medical Center, Alvarado Hospital Llc, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  🔗 Accessibility:  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>
<p><b>IJAZ, TAHIR, MD</b>  Provider ID: 269245  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  5395 RUFFIN RD STE 103  SAN DIEGO, CA 92123-1338  Phone: (858) 505-4100  Fax: (858) 429-7939  After Hours Phone: (858) 505-4100  Provider Gender: Male  License number: A52748  NPI: 1225036742  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: St Agnes Medical Center, Alvarado Hospital Llc, Paradise Valley</p>	<p><b>IJAZ, TAHIR, MD</b>  Provider ID: 269246  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  3366 5TH AVE  SAN DIEGO, CA 92103-5713  Phone: (619) 230-0400  Fax: (858) 429-7936  After Hours Phone: (619) 230-0400  Provider Gender: Male  License number: A52748  NPI: 1225036742  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish</p>	<p><b>IJAZ, TAHIR</b>  Provider ID: 55269  Board Certified Specialty: No  GENESIS HEALTHCARE PARTNERS PC  3366 5TH AVE  SAN DIEGO, CA 92103-5713  Phone: (619) 230-0400  Fax: (858) 429-7936  After Hours Phone: (619) 230-0400  Provider Gender: Male</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<i>License number:</i> A52748	<i>Phone:</i> (858) 939-5010	SAN DIEGO, CA 92121-3101
<i>NPI:</i> 1225036742	<i>Fax:</i> (858) 939-5021	<i>Phone:</i> (858) 549-7458
<i>Provider English Spoken:</i> Yes	<i>After Hours Phone:</i> (858)	<i>Fax:</i> (858) 578-1144
<i>Provider Language(s) Spoken:</i> Spanish	939-5010	<i>After Hours Phone:</i> (858) 549-7458
<i>Cultural Competency:</i> No	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male
<i>Hospital Affiliation:</i> St Agnes Medical Center, Alvarado Hospital Llc, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital	<i>License number:</i> A99269 <i>NPI:</i> 1720314107 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Farsi	<i>License number:</i> A129079 <i>NPI:</i> 1326300401 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
<i>Medi-Cal Open Panel:</i> No	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> None	<i>Hospital Affiliation:</i> Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital	<i>Min/Max Age:</i> 0/999
<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No
<i>Accessibility:</i> W	<i>Min/Max Age:</i> 0/999	<i>Accessibility:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Website:</i>	<i>Accessibility:</i>	<i>Website:</i>
<i>Email:</i>	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>IPA:</i> Community Care Ipa Llc	<i>Email:</i>	<i>IPA:</i> Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group
<b>JABBARI, SIAVASH, MD</b>	<i>Medical Group(s):</i>	
<i>Provider ID:</i> 268784	<i>IPA:</i> Community Care Ipa Llc	
<i>Board Certified Specialty:</i> No	<b>MACEWAN, IAIN J</b>	
COMMUNITY CARE IPA LLC	<i>Provider ID:</i> 206088	<b>MACEWAN, IAIN J , MD</b>
3075 HEALTH CENTER DR # 0	<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 255730
LEVEL	RADY CHILDRENS HEALTH	<i>Board Certified Specialty:</i> No
SAN DIEGO, CA 92123-2773	NETWORK	COMMUNITY CARE IPA LLC
	9730 SUMMERS RIDGE RD	

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## D. Directorio de proveedores de atención especializada

16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127-3455 <i>Phone:</i> (858) 649-5100 <i>Fax:</i> (858) 649-5099 <i>After Hours Phone:</i> (858) 649-5100 <i>Provider Gender:</i> Male <i>License number:</i> A129079 <i>NPI:</i> 1326300401 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group	COMMUNITY CARE IPA LLC 16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127-3455 <i>Phone:</i> (858) 649-5100 <i>Fax:</i> (858) 649-5099 <i>After Hours Phone:</i> (858) 649-5100 <i>Provider Gender:</i> Female <i>License number:</i> A109372 <i>NPI:</i> 1902906902 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Uc Davis Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/120 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-SU 8AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd  <b>MAYADEV, JYOTI S</b> <i>Provider ID:</i> 262219 <i>Board Certified Specialty:</i> No IMPERIAL HEALTH HOLDINGS	MEDICAL GROUP-SD 16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127-3455 <i>Phone:</i> (858) 649-5100 <i>Fax:</i> (858) 649-5099 <i>After Hours Phone:</i> (858) 649-5100 <i>Provider Gender:</i> Female <i>License number:</i> A109372 <i>NPI:</i> 1902906902 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Uc Davis Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-SU 8AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd  <b>MELL, LOREN K , MD</b> <i>Provider ID:</i> 255893 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC
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## D. Directorio de proveedores de atención especializada

16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127-3455 <i>Phone:</i> (858) 649-5100 <i>Fax:</i> (858) 649-5099 <i>After Hours Phone:</i> (858) 649-5100 <i>Provider Gender:</i> Male <i>License number:</i> A104704 <i>NPI:</i> 1316119704 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127-3455 <i>Phone:</i> (858) 649-5100 <i>Fax:</i> (858) 649-5099 <i>After Hours Phone:</i> (858) 649-5100 <i>Provider Gender:</i> Male <i>License number:</i> A104704 <i>NPI:</i> 1316119704 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd	16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127-3455 <i>Phone:</i> (559) 447-4949 <i>Fax:</i> (559) 447-4925 <i>After Hours Phone:</i> (559) 447-4949 <i>Provider Gender:</i> Male <i>License number:</i> A105348 <i>NPI:</i> 1730382631 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Imperial Health Holdings Medical Group-Sd  <b>MURPHY, KEVIN T , MD</b> <i>Provider ID:</i> 242618 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 16918 DOVE CANYON RD STE 103 SAN DIEGO, CA 92127-3455
<b>MELL, LOREN K</b> <i>Provider ID:</i> 262153 <i>Board Certified Specialty:</i> No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD	<b>MURPHY, JAMES D</b> <i>Provider ID:</i> 262401 <i>Board Certified Specialty:</i> No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD	

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## D. Directorio de proveedores de atención especializada

Phone: (858) 649-5100  
 Fax: (858) 649-5099  
 After Hours Phone: (858) 649-5100  
 Provider Gender: Male  
 License number: A82350  
 NPI: 1730104167  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MURPHY, KEVIN T**

Provider ID: 262179  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
 Phone: (858) 649-5100  
 Fax: (858) 649-5099  
 After Hours Phone: (858) 649-5100  
 Provider Gender: Male  
 License number: A82350  
 NPI: 1730104167  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PEJAVAR, SUNANDA M , MD**

Provider ID: 221077  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3075 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2773  
 Phone: (858) 939-5010  
 Fax: (858) 939-5021  
 After Hours Phone: (858) 939-5010  
 Provider Gender: Female  
 License number: A103733  
 NPI: 1912232513  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Kannada, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **ROSE, BRENT S**

*Provider ID:* 125050  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 16918 DOVE CANYON RD STE  
 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858)  
 649-5100  
*Provider Gender:* Male  
*License number:* A142735  
*NPI:* 1518250869  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SU 8AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **ROSE, BRENT S , MD**

*Provider ID:* 256307  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD STE  
 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858)  
 649-5100  
*Provider Gender:* Male  
*License number:* A142735  
*NPI:* 1518250869  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/120  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SU 8AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **ROSSI, CARL J**

*Provider ID:* 289131  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 9730 SUMMERS RIDGE RD STE  
 101  
 SAN DIEGO, CA 92121-3101  
*Phone:* (858) 345-2445  
*Fax:* (858) 578-1144  
*After Hours Phone:* (858)  
 345-2445  
*Provider Gender:* Male  
*License number:* G66352  
*NPI:* 1518983055  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital, Rady Childrens  
 Hospital San Diego, Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### ROSSI, CARL J

Provider ID: 81385  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 9730 SUMMERS RIDGE RD  
 SAN DIEGO, CA 92121-3101  
 Phone: (858) 549-7458  
 Fax: (858) 578-1144  
 After Hours Phone: (858)  
 549-7458  
 Provider Gender: Male  
 License number: G66352  
 NPI: 1518983055  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Green Hospital, Rady Childrens  
 Hospital San Diego, Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### SANDHU, AJAY P , MD

Provider ID: 247978  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD STE  
 103  
 SAN DIEGO, CA 92127-3455  
 Phone: (858) 649-5100  
 Fax: (858) 649-5099  
 After Hours Phone: (858)  
 649-5100  
 Provider Gender: Male  
 License number: A69947  
 NPI: 1881610137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings

Medical Group-Sd

### SANDHU, AJAY P

Provider ID: 262196  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 16918 DOVE CANYON RD STE  
 103  
 SAN DIEGO, CA 92127-3455  
 Phone: (858) 649-5100  
 Fax: (858) 649-5099  
 After Hours Phone: (858)  
 649-5100  
 Provider Gender: Male  
 License number: A69947  
 NPI: 1881610137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **SANGHVI, PARAG R**

Provider ID: 206140  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
9730 SUMMERS RIDGE RD  
SAN DIEGO, CA 92121-3101  
Phone: (858) 549-7458  
Fax: (858) 578-1144  
After Hours Phone: (858) 549-7458  
Provider Gender: Male  
License number: A105184  
NPI: 1801005152  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Gujarati, Hindi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA

9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

### **SANGHVI, PARAG R , MD**

Provider ID: 248043  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD  
SAN DIEGO, CA 92127-3445  
Phone: (858) 649-5100  
Fax: (858) 649-5099  
After Hours Phone: (858) 649-5100  
Provider Gender: Male  
License number: A105184  
NPI: 1801005152  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Gujarati, Hindi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

### **SANGHVI, PARAG R**

Provider ID: 262323  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
16918 DOVE CANYON RD STE 3  
SAN DIEGO, CA 92127-3445  
Phone: (559) 447-4949  
Fax: (559) 447-4925  
After Hours Phone: (559) 447-4949  
Provider Gender: Male  
License number: A105184  
NPI: 1801005152  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Gujarati, Hindi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsf Benioff

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Children's Hospital Oakland,  
Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
**♿ Accessibility:**  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd, Rady  
Childrens Health Network

### **SANGHVI, PARAG R , MD**

*Provider ID:* 270039  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD STE  
103  
SAN DIEGO, CA 92127-3455  
*Phone:* (858) 309-6585  
*Fax:* (858) 309-6593  
*After Hours Phone:* (858)  
309-6585  
*Provider Gender:* Male  
*License number:* A105184  
*NPI:* 1801005152  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Gujarati, Hindi, Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsf Benioff  
Children's Hospital Oakland,  
Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
**♿ Accessibility:**  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd, Rady  
Childrens Health Network

### **SANGHVI, PARAG R , MD**

*Provider ID:* 270040  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
9730 SUMMERS RIDGE RD  
SAN DIEGO, CA 92121-3101  
*Phone:* (858) 549-7400  
*Fax:* (858) 578-1144  
*After Hours Phone:* (858)  
549-7400  
*Provider Gender:* Male  
*License number:* A105184  
*NPI:* 1801005152  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Childrens  
Hosp And Resrch Ctr At  
Oakland, Scripps Mercy  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
**♿ Accessibility:**  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd, Rady  
Childrens Health Network

### **SHARABI, ANDREW B , MD**

*Provider ID:* 257024  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD STE  
103  
SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858)  
649-5100

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

*Provider Gender:* Male  
*License number:* A136977  
*NPI:* 1043531213  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/120  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **SHARABI, ANDREW B**

*Provider ID:* 262164  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 16918 DOVE CANYON RD STE  
 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858)  
 649-5100

*Provider Gender:* Male  
*License number:* A136977  
*NPI:* 1043531213  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **SHIRAZI, REZA**

*Provider ID:* 121532  
*Board Certified Specialty:* No  
 GENESIS HEALTHCARE  
 PARTNERS PC  
 5395 RUFFIN RD STE 103  
 SAN DIEGO, CA 92123-1338  
*Phone:* (858) 505-4100  
*Fax:*  
*After Hours Phone:* (858)  
 505-4100  
*Provider Gender:* Male

*License number:* A95800  
*NPI:* 1336175272  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
 Health, Scripps Memorial  
 Hospital Encinitas, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Memorial Hospital,  
 Scripps Mercy Hospital,  
 Alvarado Hospital Llc, Scripps  
 Green Hospital, Sharp Memorial  
 Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SHIRAZI, REZA, MD**

*Provider ID:* 269249  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 5395 RUFFIN RD STE 103  
 SAN DIEGO, CA 92123-1338

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 505-4100          Fax: (858) 429-7939          After Hours Phone: (858) 505-4100          Provider Gender: Male          License number: A95800          NPI: 1336175272          Provider English Spoken: Yes          Provider Language(s) Spoken: Farsi, Persian, Spanish          Cultural Competency: No          Hospital Affiliation: Palomar Health, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>Board Certified Specialty: No          COMMUNITY CARE IPA LLC          3366 5TH AVE          SAN DIEGO, CA 92103-5713          Phone: (619) 230-0400          Fax: (858) 429-7936          After Hours Phone: (619) 230-0400          Provider Gender: Male          License number: A95800          NPI: 1336175272          Provider English Spoken: Yes          Provider Language(s) Spoken: Farsi, Persian, Spanish          Cultural Competency: No          Hospital Affiliation: Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):</p>	<p>IPA: Community Care Ipa Llc</p> <p><b>SHIRAZI, REZA</b>          Provider ID: 66092          Board Certified Specialty: No          GENESIS HEALTHCARE PARTNERS PC          3366 5TH AVE          SAN DIEGO, CA 92103-5713          Phone: (619) 230-0400          Fax: (858) 429-7936          After Hours Phone: (619) 230-0400          Provider Gender: Male          License number: A95800          NPI: 1336175272          Provider English Spoken: Yes          Provider Language(s) Spoken: Farsi, Persian, Spanish          Cultural Competency: No          Hospital Affiliation: Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### **SIMPSON, DANIEL R , MD**

Provider ID: 256193

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD STE  
103

SAN DIEGO, CA 92127-3455

Phone: (858) 649-5100

Fax: (858) 649-5099

After Hours Phone: (858)  
649-5100

Provider Gender: Male

License number: A118377

NPI: 1689974883

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 16/122

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

### **SIMPSON, DANIEL R**

Provider ID: 262134

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
16918 DOVE CANYON RD STE  
103

SAN DIEGO, CA 92127-3455

Phone: (858) 649-5100

Fax: (858) 649-5099

After Hours Phone: (858)  
649-5100

Provider Gender: Male

License number: A118377

NPI: 1689974883

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **UHL, BARRY M , MD**

Provider ID: 243528

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2773

Phone: (858) 939-5010

Fax: (858) 939-5021

After Hours Phone: (858)  
939-5010

Provider Gender: Male

License number: A71969

NPI: 1811936693

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Palomar  
Medical Center, Sharp Chula  
Vista Med Ctr, Sharp Memorial

Hospital, Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 19/100

American Sign Language (ASL):

No

♿ Accessibility:

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

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **VOLPP, PAUL B , MD**

*Provider ID:* 221105  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3075 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2773  
*Phone:* (858) 939-5010  
*Fax:* (858) 939-5021  
*After Hours Phone:* (858)  
 939-5010  
*Provider Gender:* Male  
*License number:* A86307  
*NPI:* 1225186232  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Sharp Chula  
 Vista Med Ctr, Grossmont  
 Hospital, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):*  
 No  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA

### **WEINSTEIN, GEOFFREY D , MD**

*Provider ID:* 220039  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3075 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2773  
*Phone:* (858) 939-5010  
*Fax:* (858) 939-5021  
*After Hours Phone:* (858)  
 939-5010  
*Provider Gender:* Male  
*License number:* A54109  
*NPI:* 1841233947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Sharp Memorial  
 Hospital, Sharp Chula Vista  
 Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):*  
 No  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **RADIOLOGY DIAGNOSTIC** **X-RAY**

### **AGANOVIC, LEJLA**

*Provider ID:* 114044  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619)  
 471-9240  
*Provider Gender:* Female  
*License number:* A101098  
*NPI:* 1003807652  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>IPA: Community Care Ipa Llc</i>	<i>Provider ID: 268354</i>
<i>Medical Group(s):</i>		<i>Board Certified Specialty: No</i>
<i>IPA:</i>	<b>ALLEN, DERRICK R</b>	<i>COMMUNITY CARE IPA LLC</i>
<b>ALLEN, DERRICK R</b>	<i>Provider ID: 125982</i>	<i>1809 NATIONAL AVE STE 2104</i>
<i>Provider ID: 115873</i>	<i>Board Certified Specialty: No</i>	<i>SAN DIEGO, CA 92113-2113</i>
<i>Board Certified Specialty: No</i>	<i>IHS RADIOLOGY MEDICAL</i>	<i>Phone: (858) 658-6500</i>
<i>IHS RADIOLOGY MEDICAL</i>	<i>GROUP INC</i>	<i>Fax: (866) 558-4329</i>
<i>GROUP INC</i>	<i>6386 ALVARADO CT STE 121</i>	<i>After Hours Phone: (858)</i>
<i>150 W WASHINGTON ST</i>	<i>SAN DIEGO, CA 92120-4906</i>	<i>658-6500</i>
<i>SAN DIEGO, CA 92103-2005</i>	<i>Phone: (858) 658-6500</i>	<i>Provider Gender: Male</i>
<i>Phone: (858) 658-6500</i>	<i>Fax: (619) 229-2288</i>	<i>License number: A69840</i>
<i>Fax: (866) 558-4329</i>	<i>After Hours Phone: (858)</i>	<i>NPI: 1215982970</i>
<i>After Hours Phone: (858)</i>	<i>658-6500</i>	<i>Provider English Spoken: Yes</i>
<i>658-6500</i>	<i>Provider Gender: Male</i>	<i>Provider Language(s) Spoken:</i>
<i>Provider Gender: Male</i>	<i>License number: A69840</i>	<i>Cultural Competency: No</i>
<i>License number: A69840</i>	<i>NPI: 1215982970</i>	<i>Hospital Affiliation: Scripps</i>
<i>NPI: 1215982970</i>	<i>Provider English Spoken: Yes</i>	<i>Mercy Hospital, Scripps Mercy</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Hospital Chula Vista</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency: No</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Scripps</i>	<i>Min/Max Age: 0/999</i>
<i>Hospital Affiliation: Scripps</i>	<i>Mercy Hospital, Scripps Mercy</i>	<i>American Sign Language (ASL):</i>
<i>Mercy Hospital, Scripps Mercy</i>	<i>Hospital Chula Vista</i>	<i>No</i>
<i>Hospital Chula Vista</i>	<i>Medi-Cal Open Panel: No</i>	<i>♿ Accessibility:</i>
<i>Medi-Cal Open Panel: No</i>	<i>Min/Max Age: None</i>	<i>Hours: M-F 8AM-5PM, SA</i>
<i>Min/Max Age: None</i>	<i>American Sign Language (ASL):</i>	<i>9AM-5PM</i>
<i>American Sign Language (ASL):</i>	<i>♿ Accessibility: W</i>	<i>Website:</i>
<i>No</i>	<i>Hours: M-SA 9AM-5PM</i>	<i>Email:</i>
<i>♿ Accessibility: W</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Hours: M-SA 9AM-5PM</i>	<i>www.imaginghealthcare.com</i>	<i>IPA: Community Care Ipa Llc</i>
<i>Website:</i>	<i>Email:</i>	<b>ALLEN, DERRICK R , MD</b>
<i>www.imaginghealthcare.com</i>	<i>Medical Group(s):</i>	<i>Provider ID: 268355</i>
<i>Email:</i>	<i>IPA: Community Care Ipa Llc</i>	<i>Board Certified Specialty: No</i>
<i>Medical Group(s):</i>	<b>ALLEN, DERRICK R , MD</b>	<i>COMMUNITY CARE IPA LLC</i>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

4077 5TH AVE  
 SAN DIEGO, CA 92103-2105  
 Phone: (888) 685-4016  
 Fax: (866) 558-4329  
 After Hours Phone: (888) 685-4016  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**ALLEN, DERRICK R , MD**  
 Provider ID: 268357  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906

Phone: (619) 229-2299  
 Fax: (866) 558-4329  
 After Hours Phone: (619) 229-2299  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**ALQAHTANI, EMAN N**  
 Provider ID: 126409  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: A138391  
 NPI: 1104169564  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**ANDERSON, GREGORY S**  
 Provider ID: 115874  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 658-6500  
 Fax:  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A90018  
 NPI: 1841467099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website: www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **ANDERSON, GREGORY S**

Provider ID: 125981  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906

Phone: (858) 658-6500  
 Fax:  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A90018  
 NPI: 1841467099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website: www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **ARYAFAR, HAMED**

Provider ID: 63784  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A99187  
 NPI: 1093963605  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ARYAFAR, HAMED**

Provider ID: 64269  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108

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## D. Directorio de proveedores de atención especializada

<p>Phone: (619) 471-9240            Fax:            After Hours Phone: (619) 471-9240            Provider Gender: Male            License number: A99187            NPI: 1093963605            Provider English Spoken: Yes            Provider Language(s) Spoken: Farsi            Cultural Competency: No            Hospital Affiliation: Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (619) 543-2218            Fax:            After Hours Phone: (619) 543-2218            Provider Gender: Male            License number: A129414            NPI: 1730316928            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>330 LEWIS ST STE 202            SAN DIEGO, CA 92103-2108            Phone: (619) 471-9240            Fax:            After Hours Phone: (619) 471-9240            Provider Gender: Male            License number: A129414            NPI: 1730316928            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>
<p><b>BAHADOR, FARSHAD M</b>            Provider ID: 104318            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR STE 1505            SAN DIEGO, CA 92103-1911</p>	<p><b>BAHADOR, FARSHAD M</b>            Provider ID: 104323            Board Certified Specialty: No            UCSD MEDICAL GROUP</p>	<p><b>BAKER, LORI L</b>            Provider ID: 115588</p>

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No            IHS RADIOLOGY MEDICAL            GROUP INC            150 W WASHINGTON ST            SAN DIEGO, CA 92103-2005  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (619) 295-2549  <i>After Hours Phone:</i> (858)            658-6500  <i>Provider Gender:</i> Female  <i>License number:</i> G62517  <i>NPI:</i> 1063465219  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital, Medical Ctr At            Ucsf, Scripps Mercy Hospital            Chula Vista  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ☯ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>            www.imaginghealthcare.com  <i>Email:</i>  <i>Medical Group(s):</i>            IPA:</p>	<p>IHS RADIOLOGY MEDICAL            GROUP INC            6386 ALVARADO CT STE 121            SAN DIEGO, CA 92120-4906  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (619) 229-2288  <i>After Hours Phone:</i> (858)            658-6500  <i>Provider Gender:</i> Female  <i>License number:</i> G62517  <i>NPI:</i> 1063465219  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital, Medical Ctr At            Ucsf, Scripps Mercy Hospital            Chula Vista  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ☯ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>            www.imaginghealthcare.com  <i>Email:</i>  <i>Medical Group(s):</i>            IPA:</p> <p><b>BERGMAN, ERIK W</b>  <i>Provider ID:</i> 125001  <i>Board Certified Specialty:</i> No            UCSD RADIOLOGY AT LA</p>	<p>JOLLA            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-2218  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            543-2218  <i>Provider Gender:</i> Male  <i>License number:</i> C153284  <i>NPI:</i> 1043291073  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ☯ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA:</p> <p><b>BERGMAN, ERIK W</b>  <i>Provider ID:</i> 125005  <i>Board Certified Specialty:</i> No            UCSD RADIOLOGY AT LA            JOLLA            330 LEWIS ST STE 202            SAN DIEGO, CA 92103-2108</p>
<p><b>BAKER, LORI L</b>  <i>Provider ID:</i> 125991  <i>Board Certified Specialty:</i> No</p>		

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## D. Directorio de proveedores de atención especializada

<p>Phone: (619) 471-9420            Fax:            After Hours Phone: (619) 471-9420            Provider Gender: Male            License number: C153284            NPI: 1043291073            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-6PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (858) 658-6500            Fax: (619) 295-2549            After Hours Phone: (858) 658-6500            Provider Gender: Female            License number: A97134            NPI: 1548473507            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            www.imaginghealthcare.com            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (858) 658-6500            Fax: (619) 229-2288            After Hours Phone: (858) 658-6500            Provider Gender: Female            License number: A97134            NPI: 1548473507            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            www.imaginghealthcare.com            Email:            Medical Group(s):            IPA:</p>
<p><b>BORSO, MAYA G</b>            Provider ID: 115876            Board Certified Specialty: No            IHS RADIOLOGY MEDICAL GROUP INC            150 W WASHINGTON ST            SAN DIEGO, CA 92103-2005</p>	<p><b>BORSO, MAYA G</b>            Provider ID: 126000            Board Certified Specialty: No            IHS RADIOLOGY MEDICAL GROUP INC            6386 ALVARADO CT STE 121            SAN DIEGO, CA 92120-4906</p>	<p><b>BROUHA, SHARON S</b>            Provider ID: 63823            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: A91973

NPI: 1356554323

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BROUHA, SHARON S**

Provider ID: 64278

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A91973

NPI: 1356554323

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BUCKLEY, DAVID W**

Provider ID: 243260

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

150 W WASHINGTON ST

SAN DIEGO, CA 92103-2005

Phone: (619) 295-9729

Fax: (866) 558-4329

After Hours Phone: (619)  
295-9729

Provider Gender: Male

License number: G57383

NPI: 1982657060

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **BUCKLEY, DAVID W**

Provider ID: 243261

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

3939 RUFFIN RD STE 102

SAN DIEGO, CA 92123-1804

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

<i>Phone:</i> (858) 658-6500	<i>Phone:</i> (619) 229-2299	<i>Phone:</i> (619) 260-7225
<i>Fax:</i> (866) 558-4329	<i>Fax:</i> (866) 558-4329	<i>Fax:</i>
<i>After Hours Phone:</i> (858) 658-6500	<i>After Hours Phone:</i> (619) 229-2299	<i>After Hours Phone:</i> (619) 260-7225
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male
<i>License number:</i> G57383	<i>License number:</i> G57383	<i>License number:</i> G57383
<i>NPI:</i> 1982657060	<i>NPI:</i> 1982657060	<i>NPI:</i> 1982657060
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Spanish
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> 0/999	<i>Min/Max Age:</i> 0/999	<i>Min/Max Age:</i> 0/999
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA:</i> Community Care Ipa Llc	<i>IPA:</i> Community Care Ipa Llc	<i>IPA:</i> Community Care Ipa Llc

### **BUCKLEY, DAVID W**

*Provider ID:* 243266  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906

### **BUCKLEY, DAVID W**

*Provider ID:* 243268  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 550 WASHINGTON ST STE 200  
 SAN DIEGO, CA 92103-2243

### **BUI, KEVIN T**

*Provider ID:* 280518  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

---

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A134576  
NPI: 1578906186  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Grossmont Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Corona Regional Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BUI, KEVIN T**

Provider ID: 280520  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST STE 202  
SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A134576  
NPI: 1578906186  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Grossmont Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Corona Regional Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CASOLA, GIOVANNA**

Provider ID: 63835  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: G51575  
NPI: 1790721256  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Italian  
Cultural Competency: No  
Hospital Affiliation: Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CASOLA, GIOVANNA**

Provider ID: 64281  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST STE 202  
SAN DIEGO, CA 92103-2108

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## D. Directorio de proveedores de atención especializada

---

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: G51575

NPI: 1790721256

Provider English Spoken: Yes

Provider Language(s) Spoken:  
French, Italian

Cultural Competency: No

Hospital Affiliation: Saddleback  
Memorial Med Ctr, Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHANG, ERIC Y**

Provider ID: 63840

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Male

License number: A97139

NPI: 1376756353

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton,  
Scripps Green Hospital, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHEN, JAMES Y**

Provider ID: 63844

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR STE I505  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)  
543-2218

Provider Gender: Male

License number: A108635

NPI: 1427250588

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHEN, JAMES Y**

Provider ID: 64284

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST STE 202  
SAN DIEGO, CA 92103-2108

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)  
471-9240

Provider Gender: Male

License number: A108635

NPI: 1427250588

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHEN, KAREN C**

Provider ID: 63846

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR STE I505

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A110719

NPI: 1437377710

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHEN, KAREN C**

Provider ID: 64285

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A110719

NPI: 1437377710

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHOU, ERIC T**

Provider ID: 116991

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL

GROUP INC

150 W WASHINGTON ST

SAN DIEGO, CA 92103-2005

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## D. Directorio de proveedores de atención especializada

---

Phone: (858) 658-6500  
Fax: (619) 295-2549  
After Hours Phone: (858) 658-6500  
Provider Gender: Male  
License number: A96095  
NPI: 1689627838  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
www.imaginghealthcare.com  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **CHOU, ERIC T**

Provider ID: 126004  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906

Phone: (858) 658-6500  
Fax: (619) 229-2288  
After Hours Phone: (858) 658-6500  
Provider Gender: Male  
License number: A96095  
NPI: 1689627838  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
www.imaginghealthcare.com  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **CHUNG, CHRISTINE B**

Provider ID: 63854  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR STE I505  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A65414  
NPI: 1528033560  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Mercy Hospital, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital Encinitas,  
Scripps Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CHUNG, CHRISTINE B**

Provider ID: 64288  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores de atención especializada

330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax: (619) 471-9245  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Female  
 License number: A65414  
 NPI: 1528033560  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **COOPER, JAMES A**

Provider ID: 115589  
 Board Certified Specialty: No

IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
 Phone: (858) 658-6500  
 Fax: (619) 295-2549  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A62473  
 NPI: 1497708622  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com

Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **COOPER, JAMES A**

Provider ID: 126039  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
 Phone: (858) 658-6500  
 Fax: (619) 229-2288  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A62473  
 NPI: 1497708622  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center  
 Medi-Cal Open Panel: No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: None	No	Hours: M-F 9AM-5PM, SA 9AM-5PM
American Sign Language (ASL): No	♿ Accessibility: W	Website:
♿ Accessibility: W	Hours: M-F 9AM-5PM, SA 9AM-5PM	Email:
Hours: M-SA 9AM-5PM	Website:	Medical Group(s):
Website: www.imaginghealthcare.com	Email:	IPA:
Email:	Medical Group(s):	<b>DORROS, STEPHEN M</b>
Medical Group(s):	IPA:	Provider ID: 63880
IPA: Community Care Ipa Llc	<b>DE GUZMAN, JADE Q</b>	Board Certified Specialty: No
<b>DE GUZMAN, JADE Q</b>	Provider ID: 64289	UCSD MEDICAL GROUP
Provider ID: 63873	Board Certified Specialty: No	200 W ARBOR DR STE 1505
Board Certified Specialty: No	UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-1911
UCSD MEDICAL GROUP	330 LEWIS ST STE 202	Phone: (619) 543-2218
200 W ARBOR DR STE 1505	SAN DIEGO, CA 92103-2108	Fax:
SAN DIEGO, CA 92103-1911	Phone: (619) 471-9240	After Hours Phone: (619) 543-2218
Phone: (619) 543-2218	Fax:	Provider Gender: Male
Fax:	After Hours Phone: (619) 471-9240	License number: G29061
After Hours Phone: (619) 543-2218	Provider Gender: Female	NPI: 1942319959
Provider Gender: Female	License number: A102678	Provider English Spoken: Yes
License number: A102678	NPI: 1801089065	Provider Language(s) Spoken: Spanish
NPI: 1801089065	Provider English Spoken: Yes	Cultural Competency: No
Provider English Spoken: Yes	Provider Language(s) Spoken: Cultural Competency: No	Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
Provider Language(s) Spoken: Cultural Competency: No	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Ronald Reagan Ucla Med Ctr	Medi-Cal Open Panel: No
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Ronald Reagan Ucla Med Ctr	Ucla Med Ctr	Min/Max Age: None
Medical Ctr, Ucsd La Jolla John Sally Thornton, Ronald Reagan Ucla Med Ctr	Medi-Cal Open Panel: No	American Sign Language (ASL): No
Sally Thornton, Ronald Reagan Ucla Med Ctr	Min/Max Age: None	♿ Accessibility: W
Medi-Cal Open Panel: No	American Sign Language (ASL): No	Hours: M-F 9AM-5PM, SA
Min/Max Age: None	No	
American Sign Language (ASL): No	♿ Accessibility:	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **DORROS, STEPHEN M**

Provider ID: 64292

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)

471-9240

Provider Gender: Male

License number: G29061

NPI: 1942319959

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Ucsd Medical Ctr,

Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **DWEK, JERRY R**

Provider ID: 63886

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR STE I505

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: G86073

NPI: 1558335695

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Ucsd Medical Ctr,

Palomar Health, Ucsd La Jolla

John Sally Thornton, Sharp

Coronado Hosp And Healthcare

Ctr, Rady Childrens Hospital

San Diego, Palomar Medical

Center, Sharp Memorial

Hospital, Sharp Chula Vista

Med Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **DWEK, JERRY R**

Provider ID: 64295

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: G86073

NPI: 1558335695

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Ucsd Medical Ctr,

Palomar Health, Ucsd La Jolla

John Sally Thornton, Sharp

Coronado Hosp And Healthcare

Ctr, Rady Childrens Hospital

San Diego, Palomar Medical

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Center, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	And Healthcare Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:
<b>EGHTEDARI, MOHAMMAD</b> Provider ID: 92412 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A114372 NPI: 1740548734 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	<b>EVORA, DARRYL K</b> Provider ID: 63896 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR STE I505 SAN DIEGO, CA 92103-1911 Phone: (619) 543-2218 Fax: After Hours Phone: (619) 543-2218 Provider Gender: Male License number: G76577 NPI: 1790751188 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp	<b>EVORA, DARRYL K</b> Provider ID: 64298 Board Certified Specialty: No UCSD MEDICAL GROUP 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9240 Fax: After Hours Phone: (619) 471-9240 Provider Gender: Male License number: G76577 NPI: 1790751188 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista

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## D. Directorio de proveedores de atención especializada

Med Ctr, Sharp Coronado Hosp And Healthcare Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:
<b>FARID, NIKDOKHT</b> Provider ID: 63901 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR STE 1505 SAN DIEGO, CA 92103-1911 Phone: (619) 543-2218 Fax: After Hours Phone: (619) 543-2218 Provider Gender: Female License number: A94195 NPI: 1205151172 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No	<b>FARID, NIKDOKHT</b> Provider ID: 64301 Board Certified Specialty: No UCSD MEDICAL GROUP 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9240 Fax: After Hours Phone: (619) 471-9240 Provider Gender: Female License number: A94195 NPI: 1205151172 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No	<b>FARID, NIKDOKHT</b> Provider ID: 91912 Board Certified Specialty: No UCSD RADIOLOGY AT LA JOLLA 8929 UNIVERSITY CENTER LN STE 101 SAN DIEGO, CA 92122-1007 Phone: (858) 457-4227 Fax: (858) 457-4227 After Hours Phone: (858) 457-4227 Provider Gender: Female License number: A94195 NPI: 1205151172 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W

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## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **FIROOZNIA, NILOFAR**

Provider ID: 115590

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL GROUP INC

150 W WASHINGTON ST

SAN DIEGO, CA 92103-2005

Phone: (858) 658-6500

Fax: (619) 295-2549

After Hours Phone: (858)

658-6500

Provider Gender: Female

License number: A109806

NPI: 1962521419

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Redlands

Community Hosp, Barstow

Community Hospital, Kindred

Hospital Riverside, Victor Valley

Global Med Ctr, Alvarado

Hospital Llc

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

www.imaginghealthcare.com

Email:

Medical Group(s):

IPA:

### **FIROOZNIA, NILOFAR**

Provider ID: 126168

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL GROUP INC

6386 ALVARADO CT STE 121

SAN DIEGO, CA 92120-4906

Phone: (858) 658-6500

Fax:

After Hours Phone: (858)

658-6500

Provider Gender: Female

License number: A109806

NPI: 1962521419

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Redlands

Community Hosp, Barstow

Community Hospital, Kindred

Hospital Riverside, Victor Valley

Global Med Ctr, Alvarado

Hospital Llc

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

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

9AM-5PM

Website:

www.imaginghealthcare.com

Email:

Medical Group(s):

IPA:

### **FLISZAR, EVELYNE**

Provider ID: 63907

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Female

License number: A60712

NPI: 1164449955

Provider English Spoken: Yes

Provider Language(s) Spoken:

French

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital, Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Scripps Mercy

Hospital Chula Vista, Scripps

Memorial Hospital Encinitas,

Scripps Green Hospital

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            Accessibility: W            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            Accessibility:            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>
<p><b>FLISZAR, EVELYNE</b>            Provider ID: 64303            Board Certified Specialty: No            UCSD MEDICAL GROUP            330 LEWIS ST STE 202            SAN DIEGO, CA 92103-2108            Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: A60712            NPI: 1164449955            Provider English Spoken: Yes            Provider Language(s) Spoken: French            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy</p>	<p><b>FLISZAR, EVELYNE</b>            Provider ID: 97463            Board Certified Specialty: No            UCSD RADIOLOGY AT LA JOLLA            8929 UNIVERSITY CENTER LN STE 101            SAN DIEGO, CA 92122-1007            Phone: (858) 457-4227            Fax:            After Hours Phone: (858) 457-4227            Provider Gender: Female            License number: A60712            NPI: 1164449955            Provider English Spoken: Yes            Provider Language(s) Spoken: French            Cultural Competency: No</p>	<p><b>FORCIER, NANCY J</b>            Provider ID: 286954            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: G72420            NPI: 1497721724            Provider English Spoken: Yes            Provider Language(s) Spoken:</p>

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## D. Directorio de proveedores de atención especializada

<p><i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Green Hospital, Scripps Memorial Hospital, Providence Mission Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>Memorial Hospital, Providence Mission Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> SA,SU 12AM-11:59PM, M-F 8AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>
<p><b>FORCIER, NANCY J</b>  <i>Provider ID:</i> 286956  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            330 LEWIS ST            SAN DIEGO, CA 92103-2108  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> G72420  <i>NPI:</i> 1497721724  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Green Hospital, Scripps</p>	<p><b>FOWLER, KATHRYN J</b>  <i>Provider ID:</i> 201289  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> C154877  <i>NPI:</i> 1255457941  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy</p>	<p><b>FOWLER, KATHRYN J</b>  <i>Provider ID:</i> 201291  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            330 LEWIS ST STE 202            SAN DIEGO, CA 92103-2108  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> C154877  <i>NPI:</i> 1255457941  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Memorial</p>

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## D. Directorio de proveedores de atención especializada

Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0/999</i> <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA</i> 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> IPA: Ucsd Medical Group	<i>Hospital Affiliation: Santa</i> Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc <i>Medi-Cal Open Panel: No</i> <i>Min/Max Age: None</i> <i>American Sign Language (ASL):</i> No <i>Accessibility: W</i> <i>Hours: M-SA 9AM-5PM</i> <i>Website:</i> www.imaginghealthcare.com <i>Email:</i> <i>Medical Group(s):</i> IPA: Community Care Ipa Llc	Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc <i>Medi-Cal Open Panel: No</i> <i>Min/Max Age: None</i> <i>American Sign Language (ASL):</i> No <i>Accessibility: W</i> <i>Hours: M-SA 9AM-5PM</i> <i>Website:</i> www.imaginghealthcare.com <i>Email:</i> <i>Medical Group(s):</i> IPA: Community Care Ipa Llc
<b>FRANKE, MARK A</b> <i>Provider ID: 115878</i> <i>Board Certified Specialty: No</i> IHS RADIOLOGY MEDICAL GROUP INC 150 W WASHINGTON ST SAN DIEGO, CA 92103-2005 <i>Phone: (858) 658-6500</i> <i>Fax:</i> <i>After Hours Phone: (858)</i> 658-6500 <i>Provider Gender: Male</i> <i>License number: A118792</i> <i>NPI: 1114246329</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency: No</i>	<b>FRANKE, MARK A</b> <i>Provider ID: 126051</i> <i>Board Certified Specialty: No</i> IHS RADIOLOGY MEDICAL GROUP INC 6386 ALVARADO CT STE 121 SAN DIEGO, CA 92120-4906 <i>Phone: (858) 658-6500</i> <i>Fax:</i> <i>After Hours Phone: (858)</i> 658-6500 <i>Provider Gender: Male</i> <i>License number: A118792</i> <i>NPI: 1114246329</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency: No</i> <i>Hospital Affiliation: Santa</i>	<b>FRIEND, CHRISTOPHER J</b> <i>Provider ID: 120846</i> <i>Board Certified Specialty: No</i> UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 <i>Phone: (619) 543-6222</i> <i>Fax:</i> <i>After Hours Phone: (619)</i> 543-6222 <i>Provider Gender: Male</i> <i>License number: C141231</i> <i>NPI: 1861491516</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency: No</i> <i>Hospital Affiliation: Ucsd La</i> Jolla John Sally Thornton, Ucsd Medical Ctr

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>♿ Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Email:  Medical Group(s):  IPA:</p>
<p><b>FRIEND, CHRISTOPHER J</b>  Provider ID: 120850  Board Certified Specialty: No  UCSD MEDICAL GROUP  330 LEWIS ST STE 202  SAN DIEGO, CA 92103-2108  Phone: (619) 471-9240  Fax:  After Hours Phone: (619) 471-9240  Provider Gender: Male  License number: C141231  NPI: 1861491516  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No</p>	<p><b>FRIEND, CHRISTOPHER J</b>  Provider ID: 120851  Board Certified Specialty: No  UCSD RADIOLOGY AT LA  JOLLA  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 543-2218  Fax:  After Hours Phone: (619) 543-2218  Provider Gender: Male  License number: C141231  NPI: 1861491516  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website:</p>	<p><b>FRIEND, CHRISTOPHER J</b>  Provider ID: 120857  Board Certified Specialty: No  UCSD RADIOLOGY AT LA  JOLLA  330 LEWIS ST STE 202  SAN DIEGO, CA 92103-2108  Phone: (619) 471-9240  Fax:  After Hours Phone: (619) 471-9240  Provider Gender: Male  License number: C141231  NPI: 1861491516  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  No  ♿ Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>

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## D. Directorio de proveedores de atención especializada

### **GENTILI, AMILCARE**

*Provider ID:* 63914  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR STE I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A44208  
*NPI:* 1922086594  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Italian  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital, Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*

### **GENTILI, AMILCARE**

*Provider ID:* 64307  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A44208  
*NPI:* 1922086594  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Italian  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital, Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*

*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GRISSOM, MURRAY J**

*Provider ID:* 271567  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A147782  
*NPI:* 1720465396  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>IPA: Ucsd Medical Group</i>	UCSD MEDICAL GROUP
<i>Medical Group(s):</i>		200 W ARBOR DR
<i>IPA: Ucsd Medical Group</i>	<b>GUO, YUEYANG</b>	SAN DIEGO, CA 92103-1911
<b>GRISSOM, MURRAY J</b>	<i>Provider ID: 291342</i>	<i>Phone: (800) 926-8273</i>
<i>Provider ID: 271569</i>	<i>Board Certified Specialty: No</i>	<i>Fax: (888) 539-8781</i>
<i>Board Certified Specialty: No</i>	UCSD MEDICAL GROUP	<i>After Hours Phone: (800)</i>
UCSD MEDICAL GROUP	330 LEWIS ST	926-8273
330 LEWIS ST STE 202	SAN DIEGO, CA 92103-2108	<i>Provider Gender: Male</i>
SAN DIEGO, CA 92103-2108	<i>Phone: (800) 926-8273</i>	<i>License number: A132313</i>
<i>Phone: (800) 926-8273</i>	<i>Fax: (888) 539-8781</i>	<i>NPI: 1033542006</i>
<i>Fax: (888) 539-8781</i>	<i>After Hours Phone: (800)</i>	<i>Provider English Spoken: Yes</i>
<i>After Hours Phone: (800)</i>	926-8273	<i>Provider Language(s) Spoken:</i>
926-8273	<i>Provider Gender: Male</i>	<i>Cultural Competency: No</i>
<i>Provider Gender: Male</i>	<i>License number: A132313</i>	<i>Hospital Affiliation: Stanford</i>
<i>License number: A147782</i>	<i>NPI: 1033542006</i>	Health Care, Lucile Salter
<i>NPI: 1720465396</i>	<i>Provider English Spoken: Yes</i>	Packard Childrens Hosp
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency: No</i>	<i>Min/Max Age: 0/999</i>
<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Stanford</i>	<i>American Sign Language (ASL):</i>
<i>Hospital Affiliation: Ucsd</i>	Health Care, Lucile Salter	No
Medical Ctr, Ucsd La Jolla John	Packard Childrens Hosp	<i>♿ Accessibility:</i>
Sally Thornton, Stanford Health	<i>Medi-Cal Open Panel: Yes</i>	<i>Hours: M-SA 9AM-5PM</i>
Care, Valleycare Medical Center	<i>Min/Max Age: 0/999</i>	<i>Website:</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>American Sign Language (ASL):</i>	<i>Email:</i>
<i>Min/Max Age: 0/999</i>	No	<i>Medical Group(s):</i>
<i>American Sign Language (ASL):</i>	<i>♿ Accessibility:</i>	<i>IPA: Ucsd Medical Group</i>
No	<i>Hours: M-SA 9AM-5PM</i>	
<i>♿ Accessibility:</i>	<i>Website:</i>	<b>HAHN, MICHAEL E</b>
<i>Hours: M-F 8AM-5PM, SA</i>	<i>Email:</i>	<i>Provider ID: 98501</i>
9AM-5PM	<i>Medical Group(s):</i>	<i>Board Certified Specialty: No</i>
<i>Website:</i>	<i>IPA: Ucsd Medical Group</i>	UCSD MEDICAL GROUP
<i>Email:</i>	<b>GUO, YUEYANG</b>	200 W ARBOR DR STE I505
<i>Medical Group(s):</i>	<i>Provider ID: 291343</i>	SAN DIEGO, CA 92103-1911
	<i>Board Certified Specialty: No</i>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A119409

NPI: 1356573992

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **HAHN, MICHAEL E**

Provider ID: 98502

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A119409

NPI: 1356573992

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **HANDWERKER, JASON**

Provider ID: 98754

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR STE I505

SAN DIEGO, CA 92103-1911

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)  
543-2218

Provider Gender: Male

License number: A114704

NPI: 1316166630

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton, University Of

California Irvine Med Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **HANDWERKER, JASON**

Provider ID: 98757

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (619) 471-9240	Phone: (858) 658-6500	Phone: (858) 658-6500
Fax:	Fax: (619) 295-2549	Fax: (619) 229-2288
After Hours Phone: (619) 471-9240	After Hours Phone: (858) 658-6500	After Hours Phone: (858) 658-6500
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A114704	License number: G57284	License number: G57284
NPI: 1316166630	NPI: 1124071311	NPI: 1124071311
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Of California Irvine Med Ctr	Hospital Affiliation: Alvarado Hospital Llc	Hospital Affiliation: Alvarado Hospital Llc
Medi-Cal Open Panel: No	Medi-Cal Open Panel: No	Medi-Cal Open Panel: No
Min/Max Age: None	Min/Max Age: None	Min/Max Age: None
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility:	♿ Accessibility: W	♿ Accessibility: W
Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-SA 9AM-5PM	Hours: M-SA 9AM-5PM
Website:	Website:	Website:
Email:	www.imaginghealthcare.com	www.imaginghealthcare.com
Medical Group(s):	Email:	Email:
IPA:	Medical Group(s):	Medical Group(s):
	IPA:	IPA:
<b>HARMAN, SCOTT A</b>	<b>HARMAN, SCOTT A</b>	<b>HAUSCHILDT, JOHN P</b>
Provider ID: 115591	Provider ID: 126064	Provider ID: 63947
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
IHS RADIOLOGY MEDICAL GROUP INC	IHS RADIOLOGY MEDICAL GROUP INC	UCSD MEDICAL GROUP
150 W WASHINGTON ST	6386 ALVARADO CT STE 121	200 W ARBOR DR
SAN DIEGO, CA 92103-2005	SAN DIEGO, CA 92120-4906	SAN DIEGO, CA 92103-1911
		Phone: (619) 543-6222
		Fax:
		After Hours Phone: (619) 543-6222

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Phone:</i> (619) 471-9240	SAN DIEGO, CA 92103-1911
<i>License number:</i> G76429	<i>Fax:</i>	<i>Phone:</i> (619) 543-2218
<i>NPI:</i> 1922072099	<i>After Hours Phone:</i> (619)	<i>Fax:</i>
<i>Provider English Spoken:</i> Yes	471-9240	<i>After Hours Phone:</i> (619)
<i>Provider Language(s) Spoken:</i>	<i>Provider Gender:</i> Male	543-2218
<i>Cultural Competency:</i> No	<i>License number:</i> G76429	<i>Provider Gender:</i> Male
<i>Hospital Affiliation:</i> Sharp	<i>NPI:</i> 1922072099	<i>License number:</i> A141384
Memorial Hospital, Sharp Chula	<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1427377019
Vista Med Ctr, Sharp Coronado	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes
Hosp And Healthcare Ctr, Ucsd	<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>
Medical Ctr, Ucsd La Jolla John	<i>Hospital Affiliation:</i> Sharp	<i>Cultural Competency:</i> No
Sally Thornton, Rady Childrens	Memorial Hospital, Sharp Chula	<i>Hospital Affiliation:</i> Ucsd La
Hospital San Diego	Vista Med Ctr, Sharp Coronado	Jolla John Sally Thornton, Ucsd
<i>Medi-Cal Open Panel:</i> No	Hosp And Healthcare Ctr, Ucsd	Medical Ctr
<i>Min/Max Age:</i> None	Medical Ctr, Ucsd La Jolla John	<i>Medi-Cal Open Panel:</i> No
<i>American Sign Language (ASL):</i>	Sally Thornton, Rady Childrens	<i>Min/Max Age:</i> None
No	Hospital San Diego	<i>American Sign Language (ASL):</i>
♿ <i>Accessibility:</i> W	<i>Medi-Cal Open Panel:</i> No	No
<i>Hours:</i> M-F 9AM-5PM, SA	<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i> W
9AM-5PM	<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>Website:</i>	No	<i>Website:</i>
<i>Email:</i>	♿ <i>Accessibility:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Hours:</i> M-F 9AM-5PM, SA	<i>Medical Group(s):</i>
<i>IPA:</i>	9AM-5PM	<i>IPA:</i>
<b>HAUSCHILDT, JOHN P</b>	<i>Website:</i>	<b>HILLER, LUCAS P</b>
<i>Provider ID:</i> 64318	<i>Email:</i>	<i>Provider ID:</i> 63957
<i>Board Certified Specialty:</i> No	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
UCSD MEDICAL GROUP	<i>IPA:</i>	UCSD MEDICAL GROUP
330 LEWIS ST STE 202	<b>HERNANDEZ, NATHANIEL D</b>	200 W ARBOR DR STE I505
SAN DIEGO, CA 92103-2108	<i>Provider ID:</i> 110164	SAN DIEGO, CA 92103-1911
	<i>Board Certified Specialty:</i> No	
	UCSD MEDICAL GROUP	
	200 W ARBOR DR STE I505	

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A91321  
 NPI: 1417160474  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### HILLER, LUCAS P

Provider ID: 64321  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A91321  
 NPI: 1417160474  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### HOROWITZ, MICHAEL J

Provider ID: 126572  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: A135132  
 NPI: 1518306851  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### HSIAO, ALBERT

Provider ID: 110157  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

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## D. Directorio de proveedores de atención especializada

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax: (619) 471-9473  
 After Hours Phone: (619)  
 543-2218  
 Provider Gender: Male  
 License number: A105882  
 NPI: 1457546244  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HUANG, BRADY K**

Provider ID: 110528  
 Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA  
 JOLLA  
 8929 UNIVERSITY CENTER LN  
 STE 101  
 SAN DIEGO, CA 92122-1007

Phone: (858) 457-4227  
 Fax: (858) 554-2699  
 After Hours Phone: (858)  
 457-4227  
 Provider Gender: Male  
 License number: A108832  
 NPI: 1407860299  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Scripps Green  
 Hospital, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HUANG, BRADY K**

Provider ID: 63969  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR STE I505  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A108832  
 NPI: 1407860299  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Scripps Green  
 Hospital, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HUANG, BRADY K**

Provider ID: 64325  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	Phone: (619) 543-2218	Phone: (619) 471-9240
Fax:	Fax:	Fax:
After Hours Phone: (800) 926-8273	After Hours Phone: (619) 543-2218	After Hours Phone: (619) 471-9240
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A108832	License number: A83748	License number: A83748
NPI: 1407860299	NPI: 1932187127	NPI: 1932187127
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
Medi-Cal Open Panel: No	Medi-Cal Open Panel: No	Medi-Cal Open Panel: No
Min/Max Age: None	Min/Max Age: None	Min/Max Age: None
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility:	♿ Accessibility: W	♿ Accessibility:
Hours: M-F 9AM-5PM, SA 9AM-5PM	Hours: M-F 9AM-5PM, SA 9AM-5PM	Hours: M-F 9AM-5PM, SA 9AM-5PM
Website:	Website:	Website:
Email:	Email:	Email:
Medical Group(s):	Medical Group(s):	Medical Group(s):
IPA:	IPA:	IPA:
<b>HUGHES, TUDOR H</b>	<b>HUGHES, TUDOR H</b>	<b>IMBESI, STEVEN G</b>
Provider ID: 63971	Provider ID: 64326	Provider ID: 63978
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
200 W ARBOR DR STE 1505	330 LEWIS ST STE 202	200 W ARBOR DR STE 1505
SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-2108	SAN DIEGO, CA 92103-1911

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)  
543-2218

Provider Gender: Male

License number: G79078

NPI: 1891710554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Saddleback

Memorial Med Ctr, Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **IMBESI, STEVEN G**

Provider ID: 64330

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)  
471-9240

Provider Gender: Male

License number: G79078

NPI: 1891710554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Saddleback

Memorial Med Ctr, Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **ISHIOKA, KEVIN M**

Provider ID: 83629

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Male

License number: A93286

NPI: 1437362498

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton, Scripps Green

Hospital, Scripps Memorial

Hospital Encinitas, Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-6PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **ISHIOKA, KEVIN M**

Provider ID: 83630

Board Certified Specialty: No

UCSD MEDICAL GROUP

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9240 Fax: After Hours Phone: (619) 471-9240 Provider Gender: Male License number: A93286 NPI: 1437362498 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-6PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 150 W WASHINGTON ST SAN DIEGO, CA 92103-2005 Phone: (858) 658-6500 Fax: (619) 295-2549 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G59632 NPI: 1073565792 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:	GROUP INC 6386 ALVARADO CT STE 121 SAN DIEGO, CA 92120-4906 Phone: (858) 658-6500 Fax: (619) 229-2288 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: G59632 NPI: 1073565792 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:
<b>JOHNSON, JOHN O</b> Provider ID: 115880	<b>JOHNSON, JOHN O</b> Provider ID: 126076 Board Certified Specialty: No IHS RADIOLOGY MEDICAL	<b>KARIMI, AFSHIN</b> Provider ID: 63993 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR STE I505 SAN DIEGO, CA 92103-1911

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-2218	Provider ID: 64334	Email:
Fax:	Board Certified Specialty: No	Medical Group(s):
After Hours Phone: (619) 543-2218	UCSD MEDICAL GROUP	IPA:
Provider Gender: Male	330 LEWIS ST STE 202	<b>KAROW, DAVID S</b>
License number: A96518	SAN DIEGO, CA 92103-2108	Provider ID: 63994
NPI: 1952511214	Phone: (619) 471-9240	Board Certified Specialty: No
Provider English Spoken: Yes	Fax:	UCSD MEDICAL GROUP
Provider Language(s) Spoken: Persian	After Hours Phone: (619) 471-9240	200 W ARBOR DR STE 1505
Cultural Competency: No	Provider Gender: Male	SAN DIEGO, CA 92103-1911
Hospital Affiliation: Ucsd	License number: A96518	Phone: (619) 543-2218
Medical Ctr, Ucsd La Jolla John Sally Thornton, Temecula Valley Hospital Inc, Scripps Green Hospital, Pioneers Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, University Of California Irvine Med Ctr	NPI: 1952511214	Fax:
Medi-Cal Open Panel: No	Provider English Spoken: Yes	After Hours Phone: (619) 543-2218
Min/Max Age: None	Provider Language(s) Spoken: Persian	Provider Gender: Male
American Sign Language (ASL): No	Cultural Competency: No	License number: A96935
♿ Accessibility: W	Hospital Affiliation: Ucsd	NPI: 1932490703
Hours: M-F 9AM-5PM, SA 9AM-5PM	Medical Ctr, Ucsd La Jolla John Sally Thornton, Temecula Valley Hospital Inc, Scripps Green Hospital, Pioneers Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, University Of California Irvine Med Ctr	Provider English Spoken: Yes
Website:	Medi-Cal Open Panel: No	Provider Language(s) Spoken: Cultural Competency: No
Email:	Min/Max Age: None	Hospital Affiliation: Santa Monica Ucla Med Ctr, Ucsd Medical Ctr, Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton
Medical Group(s):	American Sign Language (ASL): No	Medi-Cal Open Panel: No
IPA:	♿ Accessibility:	Min/Max Age: None
<b>KARIMI, AFSHIN</b>	Hours: M-F 9AM-5PM, SA 9AM-5PM	American Sign Language (ASL): No
	Website:	♿ Accessibility: W
		Hours: M-F 9AM-5PM, SA 9AM-5PM
		Website:
		Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): IPA:</p> <p><b>KAROW, DAVID S</b> Provider ID: 64335 Board Certified Specialty: No UCSD MEDICAL GROUP 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9240 Fax: After Hours Phone: (619) 471-9240 Provider Gender: Male License number: A96935 NPI: 1932490703 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Santa Monica Ucla Med Ctr, Ucsd Medical Ctr, Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p>IPA:</p> <p><b>KHANNA, PARITOSH</b> Provider ID: 64000 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR STE I505 SAN DIEGO, CA 92103-1911 Phone: (619) 543-2218 Fax: After Hours Phone: (619) 543-2218 Provider Gender: Male License number: C54827 NPI: 1568572832 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>KHANNA, PARITOSH</b> Provider ID: 64338</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9240 Fax: After Hours Phone: (619) 471-9240 Provider Gender: Male License number: C54827 NPI: 1568572832 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>KIKOLSKI, STEVEN G</b> Provider ID: 64005 Board Certified Specialty: No UCSD MEDICAL GROUP</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

200 W ARBOR DR STE I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619)  
 543-2218  
 Provider Gender: Male  
 License number: A106307  
 NPI: 1063647485  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KIKOLSKI, STEVEN G**

Provider ID: 64339

Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619)  
 471-9240  
 Provider Gender: Male  
 License number: A106307  
 NPI: 1063647485  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KINNEY, THOMAS B**

Provider ID: 64008  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR STE I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619)  
 543-2218  
 Provider Gender: Male  
 License number: G64176  
 NPI: 1992732671  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KINNEY, THOMAS B**

Provider ID: 64340

Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9240 Fax: After Hours Phone: (619) 471-9240 Provider Gender: Male License number: G64176 NPI: 1992732671 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Female License number: A110179 NPI: 1487803946 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Loma Linda University Med Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Loma Linda University Childrens Hospital, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-6PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Provider ID: 83293 Board Certified Specialty: No UCSD MEDICAL GROUP 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9240 Fax: After Hours Phone: (619) 471-9240 Provider Gender: Female License number: A110179 NPI: 1487803946 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Loma Linda University Med Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Loma Linda University Childrens Hospital, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-6PM, SA 9AM-5PM Website:
<b>KINNE, ERICA L</b> Provider ID: 83292 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911	<b>KINNE, ERICA L</b>	

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## D. Directorio de proveedores de atención especializada

<i>Email:</i>	9AM-5PM	♿ <i>Accessibility:</i>
<i>Medical Group(s):</i>	<i>Website:</i>	<i>Hours:</i> M-F 9AM-5PM, SA
<i>IPA:</i>	<i>Email:</i>	9AM-5PM
<b>KRUK, PETER G</b>	<i>Medical Group(s):</i>	<i>Website:</i>
<i>Provider ID:</i> 64021	<i>IPA:</i>	<i>Email:</i>
<i>Board Certified Specialty:</i> No	<b>KRUK, PETER G</b>	<i>Medical Group(s):</i>
UCSD MEDICAL GROUP	<i>Provider ID:</i> 64342	<i>IPA:</i>
200 W ARBOR DR STE 1505	<i>Board Certified Specialty:</i> No	<b>KUNIYOSHI, JEREMY K</b>
SAN DIEGO, CA 92103-1911	UCSD MEDICAL GROUP	<i>Provider ID:</i> 121392
<i>Phone:</i> (800) 926-8273	330 LEWIS ST STE 202	<i>Board Certified Specialty:</i> No
<i>Fax:</i>	SAN DIEGO, CA 92103-2108	UCSD RADIOLOGY AT LA
<i>After Hours Phone:</i> (800)	<i>Phone:</i> (619) 471-9240	JOLLA
926-8273	<i>Fax:</i>	200 W ARBOR DR
<i>Provider Gender:</i> Male	<i>After Hours Phone:</i> (619)	SAN DIEGO, CA 92103-1911
<i>License number:</i> A96070	471-9240	<i>Phone:</i> (619) 543-2218
<i>NPI:</i> 1366480634	<i>Provider Gender:</i> Male	<i>Fax:</i>
<i>Provider English Spoken:</i> Yes	<i>License number:</i> A96070	<i>After Hours Phone:</i> (619)
<i>Provider Language(s) Spoken:</i>	<i>NPI:</i> 1366480634	543-2218
<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes	<i>Provider Gender:</i> Male
<i>Hospital Affiliation:</i> Ucsd La	<i>Provider Language(s) Spoken:</i>	<i>License number:</i> A76172
Jolla John Sally Thornton, Sharp	<i>Cultural Competency:</i> No	<i>NPI:</i> 1124212667
Coronado Hosp And Healthcare	<i>Hospital Affiliation:</i> Ucsd La	<i>Provider English Spoken:</i> Yes
Ctr, Rady Childrens Hospital	Jolla John Sally Thornton, Sharp	<i>Provider Language(s) Spoken:</i>
San Diego, Grossmont Hospital,	Coronado Hosp And Healthcare	<i>Cultural Competency:</i> No
Sharp Memorial Hospital, Ucsd	Ctr, Rady Childrens Hospital	<i>Hospital Affiliation:</i> Ucsd
Medical Ctr, Sharp Chula Vista	San Diego, Grossmont Hospital,	Medical Ctr, Ucsd La Jolla John
Med Ctr	Sharp Memorial Hospital, Ucsd	Sally Thornton
<i>Medi-Cal Open Panel:</i> No	Medical Ctr, Sharp Chula Vista	<i>Medi-Cal Open Panel:</i> No
<i>Min/Max Age:</i> None	Med Ctr	<i>Min/Max Age:</i> None
<i>American Sign Language (ASL):</i>	<i>Medi-Cal Open Panel:</i> No	<i>American Sign Language (ASL):</i>
No	<i>Min/Max Age:</i> None	No
♿ <i>Accessibility:</i> W	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i> W
<i>Hours:</i> M-F 9AM-5PM, SA	No	<i>Hours:</i> M-SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Website:	IPA:	Provider ID: 121392
Email:		Board Certified Specialty: No
Medical Group(s):	<b>KUNIYOSHI, JEREMY K</b>	UCSD MEDICAL GROUP
IPA:	Provider ID: 121392	200 W ARBOR DR
<b>KUNIYOSHI, JEREMY K</b>	Board Certified Specialty: No	SAN DIEGO, CA 92103-1911
Provider ID: 121392	UCSD RADIOLOGY AT LA	Phone: (619) 543-2218
Board Certified Specialty: No	JOLLA	Fax:
UCSD MEDICAL GROUP	200 W ARBOR DR	After Hours Phone: (619)
200 W ARBOR DR	SAN DIEGO, CA 92103-1911	543-2218
SAN DIEGO, CA 92103-1911	Phone: (619) 543-6222	Provider Gender: Male
Phone: (619) 543-6222	Fax:	License number: A76172
Fax:	After Hours Phone: (619)	NPI: 1124212667
After Hours Phone: (619)	543-6222	Provider English Spoken: Yes
543-6222	Provider Gender: Male	Provider Language(s) Spoken:
Provider Gender: Male	License number: A76172	Cultural Competency: No
License number: A76172	NPI: 1124212667	Hospital Affiliation: Ucsd
NPI: 1124212667	Provider English Spoken: Yes	Medical Ctr, Ucsd La Jolla John
Provider English Spoken: Yes	Provider Language(s) Spoken:	Sally Thornton
Provider Language(s) Spoken:	Cultural Competency: No	Medi-Cal Open Panel: No
Cultural Competency: No	Hospital Affiliation: Ucsd	Min/Max Age: None
Hospital Affiliation: Ucsd	Medical Ctr, Ucsd La Jolla John	American Sign Language (ASL):
Medical Ctr, Ucsd La Jolla John	Sally Thornton	No
Sally Thornton	Medi-Cal Open Panel: No	♿ Accessibility: W
Medi-Cal Open Panel: No	Min/Max Age: None	Hours: M-SA 9AM-5PM
Min/Max Age: None	American Sign Language (ASL):	Website:
American Sign Language (ASL):	No	Email:
No	♿ Accessibility: W	Medical Group(s):
♿ Accessibility: W	Hours: M-F 9AM-5PM, SA	IPA:
Hours: M-F 9AM-5PM, SA	9AM-5PM	<b>LADD, WILLIAM A</b>
9AM-5PM	Website:	Provider ID: 64024
Website:	Email:	Board Certified Specialty: No
Email:	Medical Group(s):	UCSD MEDICAL GROUP
Medical Group(s):	IPA:	200 W ARBOR DR STE I505
	<b>KUNIYOSHI, JEREMY K</b>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: G63024  
 NPI: 1063463230  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LADD, WILLIAM A**

Provider ID: 64343  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Male  
 License number: G63024  
 NPI: 1063463230  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LECOMTE, MATTHEW D**

Provider ID: 283487  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A171824  
 NPI: 1508210683  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **LECOMTE, MATTHEW D**

Provider ID: 283489  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273	Phone: (619) 543-2218	Phone: (619) 543-2218
Fax: (888) 539-8781	Fax:	Fax: (619) 471-9473
After Hours Phone: (800) 926-8273	After Hours Phone: (619) 543-2218	After Hours Phone: (619) 543-2218
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A171824	License number: G57800	License number: G57800
NPI: 1508210683	NPI: 1639190028	NPI: 1639190028
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Chinese, Spanish	Provider Language(s) Spoken: Chinese, Spanish	Provider Language(s) Spoken: Chinese, Spanish
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: No	Medi-Cal Open Panel: No
Min/Max Age: 0/999	Min/Max Age: None	Min/Max Age: None
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility:	♿ Accessibility: W	♿ Accessibility:
Hours: M-F 8AM-5PM, SA 9AM-5PM	Hours: M-F 9AM-5PM, SA 9AM-5PM	Hours: M-SA 9AM-5PM
Website:	Website:	Website:
Email:	Email:	Email:
Medical Group(s):	Medical Group(s):	Medical Group(s):
IPA: Ucsd Medical Group	IPA:	IPA:
<b>LEE, ROLAND R</b>	<b>LEE, ROLAND R</b>	<b>LIM, VIVIAN</b>
Provider ID: 64033	Provider ID: 64346	Provider ID: 125928
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR STE 1505	330 LEWIS ST STE 202	200 W ARBOR DR
SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-2108	SAN DIEGO, CA 92103-1911

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-2218	Phone: (858) 658-6500	Phone: (858) 658-6500
Fax:	Fax: (619) 295-2549	Fax: (619) 229-2288
After Hours Phone: (619) 543-2218	After Hours Phone: (858) 658-6500	After Hours Phone: (858) 658-6500
Provider Gender: Female	Provider Gender: Male	Provider Gender: Male
License number: G58509	License number: G74959	License number: G74959
NPI: 1295796753	NPI: 1598718926	NPI: 1598718926
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista	Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
Medi-Cal Open Panel: No	Medi-Cal Open Panel: No	Medi-Cal Open Panel: No
Min/Max Age: None	Min/Max Age: None	Min/Max Age: None
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
♿ Accessibility: W	♿ Accessibility: W	♿ Accessibility: W
Hours: M-SA 9AM-5PM	Hours: M-SA 9AM-5PM	Hours: M-SA 9AM-5PM
Website:	Website:	Website:
Email:	www.imaginghealthcare.com	www.imaginghealthcare.com
Medical Group(s):	Email:	Email:
IPA:	Medical Group(s):	Medical Group(s):
	IPA:	IPA:
<b>LIZERBRAM, ERIC K</b>	<b>LIZERBRAM, ERIC K</b>	<b>LUBISICH, JOHN P</b>
Provider ID: 118297	Provider ID: 126090	Provider ID: 115592
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
IHS RADIOLOGY MEDICAL GROUP INC	IHS RADIOLOGY MEDICAL GROUP INC	IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST	6386 ALVARADO CT STE 121	150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005	SAN DIEGO, CA 92120-4906	SAN DIEGO, CA 92103-2005

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## D. Directorio de proveedores de atención especializada

Phone: (858) 658-6500  
 Fax: (619) 295-2549  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: G77575  
 NPI: 1194863902  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website: www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

Phone: (858) 658-6500  
 Fax: (619) 229-2288  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: G77575  
 NPI: 1194863902  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website: www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: A31751  
 NPI: 1356431373  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LUBISICH, JOHN P**

Provider ID: 126096  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906

### **MAFEE, MAHMOOD F**

Provider ID: 64055  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR STE I505  
 SAN DIEGO, CA 92103-1911

### **MAFEE, MAHMOOD F**

Provider ID: 64351  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108

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## D. Directorio de proveedores de atención especializada

Phone: (619) 471-9240	Phone: (619) 543-2218	Phone: (619) 471-9240
Fax:	Fax:	Fax:
After Hours Phone: (619) 471-9240	After Hours Phone: (619) 543-2218	After Hours Phone: (619) 471-9240
Provider Gender: Male	Provider Gender: Female	Provider Gender: Female
License number: A31751	License number: A96803	License number: A96803
NPI: 1356431373	NPI: 1699988667	NPI: 1699988667
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Farsi	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
Cultural Competency: No	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Medi-Cal Open Panel: No	Medi-Cal Open Panel: No
Medi-Cal Open Panel: No	Min/Max Age: None	Min/Max Age: None
Min/Max Age: None	American Sign Language (ASL): No	American Sign Language (ASL): No
American Sign Language (ASL): No	♿ Accessibility: W	♿ Accessibility:
♿ Accessibility:	Hours: M-F 9AM-5PM, SA 9AM-5PM	Hours: M-F 9AM-5PM, SA 9AM-5PM
Hours: M-F 9AM-5PM, SA 9AM-5PM	Website:	Website:
Website:	Email:	Email:
Email:	Medical Group(s):	Medical Group(s):
Medical Group(s):	IPA:	IPA:
IPA:	<b>MAREK BYKOWSKI, JULIE L</b>	<b>MAREK BYKOWSKI, JULIE L</b>
<b>MAREK BYKOWSKI, JULIE L</b>	Provider ID: 64354	Provider ID: 89937
Provider ID: 64063	Board Certified Specialty: No	Board Certified Specialty: No
Board Certified Specialty: No	UCSD MEDICAL GROUP	UCSD RADIOLOGY AT LA
UCSD MEDICAL GROUP	330 LEWIS ST STE 202	JOLLA
200 W ARBOR DR STE 1505	SAN DIEGO, CA 92103-2108	8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92103-1911		STE 101
		SAN DIEGO, CA 92122-1007

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 457-4227

Fax: (858) 457-4231

After Hours Phone: (858)  
457-4227

Provider Gender: Female

License number: A96803

NPI: 1699988667

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### MEIGS, JASON G

Provider ID: 118450

Board Certified Specialty: No

UCSD RADIOLOGY AT LA

JOLLA

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)  
471-9240

Provider Gender: Male

License number: 20A15523

NPI: 1790047371

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton, Scripps Mercy

Hospital, Scripps Mercy

Hospital Chula Vista, Mountains

Community Hosp

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### MEISINGER, QUINN C

Provider ID: 118221

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)  
543-2218

Provider Gender: Male

License number: A123683

NPI: 1215222757

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### MEISINGER, QUINN C

Provider ID: 118222

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)

471-9240

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p> <i>Provider Gender:</i> Male  <i>License number:</i> A123683  <i>NPI:</i> 1215222757  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd                      Medical Ctr, Ucsd La Jolla John                      Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>                      No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p>	<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd                      Medical Ctr, Ucsd La Jolla John                      Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>                      No                      ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p>	<p> <i>Hospital Affiliation:</i> Ucsd                      Medical Ctr, Ucsd La Jolla John                      Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>                      No                      ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p>
<p> <b>MEISINGER, QUINN C</b>  <i>Provider ID:</i> 118373  <i>Board Certified Specialty:</i> No                      UCSD RADIOLOGY AT LA                      JOLLA                      200 W ARBOR DR                      SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-2218  <i>Fax:</i>  <i>After Hours Phone:</i> (619)                      543-2218  <i>Provider Gender:</i> Male  <i>License number:</i> A123683  <i>NPI:</i> 1215222757                 </p>	<p> <b>MEISINGER, QUINN C</b>  <i>Provider ID:</i> 118376  <i>Board Certified Specialty:</i> No                      UCSD RADIOLOGY AT LA                      JOLLA                      330 LEWIS ST STE 202                      SAN DIEGO, CA 92103-2108  <i>Phone:</i> (619) 471-9240  <i>Fax:</i>  <i>After Hours Phone:</i> (619)                      471-9240  <i>Provider Gender:</i> Male  <i>License number:</i> A123683  <i>NPI:</i> 1215222757  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No                 </p>	<p> <b>MINOCHA, JEET</b>  <i>Provider ID:</i> 90536  <i>Board Certified Specialty:</i> No                      UCSD MEDICAL GROUP                      200 W ARBOR DR                      SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619)                      543-6222  <i>Provider Gender:</i> Male  <i>License number:</i> A132823  <i>NPI:</i> 1548416266  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                      Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd                      Medical Ctr, Ucsd La Jolla John                      Sally Thornton                 </p>

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: No	Min/Max Age: None	No
Min/Max Age: None	American Sign Language (ASL):	♿ Accessibility: W
American Sign Language (ASL): No	No	Hours: M-F 9AM-5PM, SA 9AM-5PM
No	♿ Accessibility: W	Website:
♿ Accessibility: W	Hours: M-SA 9AM-5PM	Email:
Hours: M-F 9AM-6PM, SA 9AM-5PM	Website:	Medical Group(s):
Website:	Email:	IPA:
Email:	Medical Group(s):	
Medical Group(s):	IPA:	
IPA:		
<b>MURPHY, PAUL M</b>	<b>NAHEEDY, JOHN H</b>	<b>NAHEEDY, JOHN H</b>
Provider ID: 116425	Provider ID: 64102	Provider ID: 64360
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
200 W ARBOR DR	200 W ARBOR DR STE I505	330 LEWIS ST STE 202
SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-2108
Phone: (619) 543-2218	Phone: (619) 543-2218	Phone: (619) 471-9240
Fax:	Fax:	Fax:
After Hours Phone: (619) 543-2218	After Hours Phone: (619) 543-2218	After Hours Phone: (619) 471-9240
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A123586	License number: A99832	License number: A99832
NPI: 1295050946	NPI: 1760695761	NPI: 1760695761
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: No	Cultural Competency: No	Cultural Competency: No
Hospital Affiliation: Ronald Reagan UCLA Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Santa Monica UCLA Med Ctr	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr
Medi-Cal Open Panel: No	Medi-Cal Open Panel: No	Medi-Cal Open Panel: No
Min/Max Age: None	Min/Max Age: None	Min/Max Age: None
American Sign Language (ASL):	American Sign Language (ASL):	American Sign Language (ASL):
No	No	No

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>NEWTON, ISABEL G</b>  <i>Provider ID:</i> 84298  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            543-6222  <i>Provider Gender:</i> Female  <i>License number:</i> A108128  <i>NPI:</i> 1306068697  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La            Jolla John Sally Thornton, Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-6PM, SA</p>	<p><b>NEWTON, ISABEL G</b>  <i>Provider ID:</i> 84300  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            330 LEWIS ST STE 202            SAN DIEGO, CA 92103-2108  <i>Phone:</i> (619) 471-9240  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            471-9240  <i>Provider Gender:</i> Female  <i>License number:</i> A108128  <i>NPI:</i> 1306068697  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La            Jolla John Sally Thornton, Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-6PM, SA            9AM-5PM  <i>Website:</i></p>	<p><b>NORBASH, ALEXANDER M</b>  <i>Provider ID:</i> 125625  <i>Board Certified Specialty:</i> No            UCSD RADIOLOGY AT LA            JOLLA            200 W ARBOR DR STE 1505            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-2218  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            543-2218  <i>Provider Gender:</i> Male  <i>License number:</i> G62865  <i>NPI:</i> 1790752269  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>IPA:</p> <p><b>NORBASH, ALEXANDER M</b>          Provider ID: 125630          Board Certified Specialty: No          UCSD RADIOLOGY AT LA          JOLLA          330 LEWIS ST STE 202          SAN DIEGO, CA 92103-2108          Phone: (619) 471-9240          Fax:          After Hours Phone: (619)          471-9240          Provider Gender: Male          License number: G62865          NPI: 1790752269          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>OBOYLE, MARY K</b>          Provider ID: 64114</p>	<p>Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619)          543-6222          Provider Gender: Female          License number: G73501          NPI: 1568487999          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>OBOYLE, MARY K</b>          Provider ID: 64362          Board Certified Specialty: No          UCSD MEDICAL GROUP          330 LEWIS ST STE 202          SAN DIEGO, CA 92103-2108</p>	<p>Phone: (619) 543-3405          Fax:          After Hours Phone: (619)          543-3405          Provider Gender: Female          License number: G73501          NPI: 1568487999          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>OBRZUT, SEBASTIAN</b>          Provider ID: 64116          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR STE 1505          SAN DIEGO, CA 92103-1911</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (619) 543-2218

Fax:

After Hours Phone: (619)  
543-2218

Provider Gender: Male

License number: A85028

NPI: 1083714398

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **OBRZUT, SEBASTIAN**

Provider ID: 64363

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)  
471-9240

Provider Gender: Male

License number: A85028

NPI: 1083714398

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **OJEDA-FOURNIER, HAYDEE**

Provider ID: 64118

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR STE I505

SAN DIEGO, CA 92103-1911

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)  
543-2218

Provider Gender: Female

License number: A99462

NPI: 1871537191

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **OJEDA-FOURNIER, HAYDEE**

Provider ID: 64364

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Female  
 License number: A99462  
 NPI: 1871537191  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **OLOUGHLIN, BRIAN J**

Provider ID: 115593  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005

Phone: (858) 658-6500  
 Fax:  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A120064  
 NPI: 1972709087  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Santa Monica Ucla Med Ctr, Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

### **OLOUGHLIN, BRIAN J**

Provider ID: 126123  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL

GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
 Phone: (858) 658-6500  
 Fax:  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A120064  
 NPI: 1972709087  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Santa Monica Ucla Med Ctr, Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-7PM, SA 9AM-5PM  
 Website:  
 www.imaginghealthcare.com  
 Email:  
 Medical Group(s):  
 IPA:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **PAKBAZ, RAMIN S**

*Provider ID:* 64125  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR STE I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619)  
 543-2218  
*Provider Gender:* Male  
*License number:* A73947  
*NPI:* 1811072457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton,  
 Sutter Roseville Medical Center,  
 Mercy General Hospital, Mercy  
 San Juan Medical Center,  
 Scripps Green Hospital, Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Ucsd Medical Ctr, Paradise  
 Valley Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W

*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PAKBAZ, RAMIN S**

*Provider ID:* 64367  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619)  
 471-9240  
*Provider Gender:* Male  
*License number:* A73947  
*NPI:* 1811072457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton,  
 Sutter Roseville Medical Center,  
 Mercy General Hospital, Mercy  
 San Juan Medical Center,  
 Scripps Green Hospital, Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Ucsd Medical Ctr, Paradise

Valley Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PATHRIA, MINI N**

*Provider ID:* 64133  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR STE I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A43771  
*NPI:* 1699739318  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton, Scripps Green  
 Hospital

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## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            No            ♿ Accessibility: W            Hours: M-F 9AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 9AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>	<p>Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA:</p>
<p><b>PATHRIA, MINI N</b>            Provider ID: 64368            Board Certified Specialty: No            UCSD MEDICAL GROUP            330 LEWIS ST STE 202            SAN DIEGO, CA 92103-2108            Phone: (800) 926-8273            Fax:            After Hours Phone: (800)            926-8273            Provider Gender: Female            License number: A43771            NPI: 1699739318            Provider English Spoken: Yes            Provider Language(s) Spoken:            Hindi            Cultural Competency: No            Hospital Affiliation: Ucsd            Medical Ctr, Ucsd La Jolla John            Sally Thornton, Scripps Green            Hospital            Medi-Cal Open Panel: No</p>	<p><b>PATIL, AMOL A</b>            Provider ID: 98852            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR STE I505            SAN DIEGO, CA 92103-1911            Phone: (619) 543-2218            Fax:            After Hours Phone: (619)            543-2218            Provider Gender: Male            License number: A133973            NPI: 1225355720            Provider English Spoken: Yes            Provider Language(s) Spoken:            French, Hindi            Cultural Competency: No            Hospital Affiliation: Sierra Vista            Regional Med Ctr, Ucsd Medical            Ctr, Ucsd La Jolla John Sally            Thornton, Goleta Valley            Cottage Hosp            Medi-Cal Open Panel: No</p>	<p><b>PATIL, AMOL A</b>            Provider ID: 98853            Board Certified Specialty: No            UCSD MEDICAL GROUP            330 LEWIS ST STE 202            SAN DIEGO, CA 92103-2108            Phone: (619) 471-9240            Fax:            After Hours Phone: (619)            471-9240            Provider Gender: Male            License number: A133973            NPI: 1225355720            Provider English Spoken: Yes            Provider Language(s) Spoken:            French, Hindi            Cultural Competency: No            Hospital Affiliation: Sierra Vista            Regional Med Ctr, Ucsd Medical            Ctr, Ucsd La Jolla John Sally            Thornton, Goleta Valley            Cottage Hosp            Medi-Cal Open Panel: No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Min/Max Age: None	♿ Accessibility: W	Email:
American Sign Language (ASL): No	Hours: M-SA 9AM-5PM	Medical Group(s):
♿ Accessibility:	Website:	IPA:
Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:	<b>RAKOW-PENNER, REBECCA A</b>
Website:	Medical Group(s):	Provider ID: 118624
Email:	IPA:	Board Certified Specialty: No
Medical Group(s):	<b>PRETORIUS, DOLORES H</b>	UCSD MEDICAL GROUP
IPA:	Provider ID: 64370	200 W ARBOR DR STE 1505
<b>PRETORIUS, DOLORES H</b>	Board Certified Specialty: No	SAN DIEGO, CA 92103-1911
Provider ID: 64147	UCSD MEDICAL GROUP	Phone: (619) 543-2218
Board Certified Specialty: No	330 LEWIS ST STE 202	Fax:
UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-2108	After Hours Phone: (619)
200 W ARBOR DR	Phone: (619) 471-9420	543-2218
SAN DIEGO, CA 92103-1911	Fax:	Provider Gender: Female
Phone: (619) 543-6222	After Hours Phone: (619)	License number: A128755
Fax:	471-9420	NPI: 1558651497
After Hours Phone: (619)	Provider Gender: Female	Provider English Spoken: Yes
543-6222	License number: C39102	Provider Language(s) Spoken:
Provider Gender: Female	NPI: 1902839418	Cultural Competency: No
License number: C39102	Provider English Spoken: Yes	Hospital Affiliation: Ucsd
NPI: 1902839418	Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John
Provider English Spoken: Yes	Cultural Competency: No	Sally Thornton
Provider Language(s) Spoken:	Hospital Affiliation: Ucsd	Medi-Cal Open Panel: No
Cultural Competency: No	Medical Ctr, Ucsd La Jolla John	Min/Max Age: None
Hospital Affiliation: Ucsd	Sally Thornton	American Sign Language (ASL):
Medical Ctr, Ucsd La Jolla John	Medi-Cal Open Panel: No	No
Sally Thornton	Min/Max Age: None	♿ Accessibility: W
Medi-Cal Open Panel: No	American Sign Language (ASL):	Hours: M-SA 9AM-5PM
Min/Max Age: None	No	Website:
American Sign Language (ASL): No	♿ Accessibility:	Email:
No	Hours: M-F 9AM-5PM, SA 9AM-5PM	Medical Group(s):
	Website:	IPA:
		<b>RATTNER, ZACHARY G</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Provider ID: 35244

Board Certified Specialty: No  
SOUTHERN CALIFORNIA  
INTERVENTIONAL ASSOC  
995 GATEWAY CENTER WAY  
STE 207

SAN DIEGO, CA 92102-4544

Phone: (619) 263-9729

Fax: (858) 454-4644

After Hours Phone: (619)

263-9729

Provider Gender: Male

License number: G86843

NPI: 1003867276

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Paradise

Valley Hospital, Scripps

Memorial Hospital Encinitas,

Scripps Mercy Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### RESNICK, DONALD L

Provider ID: 64157

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR STE I505

SAN DIEGO, CA 92103-1911

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)

543-2218

Provider Gender: Male

License number: G18577

NPI: 1164450938

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr, Scripps Green

Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### RESNICK, DONALD L

Provider ID: 64372

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)

471-9240

Provider Gender: Male

License number: G18577

NPI: 1164450938

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr, Scripps Green

Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### RIAD, SHAREEF M

Provider ID: 64158

Board Certified Specialty: No

UCSD MEDICAL GROUP

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

200 W ARBOR DR STE I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619)  
 471-9240  
 Provider Gender: Male  
 License number: A106536  
 NPI: 1417111477  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Doctors  
 Medical Center, West Hills  
 Hospital Medical Center,  
 Salinas Valley Memorial Hosp,  
 Riverside Community Hosp,  
 Parkview Community Hospital  
 Medical Center, St Bernardine  
 Med Ctr, Community Hosp Of  
 San Bernardino, Kindred  
 Hospital Ontario, Ucsd La Jolla  
 John Sally Thornton, Dameron  
 Hospital Assoc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA:  
**RIAD, SHAREEF M**  
 Provider ID: 64373  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 543-3000  
 Fax:  
 After Hours Phone: (619)  
 543-3000  
 Provider Gender: Male  
 License number: A106536  
 NPI: 1417111477  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Doctors  
 Medical Center, West Hills  
 Hospital Medical Center,  
 Salinas Valley Memorial Hosp,  
 Riverside Community Hosp,  
 Parkview Community Hospital  
 Medical Center, St Bernardine  
 Med Ctr, Community Hosp Of  
 San Bernardino, Kindred  
 Hospital Ontario, Ucsd La Jolla  
 John Sally Thornton, Dameron  
 Hospital Assoc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:  
**RICHMAN, KATHERINE M**  
 Provider ID: 64159  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR STE I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619)  
 543-2218  
 Provider Gender: Female  
 License number: G80333  
 NPI: 1992898993  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA:</p> <p><b>RICHMAN, KATHERINE M</b> Provider ID: 64374 Board Certified Specialty: No UCSD MEDICAL GROUP 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9240 Fax: After Hours Phone: (619) 471-9240 Provider Gender: Female License number: G80333 NPI: 1992898993 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p>IPA:</p> <p><b>ROBERTS, ANNE C</b> Provider ID: 64162 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Female License number: G58654 NPI: 1669497996 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>ROBERTS, ANNE C</b> Provider ID: 64376 Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9240 Fax: After Hours Phone: (619) 471-9240 Provider Gender: Female License number: G58654 NPI: 1669497996 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p> <p><b>ROMINE, LORENE E</b> Provider ID: 64165 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR STE 1505 SAN DIEGO, CA 92103-1911</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)  
543-2218

Provider Gender: Female

License number: A87658

NPI: 1720209786

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr, Cedars Sinai

Medical Center

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **ROMINE, LORENE E**

Provider ID: 64378

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)  
471-9240

Provider Gender: Female

License number: A87658

NPI: 1720209786

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr, Cedars Sinai

Medical Center

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SANTILLAN, CYNTHIA S**

Provider ID: 103164

Board Certified Specialty: No

UCSD RADIOLOGY AT LA

JOLLA

8929 UNIVERSITY CENTER LN

STE 101

SAN DIEGO, CA 92122-1007

Phone: (858) 457-4227

Fax:

After Hours Phone: (858)  
457-4227

Provider Gender: Female

License number: A90879

NPI: 1932132404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SANTILLAN, CYNTHIA S**

Provider ID: 64179

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR STE 1505

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p> <i>Provider Gender:</i> Female  <i>License number:</i> A90879  <i>NPI:</i> 1932132404  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p>	<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p> <p> <b>SCHECHTER, MARK S</b>  <i>Provider ID:</i> 115894  <i>Board Certified Specialty:</i> No            IHS RADIOLOGY MEDICAL GROUP INC            150 W WASHINGTON ST            SAN DIEGO, CA 92103-2005  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (619) 295-2549  <i>After Hours Phone:</i> (858) 658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> G42390  <i>NPI:</i> 1942253018  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> </p>	<p> <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista, Adventist Medical Center  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>            www.imaginghealthcare.com  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p> <p> <b>SCHECHTER, MARK S</b>  <i>Provider ID:</i> 126135  <i>Board Certified Specialty:</i> No            IHS RADIOLOGY MEDICAL GROUP INC            6386 ALVARADO CT STE 121            SAN DIEGO, CA 92120-4906  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (619) 229-2288  <i>After Hours Phone:</i> (858) 658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> G42390  <i>NPI:</i> 1942253018         </p>
<p> <b>SANTILLAN, CYNTHIA S</b>  <i>Provider ID:</i> 64382  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            330 LEWIS ST STE 202            SAN DIEGO, CA 92103-2108  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Female  <i>License number:</i> A90879  <i>NPI:</i> 1932132404         </p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista, Adventist Medical Center  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <a href="http://www.imaginghealthcare.com">www.imaginghealthcare.com</a>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p>	<p> <i>License number:</i> G72997  <i>NPI:</i> 1215976766  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Alvarado Hospital Llc, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <a href="http://www.imaginghealthcare.com">www.imaginghealthcare.com</a>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc </p>	<p> <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Alvarado Hospital Llc, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <a href="http://www.imaginghealthcare.com">www.imaginghealthcare.com</a>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc </p>
<p> <b>SCHWARTZBERG, ROSS E</b>  <i>Provider ID:</i> 115895  <i>Board Certified Specialty:</i> No            IHS RADIOLOGY MEDICAL GROUP INC            150 W WASHINGTON ST            SAN DIEGO, CA 92103-2005  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (619) 295-2549  <i>After Hours Phone:</i> (858) 658-6500  <i>Provider Gender:</i> Male </p>	<p> <b>SCHWARTZBERG, ROSS E</b>  <i>Provider ID:</i> 126142  <i>Board Certified Specialty:</i> No            IHS RADIOLOGY MEDICAL GROUP INC            6386 ALVARADO CT STE 121            SAN DIEGO, CA 92120-4906  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (619) 229-2288  <i>After Hours Phone:</i> (858) 658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> G72997  <i>NPI:</i> 1215976766 </p>	<p> <b>SIRLIN, CLAUDE B</b>  <i>Provider ID:</i> 64203  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR STE I505            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> G80184  <i>NPI:</i> 1730261793  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No </p>

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## D. Directorio de proveedores de atención especializada

<p><i>Hospital Affiliation:</i> Saddleback Memorial Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i> W</p> <p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p> <p><b>SIRLIN, CLAUDE B</b></p> <p><i>Provider ID:</i> 64387</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>330 LEWIS ST STE 202</p> <p>SAN DIEGO, CA 92103-2108</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G80184</p> <p><i>NPI:</i> 1730261793</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Saddleback Memorial Med Ctr, Ucsd La</p>	<p>Jolla John Sally Thornton, Ucsd Medical Ctr</p> <p><i>Medi-Cal Open Panel:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i></p> <p><b>SLATER, JERRY</b></p> <p><i>Provider ID:</i> 283310</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR</p> <p>SAN DIEGO, CA 92103-1911</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i> (888) 539-8781</p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A172254</p> <p><i>NPI:</i> 1851746382</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p><i>Medi-Cal Open Panel:</i> Yes</p>	<p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i></p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ucsd Medical Group</p> <p><b>SLATER, JERRY</b></p> <p><i>Provider ID:</i> 283312</p> <p><i>Board Certified Specialty:</i> No</p> <p>UCSD MEDICAL GROUP</p> <p>330 LEWIS ST STE 202</p> <p>SAN DIEGO, CA 92103-2108</p> <p><i>Phone:</i> (800) 926-8273</p> <p><i>Fax:</i> (888) 539-8781</p> <p><i>After Hours Phone:</i> (800) 926-8273</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A172254</p> <p><i>NPI:</i> 1851746382</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i> No  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p>No  ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>SMITAMAN, EDWARD</b>  <i>Provider ID:</i> 110530  <i>Board Certified Specialty:</i> No  UCSD RADIOLOGY AT LA  JOLLA  8929 UNIVERSITY CENTER LN  STE 101  SAN DIEGO, CA 92122-1007  <i>Phone:</i> (858) 457-4227  <i>Fax:</i> (858) 457-4231  <i>After Hours Phone:</i> (858) 457-4227  <i>Provider Gender:</i> Male  <i>License number:</i> A119696  <i>NPI:</i> 1477720092  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Thai  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i></p>	<p><b>SMITAMAN, EDWARD</b>  <i>Provider ID:</i> 64207  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  200 W ARBOR DR STE 1505  SAN DIEGO, CA 92103-1911  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A119696  <i>NPI:</i> 1477720092  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Thai  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i> W</p>	<p><b>SMITAMAN, EDWARD</b>  <i>Provider ID:</i> 64389  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  330 LEWIS ST STE 202  SAN DIEGO, CA 92103-2108  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A119696  <i>NPI:</i> 1477720092  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Thai  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA</p>

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## D. Directorio de proveedores de atención especializada

9AM-5PM	<i>Medical Group(s):</i>	<i>Provider ID:</i> 115595
<i>Website:</i>	<i>IPA:</i>	<i>Board Certified Specialty:</i> No
<i>Email:</i>	<b>SNYDER, WILLIAM C</b>	IHS RADIOLOGY MEDICAL
<i>Medical Group(s):</i>	<i>Provider ID:</i> 126149	GROUP INC
<i>IPA:</i>	<i>Board Certified Specialty:</i> No	150 W WASHINGTON ST
<b>SNYDER, WILLIAM C</b>	IHS RADIOLOGY MEDICAL	SAN DIEGO, CA 92103-2005
<i>Provider ID:</i> 115896	GROUP INC	<i>Phone:</i> (858) 658-6500
<i>Board Certified Specialty:</i> No	6386 ALVARADO CT STE 121	<i>Fax:</i> (619) 295-2549
IHS RADIOLOGY MEDICAL	SAN DIEGO, CA 92120-4906	<i>After Hours Phone:</i> (858)
GROUP INC	<i>Phone:</i> (858) 658-6500	658-6500
150 W WASHINGTON ST	<i>Fax:</i> (866) 558-4329	<i>Provider Gender:</i> Male
SAN DIEGO, CA 92103-2005	<i>After Hours Phone:</i> (858)	<i>License number:</i> G58131
<i>Phone:</i> (858) 658-6500	658-6500	<i>NPI:</i> 1659332062
<i>Fax:</i> (866) 558-4329	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (858)	<i>License number:</i> A65059	<i>Provider Language(s) Spoken:</i>
658-6500	<i>NPI:</i> 1477505162	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Scripps
<i>License number:</i> A65059	<i>Provider Language(s) Spoken:</i>	Memorial Hospital, Scripps
<i>NPI:</i> 1477505162	<i>Cultural Competency:</i> No	Memorial Hospital Encinitas,
<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Alvarado	Scripps Green Hospital, Scripps
<i>Provider Language(s) Spoken:</i>	Hospital Llc	Mercy Hospital, Scripps Mercy
<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No	Hospital Chula Vista
<i>Hospital Affiliation:</i> Alvarado	<i>Min/Max Age:</i> None	<i>Medi-Cal Open Panel:</i> No
Hospital Llc	<i>American Sign Language (ASL):</i>	<i>Min/Max Age:</i> None
<i>Medi-Cal Open Panel:</i> No	No	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i> None	♿ <i>Accessibility:</i> W	No
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-SA 9AM-5PM	♿ <i>Accessibility:</i> W
No	<i>Website:</i>	<i>Hours:</i> M-SA 9AM-5PM
♿ <i>Accessibility:</i> W	www.imaginghealthcare.com	<i>Website:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>	www.imaginghealthcare.com
<i>Website:</i>	<i>Medical Group(s):</i>	<i>Email:</i>
www.imaginghealthcare.com	<i>IPA:</i>	<i>Medical Group(s):</i>
<i>Email:</i>	<b>SPOTO, GARY P</b>	<i>IPA:</i>

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## D. Directorio de proveedores de atención especializada

<p><b>SPOTO, GARY P</b>  <i>Provider ID:</i> 126155  <i>Board Certified Specialty:</i> No            IHS RADIOLOGY MEDICAL GROUP INC            6386 ALVARADO CT STE 121            SAN DIEGO, CA 92120-4906  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (619) 229-2288  <i>After Hours Phone:</i> (858) 658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> G58131  <i>NPI:</i> 1659332062  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <a href="http://www.imaginghealthcare.com">www.imaginghealthcare.com</a>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><i>IPA:</i></p> <p><b>STANFILL, JOHN G</b>  <i>Provider ID:</i> 84901  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            330 LEWIS ST STE 202            SAN DIEGO, CA 92103-2108  <i>Phone:</i> (619) 471-9240  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 471-9240  <i>Provider Gender:</i> Male  <i>License number:</i> A124808  <i>NPI:</i> 1831364330  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-6PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i></p>	<p><i>Medical Group(s):</i>  <i>IPA:</i></p> <p><b>SUN, ALEX W</b>  <i>Provider ID:</i> 268632  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-2218  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-2218  <i>Provider Gender:</i> Male  <i>License number:</i> A133334  <i>NPI:</i> 1538502331  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>
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## D. Directorio de proveedores de atención especializada

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SU, TEDDY J

Provider ID: 100417  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: A105730  
 NPI: 1003881830  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Italian, Mandarin, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Sutter Roseville  
 Medical Center, Sutter Medical  
 Center Sacramento, Sutter  
 Auburn Faith Hosp, Sutter Davis  
 Hospital, Sutter Surgical  
 Hospital North Valley  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W

**TADROS, ANTHONY S**  
 Provider ID: 268546  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A128627  
 NPI: 1306112057  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### TAMAYO-MURILLO, DORATHY E

Provider ID: 126827  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Female  
 License number: A152645  
 NPI: 1700225711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Medical Group(s):

IPA:

### **TAMAYO-MURILLO, DORATHY**

**E**

Provider ID: 126829

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)

471-9240

Provider Gender: Female

License number: A152645

NPI: 1700225711

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **TAMAYO-MURILLO, DORATHY**

**E**

Provider ID: 126831

Board Certified Specialty: No

UCSD RADIOLOGY AT LA

JOLLA

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)

543-2218

Provider Gender: Female

License number: A152645

NPI: 1700225711

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **TAMAYO-MURILLO, DORATHY**

**E**

Provider ID: 126833

Board Certified Specialty: No

UCSD RADIOLOGY AT LA

JOLLA

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)

471-9240

Provider Gender: Female

License number: A152645

NPI: 1700225711

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **TENA, ROWENA G**

Provider ID: 115897

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL

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## D. Directorio de proveedores de atención especializada

<p>GROUP INC 150 W WASHINGTON ST SAN DIEGO, CA 92103-2005 Phone: (858) 658-6500 Fax: (619) 295-2549 After Hours Phone: (858) 658-6500 Provider Gender: Female License number: A69607 NPI: 1629029335 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA: Community Care Ipa Llc</p>	<p>GROUP INC 6386 ALVARADO CT STE 121 SAN DIEGO, CA 92120-4906 Phone: (858) 658-6500 Fax: (619) 229-2288 After Hours Phone: (858) 658-6500 Provider Gender: Female License number: A69607 NPI: 1629029335 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA: Community Care Ipa Llc</p>	<p>GROUP INC 150 W WASHINGTON ST SAN DIEGO, CA 92103-2005 Phone: (858) 658-6500 Fax: (619) 295-2549 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A45908 NPI: 1730132150 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.imaginghealthcare.com Email: Medical Group(s): IPA:</p>
<p><b>TENA, ROWENA G</b> Provider ID: 126161 Board Certified Specialty: No IHS RADIOLOGY MEDICAL</p>	<p><b>TOBIN, MICHAEL L</b> Provider ID: 115898 Board Certified Specialty: No IHS RADIOLOGY MEDICAL</p>	<p><b>TOBIN, MICHAEL L</b> Provider ID: 126212 Board Certified Specialty: No IHS RADIOLOGY MEDICAL GROUP INC 6386 ALVARADO CT STE 121</p>

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## D. Directorio de proveedores de atención especializada

<p>SAN DIEGO, CA 92120-4906            Phone: (858) 658-6500            Fax: (619) 229-2288            After Hours Phone: (858) 658-6500            Provider Gender: Male            License number: A45908            NPI: 1730132150            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            www.imaginghealthcare.com            Email:            Medical Group(s):            IPA:</p>	<p>Phone: (858) 658-6500            Fax: (619) 295-2549            After Hours Phone: (858) 658-6500            Provider Gender: Male            License number: A60235            NPI: 1710938394            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Memorial Hospital, Grossmont            Hospital, Scripps Mercy            Hospital, Ucsd Medical Ctr,            Scripps Mercy Hospital Chula            Vista, Scripps Memorial            Hospital Encinitas, Scripps            Green Hospital, Alvarado            Hospital Llc, Palomar Health            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            www.imaginghealthcare.com            Email:            Medical Group(s):            IPA:</p>	<p>IHS RADIOLOGY MEDICAL            GROUP INC            6386 ALVARADO CT STE 121            SAN DIEGO, CA 92120-4906            Phone: (858) 658-6500            Fax: (619) 229-2288            After Hours Phone: (858) 658-6500            Provider Gender: Male            License number: A60235            NPI: 1710938394            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Memorial Hospital, Grossmont            Hospital, Scripps Mercy            Hospital, Ucsd Medical Ctr,            Scripps Mercy Hospital Chula            Vista, Scripps Memorial            Hospital Encinitas, Scripps            Green Hospital, Alvarado            Hospital Llc, Pomerado            Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            www.imaginghealthcare.com            Email:            Medical Group(s):</p>
<p><b>TSUKADA, GLENN H</b>            Provider ID: 115596            Board Certified Specialty: No            IHS RADIOLOGY MEDICAL            GROUP INC            150 W WASHINGTON ST            SAN DIEGO, CA 92103-2005</p>	<p><b>TSUKADA, GLENN H</b>            Provider ID: 126199            Board Certified Specialty: No</p>	

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## D. Directorio de proveedores de atención especializada

<p>IPA: 9AM-5PM</p> <p><b>TYAGI, AVISHKAR</b></p> <p>Provider ID: 84932</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR</p> <p>SAN DIEGO, CA 92103-1911</p> <p>Phone: (619) 543-6222</p> <p>Fax:</p> <p>After Hours Phone: (619) 543-6222</p> <p>Provider Gender: Male</p> <p>License number: A123065</p> <p>NPI: 1740440148</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, San Dimas Community Hospital, Lakewood Regional Med Ctr, Pacific Alliance Medical Center, San Antonio Comm Hosp, Tri City Medical Ctr, Palomar Health, Alvarado Hospital Llc</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-F 9AM-5PM, SA</p>	<p>9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA:</p> <p><b>TYAGI, AVISHKAR</b></p> <p>Provider ID: 84934</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>330 LEWIS ST STE 202</p> <p>SAN DIEGO, CA 92103-2108</p> <p>Phone: (619) 471-9240</p> <p>Fax:</p> <p>After Hours Phone: (619) 471-9240</p> <p>Provider Gender: Male</p> <p>License number: A123065</p> <p>NPI: 1740440148</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, San Dimas Community Hospital, Lakewood Regional Med Ctr, Pacific Alliance Medical Center, San Antonio Comm Hosp, Tri City Medical Ctr, Palomar Health, Alvarado Hospital Llc</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p>	<p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-F 9AM-5PM, SA</p> <p>9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA:</p> <p><b>VINOCUR, DANIEL N</b></p> <p>Provider ID: 64243</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR STE 1505</p> <p>SAN DIEGO, CA 92103-1911</p> <p>Phone: (619) 543-2218</p> <p>Fax:</p> <p>After Hours Phone: (619) 543-2218</p> <p>Provider Gender: Male</p> <p>License number: A115727</p> <p>NPI: 1770711830</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Hebrew, Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Valley Childrens Hospital</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL):</p>
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## D. Directorio de proveedores de atención especializada

<p>No          ♿ Accessibility: W          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>♿ Accessibility:          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>	<p>Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-F 9AM-6PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p>
<p><b>VINOCUR, DANIEL N</b>          Provider ID: 64394          Board Certified Specialty: No          UCSD MEDICAL GROUP          330 LEWIS ST STE 202          SAN DIEGO, CA 92103-2108          Phone: (619) 471-9240          Fax:          After Hours Phone: (619)          471-9240          Provider Gender: Male          License number: A115727          NPI: 1770711830          Provider English Spoken: Yes          Provider Language(s) Spoken:          Hebrew, Spanish          Cultural Competency: No          Hospital Affiliation: Ucsd La          Jolla John Sally Thornton, Ucsd          Medical Ctr, Valley Childrens          Hospital          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No</p>	<p><b>WAGNER, THAO N</b>          Provider ID: 84943          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619)          543-6222          Provider Gender: Female          License number: A123521          NPI: 1821067935          Provider English Spoken: Yes          Provider Language(s) Spoken:          Vietnamese          Cultural Competency: No          Hospital Affiliation: Scripps          Memorial Hospital, Scripps          Mercy Hospital, Scripps Mercy          Hospital Chula Vista, Scripps          Memorial Hospital Encinitas,          Scripps Green Hospital, Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: No</p>	<p><b>WAGNER, THAO N</b>          Provider ID: 84945          Board Certified Specialty: No          UCSD MEDICAL GROUP          330 LEWIS ST STE 202          SAN DIEGO, CA 92103-2108          Phone: (619) 471-9240          Fax:          After Hours Phone: (619)          471-9240          Provider Gender: Female          License number: A123521          NPI: 1821067935          Provider English Spoken: Yes          Provider Language(s) Spoken:          Vietnamese          Cultural Competency: No          Hospital Affiliation: Scripps          Memorial Hospital, Scripps          Memorial Hospital, Scripps          Mercy Hospital, Scripps Mercy          Hospital Chula Vista, Scripps          Memorial Hospital Encinitas,          Scripps Green Hospital, Ucsd</p>

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## D. Directorio de proveedores de atención especializada

<p>Medical Ctr, Ucsd La Jolla John Sally Thornton <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <b>♿ Accessibility:</b> <i>Hours:</i> M-F 9AM-6PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i></p>	<p>Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <b>♿ Accessibility:</b> W <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i></p>	<p>Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <b>♿ Accessibility:</b> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i></p>
<p><b>WALLACE, DAVID R</b> <i>Provider ID:</i> 98888 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 200 W ARBOR DR STE I505 SAN DIEGO, CA 92103-1911 <i>Phone:</i> (619) 543-2218 <i>Fax:</i> <i>After Hours Phone:</i> (619) 543-2218 <i>Provider Gender:</i> Male <i>License number:</i> A136122 <i>NPI:</i> 1265743595 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy</p>	<p><b>WALLACE, DAVID R</b> <i>Provider ID:</i> 98890 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 <i>Phone:</i> (619) 471-9240 <i>Fax:</i> <i>After Hours Phone:</i> (619) 471-9240 <i>Provider Gender:</i> Male <i>License number:</i> A136122 <i>NPI:</i> 1265743595 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy</p>	<p><b>WANG, LEE L</b> <i>Provider ID:</i> 118160 <i>Board Certified Specialty:</i> No UCSD RADIOLOGY AT LA JOLLA 200 W ARBOR DR STE I505 SAN DIEGO, CA 92103-1911 <i>Phone:</i> (619) 543-2218 <i>Fax:</i> <i>After Hours Phone:</i> (619) 543-2218 <i>Provider Gender:</i> Male <i>License number:</i> A146921 <i>NPI:</i> 1003119975 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps</p>

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## D. Directorio de proveedores de atención especializada

Mercy Hospital, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:
<b>WANG, LEE L</b> Provider ID: 118162 Board Certified Specialty: No UCSD RADIOLOGY AT LA JOLLA 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (691) 471-9240 Fax: After Hours Phone: (691) 471-9240 Provider Gender: Male License number: A146921 NPI: 1003119975 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Green	<b>WEIHE, ELIZABETH</b> Provider ID: 102368 Board Certified Specialty: No UCSD MEDICAL GROUP 330 LEWIS ST STE 202 SAN DIEGO, CA 92103-2108 Phone: (619) 471-9240 Fax: After Hours Phone: (619) 471-9240 Provider Gender: Female License number: A135679 NPI: 1386884302 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No	<b>WEIHE, ELIZABETH</b> Provider ID: 121941 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR STE 1505 SAN DIEGO, CA 92103-1911 Phone: (619) 543-2218 Fax: After Hours Phone: (619) 543-2218 Provider Gender: Female License number: A135679 NPI: 1386884302 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W

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## D. Directorio de proveedores de atención especializada

Hours: M-SA 9AM-5PM	Email:	IPA:
Website:	Medical Group(s):	<b>ZAKHARY, MINA M</b>
Email:	IPA:	Provider ID: 84250
Medical Group(s):	<b>YEN, ANDREW C</b>	Board Certified Specialty: No
IPA:	Provider ID: 64398	UCSD MEDICAL GROUP
<b>YEN, ANDREW C</b>	Board Certified Specialty: No	330 LEWIS ST STE 202
Provider ID: 64263	UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-2108
Board Certified Specialty: No	330 LEWIS ST STE 202	Phone: (619) 471-9240
UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-2108	Fax:
200 W ARBOR DR STE 1505	Phone: (800) 926-8273	After Hours Phone: (619)
SAN DIEGO, CA 92103-1911	Fax:	471-9240
Phone: (800) 926-8273	After Hours Phone: (800)	Provider Gender: Male
Fax:	926-8273	License number: A124821
After Hours Phone: (800)	Provider Gender: Male	NPI: 1114185626
926-8273	License number: A89413	Provider English Spoken: Yes
Provider Gender: Male	NPI: 1942499116	Provider Language(s) Spoken:
License number: A89413	Provider English Spoken: Yes	Arabic, Hebrew
NPI: 1942499116	Provider Language(s) Spoken:	Cultural Competency: No
Provider English Spoken: Yes	Mandarin	Hospital Affiliation: Ucsd La
Provider Language(s) Spoken:	Cultural Competency: No	Jolla John Sally Thornton,
Mandarin	Hospital Affiliation: Ucsd La	Scripps Mercy Hospital Chula
Cultural Competency: No	Jolla John Sally Thornton, Ucsd	Vista, Scripps Green Hospital,
Hospital Affiliation: Ucsd La	Medical Ctr	Ucsd Medical Ctr, Scripps
Jolla John Sally Thornton, Ucsd	Medi-Cal Open Panel: No	Memorial Hospital, Scripps
Medical Ctr	Min/Max Age: None	Mercy Hospital, Scripps
Medi-Cal Open Panel: No	American Sign Language (ASL):	Memorial Hospital Encinitas
Min/Max Age: None	No	Medi-Cal Open Panel: No
American Sign Language (ASL):	♿ Accessibility:	Min/Max Age: None
No	Hours: M-F 9AM-5PM, SA	American Sign Language (ASL):
♿ Accessibility: W	9AM-5PM	No
Hours: M-F 9AM-5PM, SA	Website:	♿ Accessibility:
9AM-5PM	Email:	Hours: M-F 9AM-5PM, SA
Website:	Medical Group(s):	9AM-5PM

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## D. Directorio de proveedores de atención especializada

<p>Website:          Email:          Medical Group(s):          IPA:</p>	<p>♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          www.imaginghealthcare.com          Email:          Medical Group(s):          IPA:</p>	<p>Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          www.imaginghealthcare.com          Email:          Medical Group(s):          IPA:</p>
<hr/>		
<p><b>RADIOLOGY DIAGNOSTIC</b></p>		
<p><b>ZINK BRODY, GORDON C</b>          Provider ID: 115904          Board Certified Specialty: No          IHS RADIOLOGY MEDICAL          GROUP INC          150 W WASHINGTON ST          SAN DIEGO, CA 92103-2005          Phone: (858) 658-6500          Fax: (619) 295-2549          After Hours Phone: (858)          658-6500          Provider Gender: Male          License number: G68636          NPI: 1689610362          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Scripps          Memorial Hospital, Scripps          Mercy Hospital, Scripps Mercy          Hospital Chula Vista, Scripps          Memorial Hospital Encinitas,          Scripps Green Hospital,          Alvarado Hospital Llc, Oak          Valley Dist Hosp          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No</p>	<p><b>ZINK BRODY, GORDON C</b>          Provider ID: 126192          Board Certified Specialty: No          IHS RADIOLOGY MEDICAL          GROUP INC          6386 ALVARADO CT STE 121          SAN DIEGO, CA 92120-4906          Phone: (858) 658-6500          Fax: (619) 229-2288          After Hours Phone: (858)          658-6500          Provider Gender: Male          License number: G68636          NPI: 1689610362          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Scripps          Memorial Hospital, Scripps          Mercy Hospital, Scripps Mercy          Hospital Chula Vista, Scripps          Memorial Hospital Encinitas,          Scripps Green Hospital,          Alvarado Hospital Llc, Oak          Valley Dist Hosp          Medi-Cal Open Panel: No</p>	<p><b>BECKETT, RYAN D</b>          Provider ID: 283216          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800)          926-8273          Provider Gender: Male          License number: A172431          NPI: 1932561347          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No          Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>CHENG, KAREN Y</b>          Provider ID: 283226          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A144517          NPI: 1427430511          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>CHENG, KAREN Y</b>          Provider ID: 283228          Board Certified Specialty: No          UCSD MEDICAL GROUP          330 LEWIS ST STE 202          SAN DIEGO, CA 92103-2108          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A144517          NPI: 1427430511          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>
<p><b>BECKETT, RYAN D</b>          Provider ID: 283218          Board Certified Specialty: No          UCSD MEDICAL GROUP          330 LEWIS ST STE 202          SAN DIEGO, CA 92103-2108          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: A172431          NPI: 1932561347          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility: </p>	<p><b>CHENG, KAREN Y</b>          Provider ID: 283226          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A144517          NPI: 1427430511          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility: </p>	<p><b>CHENG, KAREN Y</b>          Provider ID: 283228          Board Certified Specialty: No          UCSD MEDICAL GROUP          330 LEWIS ST STE 202          SAN DIEGO, CA 92103-2108          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: A144517          NPI: 1427430511          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessibility: </p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **COVELL, DUSTIN M**

*Provider ID:* 239900  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A160221  
*NPI:* 1942615893  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **COVELL, DUSTIN M**

*Provider ID:* 239902

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A160221  
*NPI:* 1942615893  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **EAJAZI, ALIREZA**

*Provider ID:* 283521  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A171288  
*NPI:* 1669835005  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **EAJAZI, ALIREZA**

*Provider ID:* 283523  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A171288

NPI: 1669835005

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Farsi

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **MORENO, MARIO A**

Provider ID: 283315

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A151572

NPI: 1871957308

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **MORENO, MARIO A**

Provider ID: 283317

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A151572

NPI: 1871957308

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SCHULTZ, HEATHER M**

Provider ID: 240342

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A139567

NPI: 1871910810

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SCHULTZ, HEATHER M**

Provider ID: 240344

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A139567

NPI: 1871910810

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **YORK, VINCENT M**

Provider ID: 283517

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A170712

NPI: 1790146611

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **YORK, VINCENT M**

Provider ID: 283519

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST STE 202

SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

License number: A170712	Provider Language(s) Spoken: Mercy Hospital, Scripps Mercy	Mercy Hospital, Scripps Mercy
NPI: 1790146611	Cultural Competency: No	Hospital Chula Vista
Provider English Spoken: Yes	Hospital Affiliation: Scripps	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken: Mercy Hospital, Scripps Mercy	Hospital Chula Vista	Min/Max Age: 0/999
Cultural Competency: No	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Hospital Affiliation:	Min/Max Age: 0/999	♿ Accessibility:
Medi-Cal Open Panel: Yes	American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Min/Max Age: 0/999	♿ Accessibility:	Website:
American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:
No	Website:	Medical Group(s):
♿ Accessibility:	Email:	IPA: Community Care Ipa Llc
Hours: M-F 8AM-5PM, SA 9AM-5PM	Medical Group(s):	
Website:	IPA: Community Care Ipa Llc	
Email:		
Medical Group(s):		
IPA: Ucsd Medical Group		

### RADIOLOGY

#### **ALLEN, DERRICK R , MD**

Provider ID: 269614  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
 Phone: (619) 295-9729  
 Fax: (619) 342-2131  
 After Hours Phone: (619) 295-9729  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes

#### **ALLEN, DERRICK R , MD**

Provider ID: 269615  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3939 RUFFIN RD STE 102  
 SAN DIEGO, CA 92123-1804  
 Phone: (858) 658-6500  
 Fax: (866) 558-4329  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps

#### **ALLEN, DERRICK R , MD**

Provider ID: 269617  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 550 WASHINGTON ST STE 200  
 SAN DIEGO, CA 92103-2243  
 Phone: (619) 260-7225  
 Fax: (866) 558-4329  
 After Hours Phone: (619) 260-7225  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc  <b>CHOU, ERIC T</b> Provider ID: 243396 Board Certified Specialty: No COMMUNITY CARE IPA LLC 4077 5TH AVE SAN DIEGO, CA 92103-2105 Phone: (619) 819-6501 Fax: (866) 558-4329 After Hours Phone: (619) 819-6501 Provider Gender: Male License number: A96095 NPI: 1689627838 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	Website: Email: Medical Group(s): IPA: Community Care Ipa Llc  <b>CHOU, ERIC T</b> Provider ID: 243397 Board Certified Specialty: No COMMUNITY CARE IPA LLC 3939 RUFFIN RD STE 102 SAN DIEGO, CA 92123-1804 Phone: (858) 658-6500 Fax: (866) 558-4329 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A96095 NPI: 1689627838 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc

### **COOPER, JAMES A**

Provider ID: 242475

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4077 5TH AVE

SAN DIEGO, CA 92103-2105

Phone: (619) 294-8111

Fax: (866) 558-4329

After Hours Phone: (619)

294-8111

Provider Gender: Male

License number: A62473

NPI: 1497708622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: East Los

Angeles Doctors Hsp, Memorial

Hosp Of Gardena Inc, Riverside

Community Hosp, Palmdale

Regional Medical Center,

Barstow Community Hospital,

Kindred Hospital South Bay,

Loma Linda University Med Ctr

Murrieta, Coast Plaza Hospital,

Community Hospital Of

Huntington Park, Foothill

Regional Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **DOEMENY, JOHN M**

Provider ID: 269746

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

150 W WASHINGTON ST

SAN DIEGO, CA 92103-2005

Phone: (858) 658-6500

Fax: (866) 558-4329

After Hours Phone: (858)

658-6500

Provider Gender: Male

License number: G50925

NPI: 1841243912

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **DOEMENY, JOHN M**

Provider ID: 269747

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

3939 RUFFIN RD STE 102

SAN DIEGO, CA 92123-1804

Phone: (858) 658-6500

Fax: (866) 558-4329

After Hours Phone: (858)

658-6500

Provider Gender: Male

License number: G50925

NPI: 1841243912

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **DOEMENY, JOHN M**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 269752            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            6386 ALVARADO CT STE 121            SAN DIEGO, CA 92120-4906            Phone: (619) 229-2299            Fax: (866) 558-4329            After Hours Phone: (619) 229-2299            Provider Gender: Male            License number: G50925            NPI: 1841243912            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>SAN DIEGO, CA 92113-2113            Phone: (858) 658-6500            Fax: (866) 558-4329            After Hours Phone: (858) 658-6500            Provider Gender: Male            License number: G50925            NPI: 1841243912            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Phone: (619) 294-8111            Fax: (866) 558-4329            After Hours Phone: (619) 294-8111            Provider Gender: Male            License number: G50925            NPI: 1841243912            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>
<p><b>DOEMENY, JOHN M</b>            Provider ID: 269753            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            1809 NATIONAL AVE STE 2104</p>	<p><b>DOEMENY, JOHN M</b>            Provider ID: 269756            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            4077 5TH AVE            SAN DIEGO, CA 92103-2105</p>	<p><b>DOEMENY, JOHN M</b>            Provider ID: 269757            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            550 WASHINGTON ST STE 200            SAN DIEGO, CA 92103-2243            Phone: (619) 260-7225            Fax: (866) 558-4329            After Hours Phone: (619) 260-7225</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Santa
<i>License number:</i> G50925	<i>Cultural Competency:</i> No	Monica Ucla Med Ctr, Ronald
<i>NPI:</i> 1841243912	<i>Hospital Affiliation:</i> Santa	Reagan Ucla Med Ctr, Alvarado
<i>Provider English Spoken:</i> Yes	Monica Ucla Med Ctr, Ronald	Hospital Llc
<i>Provider Language(s) Spoken:</i>	Reagan Ucla Med Ctr, Alvarado	<i>Medi-Cal Open Panel:</i> Yes
<i>Cultural Competency:</i> No	Hospital Llc	<i>Min/Max Age:</i> 0/999
<i>Hospital Affiliation:</i> Scripps	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i>
Mercy Hospital, Scripps Mercy	<i>Min/Max Age:</i> 0/999	No
Hospital Chula Vista	<i>American Sign Language (ASL):</i>	♿ <i>Accessibility:</i>
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i>	9AM-5PM
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Website:</i>
No	9AM-5PM	<i>Email:</i>
♿ <i>Accessibility:</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>	<i>IPA:</i> Community Care Ipa Llc
<i>Website:</i>	<i>Medical Group(s):</i>	
<i>Email:</i>	<i>IPA:</i> Community Care Ipa Llc	<b>FRANKE, MARK A</b>
<i>Medical Group(s):</i>		<i>Provider ID:</i> 269638
<i>IPA:</i> Community Care Ipa Llc	<b>FRANKE, MARK A</b>	<i>Board Certified Specialty:</i> No
	<i>Provider ID:</i> 269637	COMMUNITY CARE IPA LLC
<b>FRANKE, MARK A</b>	<i>Board Certified Specialty:</i> No	1809 NATIONAL AVE STE 2104
<i>Provider ID:</i> 269632	COMMUNITY CARE IPA LLC	SAN DIEGO, CA 92113-2113
<i>Board Certified Specialty:</i> No	6386 ALVARADO CT STE 121	<i>Phone:</i> (858) 658-6500
COMMUNITY CARE IPA LLC	SAN DIEGO, CA 92120-4906	<i>Fax:</i> (866) 558-4329
3939 RUFFIN RD STE 102	<i>Phone:</i> (619) 229-2299	<i>After Hours Phone:</i> (858)
SAN DIEGO, CA 92123-1804	<i>Fax:</i> (866) 558-4329	658-6500
<i>Phone:</i> (858) 658-6500	<i>After Hours Phone:</i> (619)	<i>Provider Gender:</i> Male
<i>Fax:</i> (866) 558-4329	229-2299	<i>License number:</i> A118792
<i>After Hours Phone:</i> (858)	<i>Provider Gender:</i> Male	<i>NPI:</i> 1114246329
658-6500	<i>License number:</i> A118792	<i>Provider English Spoken:</i> Yes
<i>Provider Gender:</i> Male	<i>NPI:</i> 1114246329	<i>Provider Language(s) Spoken:</i>
<i>License number:</i> A118792	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>NPI:</i> 1114246329	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Santa
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	Monica Ucla Med Ctr, Ronald

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Reagan Ucla Med Ctr, Alvarado Hospital Llc	Medi-Cal Open Panel: Yes Min/Max Age: 0/999	American Sign Language (ASL): No
Medi-Cal Open Panel: Yes Min/Max Age: 0/999	American Sign Language (ASL): No	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM
American Sign Language (ASL): No	♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	Website: Email: Medical Group(s): IPA: Community Care Ipa Llc
♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	
Website: Email: Medical Group(s): IPA: Community Care Ipa Llc		
<b>FRANKE, MARK A</b> Provider ID: 269640 Board Certified Specialty: No COMMUNITY CARE IPA LLC 150 W WASHINGTON ST SAN DIEGO, CA 92103-2005 Phone: (858) 658-6500 Fax: (866) 558-4329 After Hours Phone: (858) 658-6500 Provider Gender: Male License number: A118792 NPI: 1114246329 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc	<b>FRANKE, MARK A</b> Provider ID: 269641 Board Certified Specialty: No COMMUNITY CARE IPA LLC 4077 5TH AVE SAN DIEGO, CA 92103-2105 Phone: (619) 294-8111 Fax: (866) 558-4329 After Hours Phone: (619) 294-8111 Provider Gender: Male License number: A118792 NPI: 1114246329 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc	<b>FRANKE, MARK A</b> Provider ID: 269642 Board Certified Specialty: No COMMUNITY CARE IPA LLC 550 WASHINGTON ST STE 200 SAN DIEGO, CA 92103-2243 Phone: (619) 260-7225 Fax: (866) 558-4329 After Hours Phone: (619) 260-7225 Provider Gender: Male License number: A118792 NPI: 1114246329 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No
Medi-Cal Open Panel: Yes Min/Max Age: 0/999	Medi-Cal Open Panel: Yes Min/Max Age: 0/999	American Sign Language (ASL): No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
<p><b>MOFFIT, BRIAN J</b>  <i>Provider ID:</i> 269525  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            150 W WASHINGTON ST            SAN DIEGO, CA 92103-2005  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (866) 558-4329  <i>After Hours Phone:</i> (858)            658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> G51551  <i>NPI:</i> 1508817305  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><b>MOFFIT, BRIAN J</b>  <i>Provider ID:</i> 269526  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            3939 RUFFIN RD STE 102            SAN DIEGO, CA 92123-1804  <i>Phone:</i> (858) 658-6500  <i>Fax:</i> (866) 558-4329  <i>After Hours Phone:</i> (858)            658-6500  <i>Provider Gender:</i> Male  <i>License number:</i> G51551  <i>NPI:</i> 1508817305  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><b>MOFFIT, BRIAN J</b>  <i>Provider ID:</i> 269530  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            6386 ALVARADO CT STE 121            SAN DIEGO, CA 92120-4906  <i>Phone:</i> (619) 229-2299  <i>Fax:</i> (866) 558-4329  <i>After Hours Phone:</i> (619)            229-2299  <i>Provider Gender:</i> Male  <i>License number:</i> G51551  <i>NPI:</i> 1508817305  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps            Mercy Hospital, Scripps Mercy            Hospital Chula Vista  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>

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## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc

### **MOFFIT, BRIAN J**

Provider ID: 269531

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1809 NATIONAL AVE STE 2104  
SAN DIEGO, CA 92113-2113

Phone: (858) 658-6500

Fax: (866) 558-4329

After Hours Phone: (858)  
658-6500

Provider Gender: Male

License number: G51551

NPI: 1508817305

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **MOFFIT, BRIAN J**

Provider ID: 269534

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
550 WASHINGTON ST STE 200  
SAN DIEGO, CA 92103-2243

Phone: (619) 260-7225

Fax: (866) 558-4329

After Hours Phone: (619)  
260-7225

Provider Gender: Male

License number: G51551

NPI: 1508817305

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **MOFFIT, BRIAN J**

Provider ID: 269536

Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
4077 5TH AVE

SAN DIEGO, CA 92103-2105

Phone: (619) 294-8111

Fax: (866) 558-4329

After Hours Phone: (619)  
294-8111

Provider Gender: Male

License number: G51551

NPI: 1508817305

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **RATTNER, ZACHARY G , MD**

Provider ID: 269895

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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## D. Directorio de proveedores de atención especializada

995 GATEWAY CENTER WAY  
STE 207  
SAN DIEGO, CA 92102-4544  
Phone: (619) 263-9729  
Fax: (619) 263-9730  
After Hours Phone: (619)  
263-9729  
Provider Gender: Male  
License number: G86843  
NPI: 1003867276  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Paradise  
Valley Hospital, Scripps  
Memorial Hospital Encinitas,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista,  
Scripps Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SABIR, SHARJEEL H**

Provider ID: 269857  
Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105  
Phone: (619) 862-6500  
Fax:  
After Hours Phone: (619)  
862-6500  
Provider Gender: Male  
License number: C158962  
NPI: 1154599314  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SCHWARTZBERG, ROSS E**

Provider ID: 245624  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005

Phone: (619) 295-9729  
Fax: (866) 558-4329  
After Hours Phone: (619)  
295-9729  
Provider Gender: Male  
License number: G72997  
NPI: 1215976766  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc, Grossmont  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SCHWARTZBERG, ROSS E**

Provider ID: 245625  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123-1804

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (858) 658-6500

Fax: (866) 558-4329

After Hours Phone: (858)  
658-6500

Provider Gender: Male

License number: G72997

NPI: 1215976766

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado

Hospital Llc, Grossmont

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SCHWARTZBERG, ROSS E**

Provider ID: 245626

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4077 5TH AVE

SAN DIEGO, CA 92103-2105

Phone: (619) 294-8111

Fax: (866) 558-4329

After Hours Phone: (619)  
294-8111

Provider Gender: Male

License number: G72997

NPI: 1215976766

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado

Hospital Llc, Grossmont

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SCHWARTZBERG, ROSS E**

Provider ID: 245631

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

6386 ALVARADO CT STE 121

SAN DIEGO, CA 92120-4906

Phone: (619) 229-2299

Fax: (866) 558-4329

After Hours Phone: (619)  
229-2299

Provider Gender: Male

License number: G72997

NPI: 1215976766

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado

Hospital Llc, Grossmont

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SCHWARTZBERG, ROSS E**

Provider ID: 245632

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

550 WASHINGTON ST STE 200

SAN DIEGO, CA 92103-2243

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (619) 260-7225  
Fax: (866) 558-4329  
After Hours Phone: (619) 260-7225  
Provider Gender: Male  
License number: G72997  
NPI: 1215976766  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **STRAKA, CHRISTOPHER A**

Provider ID: 276875  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD STE 103  
SAN DIEGO, CA 92127-3455

Phone: (858) 649-5100  
Fax: (858) 649-5099  
After Hours Phone: (858) 649-5100  
Provider Gender: Male  
License number: A145989  
NPI: 1801281399  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 17/120  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **TENA, ROWENA G , MD**

Provider ID: 265583  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1809 NATIONAL AVE STE 2104  
SAN DIEGO, CA 92113-2113

Phone: (858) 658-6500  
Fax: (866) 558-4329  
After Hours Phone: (858) 658-6500  
Provider Gender: Female  
License number: A69607  
NPI: 1629029335  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **TENA, ROWENA G , MD**

Provider ID: 269822  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (858) 658-6500  
Fax: (866) 558-4329  
After Hours Phone: (858) 658-6500  
Provider Gender: Female  
License number: A69607  
NPI: 1629029335  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **TENA, ROWENA G , MD**

Provider ID: 269827  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123-1804

Phone: (858) 658-6500  
Fax: (866) 558-4329  
After Hours Phone: (858) 658-6500  
Provider Gender: Female  
License number: A69607  
NPI: 1629029335  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **TENA, ROWENA G , MD**

Provider ID: 269828  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906

Phone: (619) 229-2299  
Fax: (866) 558-4329  
After Hours Phone: (619) 229-2299  
Provider Gender: Female  
License number: A69607  
NPI: 1629029335  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **TENA, ROWENA G , MD**

Provider ID: 269830  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (619) 294-8111  
 Fax: (866) 558-4329  
 After Hours Phone: (619) 294-8111  
 Provider Gender: Female  
 License number: A69607  
 NPI: 1629029335  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### TENA, ROWENA G , MD

Provider ID: 269832  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 550 WASHINGTON ST STE 200  
 SAN DIEGO, CA 92103-2243

Phone: (619) 260-7225  
 Fax: (866) 558-4329  
 After Hours Phone: (619) 260-7225  
 Provider Gender: Female  
 License number: A69607  
 NPI: 1629029335  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### VAKILIAN, SIAVOSH

Provider ID: 283205  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3366 5TH AVE  
 SAN DIEGO, CA 92103-5713

Phone: (619) 230-0400  
 Fax: (858) 429-7938  
 After Hours Phone: (619) 230-0400  
 Provider Gender: Male  
 License number: A133482  
 NPI: 1427456151  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Pioneers Memorial Hospital, El Centro Regional Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### VAKILIAN, SIAVOSH

Provider ID: 283207  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5395 RUFFIN RD STE 103  
 SAN DIEGO, CA 92123-1338

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 505-4100  
 Fax: (858) 429-7938  
 After Hours Phone: (858) 505-4100  
 Provider Gender: Male  
 License number: A133482  
 NPI: 1427456151  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Pioneers Memorial Hospital, El Centro Regional Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

SAN DIEGO, CA 92122-1396  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: 86005489  
 NPI: 1477207611  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Phone: (619) 471-0438  
 Fax: (619) 543-3763  
 After Hours Phone: (619) 471-0438  
 Provider Gender: Female  
 License number: 962434  
 NPI: 1538312657  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **REGISTERED DIETITIAN / NUTRITIONIST**

#### **CALLAWAY, MALLORY R**

Provider ID: 287926  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR  
 STE 2110

#### **FISHER, JENNIFER J**

Provider ID: 286339  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

#### **FISHER, JENNIFER J**

Provider ID: 286340  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR  
 STE 2110  
 SAN DIEGO, CA 92122-1396  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

License number: 962434	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Min/Max Age: 0/999
NPI: 1538312657	Medi-Cal Open Panel: Yes	American Sign Language (ASL): No
Provider English Spoken: Yes	Min/Max Age: 0/999	♿ Accessibility:
Provider Language(s) Spoken: Cultural Competency: No	American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Hospital Affiliation: Medi-Cal Open Panel: Yes	♿ Accessibility:	Website:
Min/Max Age: 0/999	Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:
American Sign Language (ASL): No	Website:	Medical Group(s):
♿ Accessibility:	Email:	IPA: Ucsd Medical Group
Hours: M-F 8AM-5PM, SA 9AM-5PM	Medical Group(s):	
Website:	IPA: Ucsd Medical Group	
Email:		
Medical Group(s):		
IPA: Ucsd Medical Group		
		<b>REGISTERED PHYSICAL THERAPIST</b>
<b>ROBERTS, TRACI L</b>	<b>SIEVERING, DENISE</b>	<b>AGRIMIS, JESSICA E</b>
Provider ID: 268240	Provider ID: 268250	Provider ID: 206957
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
UCSD MEDICAL GROUP	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
4168 FRONT ST	4168 FRONT ST	8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92103-2030	SAN DIEGO, CA 92103-2030	STE 200
Phone: (800) 926-8273	Phone: (800) 926-8273	SAN DIEGO, CA 92122-1008
Fax: (888) 539-8781	Fax: (888) 539-8781	Phone: (800) 926-8273
After Hours Phone: (800) 926-8273	After Hours Phone: (800) 926-8273	Fax: (888) 539-8781
Provider Gender: Female	Provider Gender: Female	After Hours Phone: (800) 926-8273
License number: 86084895	License number: 86061948	Provider Gender: Female
NPI: 1003385691	NPI: 1356478929	License number: PT295027
Provider English Spoken: Yes	Provider English Spoken: Yes	NPI: 1790203388
Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Spanish	Provider English Spoken: Yes
Hospital Affiliation: Medi-Cal Open Panel: Yes	Cultural Competency: No	Provider Language(s) Spoken:
Min/Max Age: 0/999	Hospital Affiliation:	Cultural Competency: No
	Medi-Cal Open Panel: Yes	Hospital Affiliation:
		Medi-Cal Open Panel: Yes
		Min/Max Age: 0/999

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

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

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **AGUERO, PETER D**

Provider ID: 258298

Board Certified Specialty: No  
UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN  
STE 200

SAN DIEGO, CA 92122-1008

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: PT43257

NPI: 1982120861

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **AGUERO, PETER D**

Provider ID: 258299

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9333 GENESEE AVE STE 310  
SAN DIEGO, CA 92121-2103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: PT43257

NPI: 1982120861

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **BARTZ, BRYAN M**

Provider ID: 273380

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: PT40270

NPI: 1669818993

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **BARTZ, BRYAN M**

Provider ID: 273381

Board Certified Specialty: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP 8929 UNIVERSITY CENTER LN STE 200 SAN DIEGO, CA 92122-1008 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: PT40270 NPI: 1669818993 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	SAN DIEGO, CA 92111-3743 Phone: (855) 543-0333 Fax: After Hours Phone: (855) 543-0333 Provider Gender: Female License number: PT43240 NPI: 1306219472 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ucsd Medical Group	Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: PT41083 NPI: 1285061390 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>BECHERER, KELLEY D</b> Provider ID: 270969 Board Certified Specialty: No COMMUNITY CARE IPA LLC 3760 CONVOY ST STE 101	<b>BERGERON, PATRICK R</b> Provider ID: 206534 Board Certified Specialty: No UCSD MEDICAL GROUP 16950 VIA TAZON SAN DIEGO, CA 92127-1607	<b>BLOCKER, NIRIT S</b> Provider ID: 76189 Board Certified Specialty: No LOGAN HEIGHTS FAMILY HEALTH CENTER 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider Gender: Female  License number: PT30272  NPI: 1457689309  Provider English Spoken: Yes  Provider Language(s) Spoken: Hebrew  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: ME  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): Logan Heights Family Health Center  IPA:</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>BUNOSKY, ABIGAIL S</b>  Provider ID: 246022  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: PT40519  NPI: 1780018416</p>	<p><b>BUNOSKY, ABIGAIL S</b>  Provider ID: 258304  Board Certified Specialty: No  UCSD MEDICAL GROUP  16950 VIA TAZON  SAN DIEGO, CA 92127-1607  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Female  License number: PT40519  NPI: 1780018416  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd</p>	<p><b>BURGESS, CATHERINE E</b>  Provider ID: 258347  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (858) 657-6590  Fax: (888) 539-8781  After Hours Phone: (858) 657-6590  Provider Gender: Female  License number: PT35850  NPI: 1205287687  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group</p>	<p><i>IPA:</i> Ihp Of Southern California</p>
<p><b>CORTEZ, AARON J</b>  <i>Provider ID:</i> 279194  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            16950 VIA TAZON            SAN DIEGO, CA 92127-1607  <i>Phone:</i> (800) 926-8273  <i>Fax:</i> (888) 539-8781  <i>After Hours Phone:</i> (800)            926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> PT293439  <i>NPI:</i> 1639693187  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No  <i>Hospital Affiliation:</i> Ucsd La            Jolla John Sally Thornton, Ucsd            Medical Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM</p>	<p><b>COSTELLO, MARK A</b>  <i>Provider ID:</i> 295634  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN            CALIFORNIA            7510 CLAIREMONT MESA BLVD            STE 103            SAN DIEGO, CA 92111-1539  <i>Phone:</i> (858) 277-2277  <i>Fax:</i> (408) 945-4018  <i>After Hours Phone:</i> (858)            277-2277  <i>Provider Gender:</i> Male  <i>License number:</i> PT14046  <i>NPI:</i> 1710193602  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic, Armenian, Spanish            Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 5/999  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><b>DAHMS, MADELYNN</b>  <i>Provider ID:</i> 129949  <i>Board Certified Specialty:</i> No            LOGAN HEIGHTS FAMILY            HEALTH CENTER            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            515-2300  <i>Provider Gender:</i> Female  <i>License number:</i> PT295463  <i>NPI:</i> 1245712702  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Sign Language            Cultural Competency: No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i>            No            ♿ <i>Accessibility:</i> ME  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.fhcsd.org  <i>Email:</i>  <i>Medical Group(s):</i> Logan            Heights Family Health Center  <i>IPA:</i></p>
		<p><b>DANG, ERIC A</b>  <i>Provider ID:</i> 258363</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 8929 UNIVERSITY CENTER LN STE 200 SAN DIEGO, CA 92122-1008 <i>Phone:</i> (858) 543-3333 <i>Fax:</i> (858) 657-1809 <i>After Hours Phone:</i> (858) 543-3333 <i>Provider Gender:</i> Male <i>License number:</i> PT292174 <i>NPI:</i> 1891237756 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>DANG, KAYLEE T</b> <i>Provider ID:</i> 279261 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 16950 VIA TAZON SAN DIEGO, CA 92127-1607</p>	<p><i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Female <i>License number:</i> PT295178 <i>NPI:</i> 1316426356 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>DELASANTOS, CAMERON J</b> <i>Provider ID:</i> 269849 <i>Board Certified Specialty:</i> No COMMUNITY CARE IPA LLC 295 G ST SAN DIEGO, CA 92101-6808</p>	<p><i>Phone:</i> (619) 238-4318 <i>Fax:</i> (619) 238-4320 <i>After Hours Phone:</i> (619) 238-4318 <i>Provider Gender:</i> Male <i>License number:</i> PT293413 <i>NPI:</i> 1689199192 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc</p> <p><b>ELANDT, EMILY</b> <i>Provider ID:</i> 285183 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 16950 VIA TAZON SAN DIEGO, CA 92127-1607 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Female</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

License number: PT298134	Provider English Spoken: Yes	Min/Max Age: 0/999
NPI: 1942818505	Provider Language(s) Spoken:	American Sign Language (ASL):
Provider English Spoken: Yes	Cultural Competency: No	No
Provider Language(s) Spoken:	Hospital Affiliation:	♿ Accessibility:
Cultural Competency: No	Medi-Cal Open Panel: Yes	Hours: M-F 9AM-5PM, SA
Hospital Affiliation: Ucsd	Min/Max Age: 13/999	9AM-5PM
Medical Ctr, Ucsd La Jolla John	American Sign Language (ASL):	Website:
Sally Thornton	No	Email:
Medi-Cal Open Panel: Yes	♿ Accessibility:	Medical Group(s):
Min/Max Age: 0/999	Hours: M-F 8AM-5PM, SA	IPA: Community Care Ipa Llc
American Sign Language (ASL):	9AM-5PM	
No	Website:	<b>HEIM, JESSICA L</b>
♿ Accessibility:	Email:	Provider ID: 124037
Hours: M-F 8AM-5PM, SA	Medical Group(s):	Board Certified Specialty: No
9AM-5PM	IPA: Ihp Of Southern California	SAN DIEGO SPINE AND SPORT
Website:		INC
Email:	<b>HARRAH, WILLIAM A</b>	3760 CONVOY ST STE 100
Medical Group(s):	Provider ID: 269689	SAN DIEGO, CA 92111-3743
IPA: Ucsd Medical Group	Board Certified Specialty: No	Phone: (858) 573-9368
	COMMUNITY CARE IPA LLC	Fax:
	9333 GENESEE AVE STE 350B	After Hours Phone: (858)
	SAN DIEGO, CA 92121-2103	573-9368
	Phone: (858) 455-8584	Provider Gender: Female
	Fax: (858) 455-7197	License number: PT294241
	After Hours Phone: (858)	NPI: 1295241537
	455-8584	Provider English Spoken: Yes
	Provider Gender: Male	Provider Language(s) Spoken:
	License number: PT9919	Cultural Competency: No
	NPI: 1831297027	Hospital Affiliation:
	Provider English Spoken: Yes	Medi-Cal Open Panel: No
	Provider Language(s) Spoken:	Min/Max Age: None
	Cultural Competency: No	American Sign Language (ASL):
	Hospital Affiliation:	No
	Medi-Cal Open Panel: Yes	♿ Accessibility: W

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:  
www.spineandsport.com

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### HEIM, JESSICA L

Provider ID: 269760

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3760 CONVOY ST STE 100  
SAN DIEGO, CA 92111-3743

Phone: (858) 573-9368

Fax: (858) 874-0582

After Hours Phone: (858)  
573-9368

Provider Gender: Female

License number: PT294241

NPI: 1295241537

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M,W 7AM-6PM, TU,TH

7AM-5PM, F 7AM-4PM, SA

7AM-2PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### JACOBSON, PHILIP N

Provider ID: 295553

Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA

7510 CLAIREMONT MESA BLVD  
STE 103

SAN DIEGO, CA 92111-1539

Phone: (818) 894-2273

Fax: (818) 357-2505

After Hours Phone: (818)  
894-2273

Provider Gender: Male

License number: PT292630

NPI: 1053883033

Provider English Spoken: Yes

Provider Language(s) Spoken:

Armenian, Farsi, Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 5/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-6PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### JACOBSON, PHILIP N

Provider ID: 295554

Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA

9655 GRANITE RIDGE DR STE  
200

SAN DIEGO, CA 92123-2676

Phone: (818) 894-2273

Fax: (818) 357-2505

After Hours Phone: (818)  
894-2273

Provider Gender: Male

License number: PT292630

NPI: 1053883033

Provider English Spoken: Yes

Provider Language(s) Spoken:

Armenian, Farsi, Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 5/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-6PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### JACOBSON, PHILIP N

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider ID:</i> 295555  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  11440 W BERNARDO CT STE 300  SAN DIEGO, CA 92127-1644  <i>Phone:</i> (818) 894-2273  <i>Fax:</i> (818) 357-2505  <i>After Hours Phone:</i> (818) 894-2273  <i>Provider Gender:</i> Male  <i>License number:</i> PT292630  <i>NPI:</i> 1053883033  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Armenian, Farsi, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 5/999  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-6PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California</p> <p><b>JUNG, CALVIN D</b>  <i>Provider ID:</i> 271605  <i>Board Certified Specialty:</i> No</p>	<p>COMMUNITY CARE IPA LLC  9909 MIRA MESA BLVD STE 120  SAN DIEGO, CA 92131-1060  <i>Phone:</i> (858) 693-0436  <i>Fax:</i> (858) 693-0437  <i>After Hours Phone:</i> (858) 693-0436  <i>Provider Gender:</i> Male  <i>License number:</i> PT42181  <i>NPI:</i> 1972997690  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>KAMPH, ALEXANDRA D</b>  <i>Provider ID:</i> 271606  <i>Board Certified Specialty:</i> No  COMMUNITY CARE IPA LLC  9909 MIRA MESA BLVD STE 120  SAN DIEGO, CA 92131-1060</p>	<p><i>Phone:</i> (619) 448-4860  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 448-4860  <i>Provider Gender:</i> Female  <i>License number:</i> PT41577  <i>NPI:</i> 1801298112  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p> <p><b>LLOYD, CHRISTOPHER J</b>  <i>Provider ID:</i> 117122  <i>Board Certified Specialty:</i> No  SAN DIEGO SPINE AND SPORT INC  3760 CONVOY ST STE 100  SAN DIEGO, CA 92111-3743  <i>Phone:</i> (858) 573-9368  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 573-9368  <i>Provider Gender:</i> Male</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>License number: PT43591  NPI: 1205292356  Provider English Spoken: Yes  Provider Language(s) Spoken: Arabic, Portuguese, Spanish  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: W  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website: www.spineandsport.com  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Provider Language(s) Spoken: Arabic, Portuguese, Spanish  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>LLOYD, CHRISTOPHER J</b>  Provider ID: 271014  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  295 G ST  SAN DIEGO, CA 92101-6808  Phone: (619) 238-4318  Fax: (619) 238-4320  After Hours Phone: (619) 238-4318  Provider Gender: Male  License number: PT43591  NPI: 1205292356  Provider English Spoken: Yes</p>	<p><b>MC ELROY, CARTER J</b>  Provider ID: 206522  Board Certified Specialty: No  UCSD MEDICAL GROUP  8929 UNIVERSITY CENTER LN  STE 200  SAN DIEGO, CA 92122-1008  Phone: (855) 543-0333  Fax: (858) 657-6873  After Hours Phone: (855) 543-0333  Provider Gender: Male  License number: PT26005  NPI: 1114472230  Provider English Spoken: Yes  Provider Language(s) Spoken: Thai  Cultural Competency: No</p>	<p><b>MC ELROY, CARTER J</b>  Provider ID: 206523  Board Certified Specialty: No  UCSD MEDICAL GROUP  16950 VIA TAZON  SAN DIEGO, CA 92127-1607  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800) 926-8273  Provider Gender: Male  License number: PT26005  NPI: 1114472230  Provider English Spoken: Yes  Provider Language(s) Spoken: Thai  Cultural Competency: No  Hospital Affiliation: Ucsd Medical Ctr  Medi-Cal Open Panel: Yes</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999	♿ Accessibility:	Medical Group(s):
American Sign Language (ASL): No	Hours: M-SA 9AM-5PM	IPA: Ucsd Medical Group
♿ Accessibility:	Website:	<b>NALBANDIAN, SARAH</b>
Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:	Provider ID: 210313
Website:	Medical Group(s):	Board Certified Specialty: No
Email:	IPA:	UCSD MEDICAL GROUP
Medical Group(s):	<b>MOELLER, LISA K</b>	8929 UNIVERSITY CENTER LN
IPA: Ucsd Medical Group	Provider ID: 258405	STE 200
<b>MITCHELL, JEFFREY A</b>	Board Certified Specialty: No	SAN DIEGO, CA 92122-1008
Provider ID: 127532	UCSD MEDICAL GROUP	Phone: (855) 540-3333
Board Certified Specialty: No	200 W ARBOR DR	Fax: (858) 657-1809
UCSD MEDICAL GROUP	SAN DIEGO, CA 92103-1911	After Hours Phone: (855) 540-3333
4520 EXECUTIVE DR STE 1	Phone: (619) 543-6530	Provider Gender: Female
SAN DIEGO, CA 92121-3018	Fax: (619) 543-7864	License number: PT295291
Phone: (858) 657-8200	After Hours Phone: (619) 543-6530	NPI: 1871069922
Fax:	Provider Gender: Female	Provider English Spoken: Yes
After Hours Phone: (858) 657-8200	License number: PT18807	Provider Language(s) Spoken:
Provider Gender: Male	NPI: 1033664677	Cultural Competency: No
License number: PT37484	Provider English Spoken: Yes	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
NPI: 1497827638	Provider Language(s) Spoken:	Medi-Cal Open Panel: Yes
Provider English Spoken: Yes	Cultural Competency: No	Min/Max Age: 0/999
Provider Language(s) Spoken:	Hospital Affiliation: Ucsd Medical Ctr	American Sign Language (ASL):
Cultural Competency: No	Medi-Cal Open Panel: Yes	No
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	Min/Max Age: 0/999	♿ Accessibility:
Medi-Cal Open Panel: No	American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 9AM-5PM
Min/Max Age: None	♿ Accessibility:	Website:
American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:
No	Website:	Medical Group(s):
	Email:	IPA: Ucsd Medical Group

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **NALBANDIAN, SARAH**

*Provider ID:* 210314  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PT295291  
*NPI:* 1871069922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NEGRETE, KRISTINE C**

*Provider ID:* 201316  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 8929 UNIVERSITY CENTER LN  
 STE 200  
 SAN DIEGO, CA 92122-1008  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PT295226  
*NPI:* 1528536638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NGUYEN, HARRY D**

*Provider ID:* 271871  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* PT294903  
*NPI:* 1629558499  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NUTHALL, KAITLIN M**

*Provider ID:* 202326  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8929 UNIVERSITY CENTER LN  
 STE 200  
 SAN DIEGO, CA 92122-1008

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 249-0832  
 Fax: (858) 657-1809  
 After Hours Phone: (858) 249-0832  
 Provider Gender: Female  
 License number: PT291757  
 NPI: 1992210090  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **OWENS, JADRIANE C**

Provider ID: 269738  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 585 SATURN BLVD STE A  
 SAN DIEGO, CA 92154-4721

Phone: (619) 591-1190  
 Fax: (619) 565-1656  
 After Hours Phone: (619) 591-1190  
 Provider Gender: Female  
 License number: PT292222  
 NPI: 1689112179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **RICKERTS, MATTHEW M**

Provider ID: 287652  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female

License number: PT42905  
 NPI: 1063882579  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **RUDD, CHRISTOPHER D**

Provider ID: 207560  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: PT291997  
 NPI: 1831539337  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          Accessability: No          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p>	<p>American Sign Language (ASL): No          Accessability: No          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>SAENZ, JISEL M</b>          Provider ID: 295887          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          7510 CLAIREMONT MESA BLVD STE 103          SAN DIEGO, CA 92111-1539          Phone: (818) 894-2273          Fax: (818) 357-2505          After Hours Phone: (818) 894-2273          Provider Gender: Female          License number: PT291163          NPI: 1508226093          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, Armenian, Farsi, Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 5/999          American Sign Language (ASL): No</p>	<p>Accessability: No          Hours: M-F 8AM-6PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <p><b>SAENZ, JISEL M</b>          Provider ID: 295888          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          11440 W BERNARDO CT STE 300          SAN DIEGO, CA 92127-1644          Phone: (818) 894-2273          Fax: (818) 357-2505          After Hours Phone: (818) 894-2273          Provider Gender: Female          License number: PT291163          NPI: 1508226093          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, Armenian, Farsi, Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 5/999          American Sign Language (ASL): No          Accessability: No          Hours: M-F 8AM-6PM, SA</p>
<p><b>RUTKOWSKI, KENNETH T</b>          Provider ID: 258432          Board Certified Specialty: No          UCSD MEDICAL GROUP          16950 VIA TAZON          SAN DIEGO, CA 92127-1607          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Male          License number: PT40227          NPI: 1629121488          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999</p>	<p><b>SAENZ, JISEL M</b>          Provider ID: 295887          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          7510 CLAIREMONT MESA BLVD STE 103          SAN DIEGO, CA 92111-1539          Phone: (818) 894-2273          Fax: (818) 357-2505          After Hours Phone: (818) 894-2273          Provider Gender: Female          License number: PT291163          NPI: 1508226093          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, Armenian, Farsi, Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 5/999          American Sign Language (ASL): No</p>	<p><b>SAENZ, JISEL M</b>          Provider ID: 295888          Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          11440 W BERNARDO CT STE 300          SAN DIEGO, CA 92127-1644          Phone: (818) 894-2273          Fax: (818) 357-2505          After Hours Phone: (818) 894-2273          Provider Gender: Female          License number: PT291163          NPI: 1508226093          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, Armenian, Farsi, Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 5/999          American Sign Language (ASL): No          Accessability: No          Hours: M-F 8AM-6PM, SA</p>

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## D. Directorio de proveedores de atención especializada

9AM-5PM	<i>Email:</i>	<b>SHAH, ZALAK</b>
<i>Website:</i>	<i>Medical Group(s):</i>	<i>Provider ID:</i> 269676
<i>Email:</i>	<i>IPA:</i> Ihp Of Southern California	<i>Board Certified Specialty:</i> No
<i>Medical Group(s):</i>	<b>SANO, NISHIKI</b>	COMMUNITY CARE IPA LLC
<i>IPA:</i> Ihp Of Southern California	<i>Provider ID:</i> 276718	295 G ST
<b>SAENZ, JISEL M</b>	<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92101-6808
<i>Provider ID:</i> 295889	UCSD MEDICAL GROUP	<i>Phone:</i> (619) 238-4318
<i>Board Certified Specialty:</i> No	16950 VIA TAZON	<i>Fax:</i> (619) 238-4320
IHP OF SOUTHERN	SAN DIEGO, CA 92127-1607	<i>After Hours Phone:</i> (619)
CALIFORNIA	<i>Phone:</i> (800) 926-8273	238-4318
9655 GRANITE RIDGE DR STE	<i>Fax:</i> (888) 539-8781	<i>Provider Gender:</i> Female
200	<i>After Hours Phone:</i> (800)	<i>License number:</i> PT296627
SAN DIEGO, CA 92123-2676	926-8273	<i>NPI:</i> 1952855975
<i>Phone:</i> (818) 894-2273	<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes
<i>Fax:</i> (818) 357-2505	<i>License number:</i> PT296276	<i>Provider Language(s) Spoken:</i>
<i>After Hours Phone:</i> (818)	<i>NPI:</i> 1497399091	Gujarati, Hindi
894-2273	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i>
<i>License number:</i> PT291163	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes
<i>NPI:</i> 1508226093	<i>Hospital Affiliation:</i> Ucsd La	<i>Min/Max Age:</i> 0/999
<i>Provider English Spoken:</i> Yes	Jolla John Sally Thornton, Ucsd	<i>American Sign Language (ASL):</i>
<i>Provider Language(s) Spoken:</i>	Medical Ctr	No
Arabic, Armenian, Farsi, Spanish	<i>Medi-Cal Open Panel:</i> Yes	<i>♿ Accessibility:</i>
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-F 9AM-5PM, SA
<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>	9AM-5PM
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Website:</i>
<i>Min/Max Age:</i> 5/999	<i>♿ Accessibility:</i>	<i>Email:</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Medical Group(s):</i>
No	9AM-5PM	<i>IPA:</i> Community Care Ipa Llc
<i>♿ Accessibility:</i>	<i>Website:</i>	<b>SKINNER, NICOLE J</b>
<i>Hours:</i> M-F 8AM-6PM, SA	<i>Email:</i>	<i>Provider ID:</i> 206547
9AM-5PM	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
<i>Website:</i>	<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP

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## D. Directorio de proveedores de atención especializada

16950 VIA TAZON SAN DIEGO, CA 92127-1607 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: PT18043 NPI: 1386964997 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Phone: (858) 573-9368 Fax: (858) 874-0582 After Hours Phone: (858) 573-9368 Provider Gender: Male License number: PT38107 NPI: 1033498084 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M,W 7AM-6PM, TU,TH 7AM-5PM, F 7AM-4PM, SA 9AM-5PM Website: www.spineandsport.com Email: Medical Group(s): IPA: Community Care Ipa Llc	Phone: (858) 573-9368 Fax: (858) 874-0582 After Hours Phone: (858) 573-9368 Provider Gender: Male License number: PT38107 NPI: 1033498084 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc
<b>STREM, BRENDAN S</b> Provider ID: 117197 Board Certified Specialty: No SAN DIEGO SPINE AND SPORT INC 3760 CONVOY ST STE 100 SAN DIEGO, CA 92111-3743	<b>STREM, BRENDAN S</b> Provider ID: 271424 Board Certified Specialty: No COMMUNITY CARE IPA LLC 3760 CONVOY ST STE 100 SAN DIEGO, CA 92111-3743	<b>THOMASON, ERICA M</b> Provider ID: 271593 Board Certified Specialty: No COMMUNITY CARE IPA LLC 9909 MIRA MESA BLVD SAN DIEGO, CA 92131-1056 Phone: (619) 448-4860 Fax: After Hours Phone: (619) 448-4860

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes
<i>License number:</i> PT296321	<i>Hospital Affiliation:</i> Ucsd	<i>Min/Max Age:</i> 0/999
<i>NPI:</i> 1740747484	Medical Ctr, Ucsd La Jolla John	<i>American Sign Language (ASL):</i>
<i>Provider English Spoken:</i> Yes	Sally Thornton	No
<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel:</i> Yes	♿ <i>Accessibility:</i>
<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/999	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>	9AM-5PM
<i>Medi-Cal Open Panel:</i> Yes	No	<i>Website:</i>
<i>Min/Max Age:</i> 0/999	♿ <i>Accessibility:</i>	<i>Email:</i>
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 8AM-5PM, SA	<i>Medical Group(s):</i>
No	9AM-5PM	<i>IPA:</i> Ucsd Medical Group
♿ <i>Accessibility:</i>	<i>Website:</i>	<b>VALENTINE, ANN T</b>
<i>Hours:</i> M-SA 9AM-5PM	<i>Email:</i>	<i>Provider ID:</i> 258536
<i>Website:</i>	<i>Medical Group(s):</i>	<i>Board Certified Specialty:</i> No
<i>Email:</i>	<i>IPA:</i> Ucsd Medical Group	UCSD MEDICAL GROUP
<i>Medical Group(s):</i>	<b>UNDERWOOD, KIRA R</b>	8929 UNIVERSITY CENTER LN
<i>IPA:</i> Community Care Ipa Llc	<i>Provider ID:</i> 258531	STE 200
<b>TROYER, CORY</b>	<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92122-1008
<i>Provider ID:</i> 206469	UCSD MEDICAL GROUP	<i>Phone:</i> (855) 543-0333
<i>Board Certified Specialty:</i> No	8929 UNIVERSITY CENTER LN	<i>Fax:</i> (858) 657-1809
UCSD MEDICAL GROUP	STE 200	<i>After Hours Phone:</i> (855)
8929 UNIVERSITY CENTER LN	SAN DIEGO, CA 92122-1008	543-0333
STE 200	<i>Phone:</i> (858) 543-0333	<i>Provider Gender:</i> Female
SAN DIEGO, CA 92122-1008	<i>Fax:</i> (858) 657-1809	<i>License number:</i> PT35485
<i>Phone:</i> (858) 543-0333	<i>After Hours Phone:</i> (858)	<i>NPI:</i> 1649727462
<i>Fax:</i> (888) 539-8781	543-0333	<i>Provider English Spoken:</i> Yes
<i>After Hours Phone:</i> (858)	<i>Provider Gender:</i> Female	<i>Provider Language(s) Spoken:</i>
543-0333	<i>License number:</i> PT294137	<i>Cultural Competency:</i> No
<i>Provider Gender:</i> Female	<i>NPI:</i> 1023526449	<i>Hospital Affiliation:</i> Ucsd
<i>License number:</i> PT294205	<i>Provider English Spoken:</i> Yes	Medical Ctr, Ucsd La Jolla John
<i>NPI:</i> 1124577671	<i>Provider Language(s) Spoken:</i>	Sally Thornton
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i>	<i>Min/Max Age:</i> 0/999

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## D. Directorio de proveedores de atención especializada

American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	ME Hours: M-F 8:15AM-5PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): City Heights Family Health Centers Inc IPA:	Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>VAN DYKE, JASON P</b> Provider ID: 76188 Board Certified Specialty: No CITY HEIGHTS FAMILY HEALTH CENTERS INC 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2400 Fax: After Hours Phone: (619) 515-2400 Provider Gender: Male License number: PT25155 NPI: 1487658720 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T,	<b>WALKER, JULIE C</b> Provider ID: 258489 Board Certified Specialty: No UCSD MEDICAL GROUP 8929 UNIVERSITY CENTER LN STE 200 SAN DIEGO, CA 92122-1008 Phone: (855) 543-0333 Fax: (858) 535-6422 After Hours Phone: (855) 543-0333 Provider Gender: Female License number: PT292806 NPI: 1720489503 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM	<b>WILLIAMS, STACY M</b> Provider ID: 259683 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: PT37862 NPI: 1689962169 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):

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## D. Directorio de proveedores de atención especializada

<p>IPA: Ucsd Medical Group</p> <p><b>WILLIAMS, STACY M</b>          Provider ID: 259684          Board Certified Specialty: No          UCSD MEDICAL GROUP          4520 EXECUTIVE DR STE 1          SAN DIEGO, CA 92121-3018          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800) 926-8273          Provider Gender: Female          License number: PT37862          NPI: 1689962169          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ucsd Medical Group</p> <p><b>YEE, RICHARD K</b>          Provider ID: 295982</p>	<p>Board Certified Specialty: No          IHP OF SOUTHERN CALIFORNIA          7510 CLAIREMONT MESA BLVD STE 103          SAN DIEGO, CA 92111-1539          Phone: (818) 894-2273          Fax: (818) 357-2505          After Hours Phone: (818) 894-2273          Provider Gender: Male          License number: PT292589          NPI: 1871949628          Provider English Spoken: Yes          Provider Language(s) Spoken: Arabic, Armenian, Spanish          Cultural Competency: No          Hospital Affiliation: Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL): No          ♿ Accessibility: Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p> <hr/> <p style="text-align: center;"><b>RHEUMATOLOGY</b></p> <hr/> <p><b>MIDDLETON, GREGORY D</b>          Provider ID: 64085          Board Certified Specialty: No</p>	<p>UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619) 543-6222          Provider Gender: Male          License number: C54037          NPI: 1104891290          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: No          Hospital Affiliation: Ucsd Medical Ctr          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL): No          ♿ Accessibility: W          Hours: M-F 9AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA:</p> <p><b>PAZIRANDEH, MAHMOOD</b>          Provider ID: 257534          Board Certified Specialty: Yes          BLUE SHIELD PROMISE          HEALTH PLAN DIRECT          3633 CAMINO DEL RIO S STE 300</p>
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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92108-4014  
 Phone: (619) 287-9730  
 Fax: (619) 287-4516  
 After Hours Phone: (619) 287-9730  
 Provider Gender: Male  
 License number: C52328  
 NPI: 1134109390  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Russian, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct

### REDDY, DANA A

Provider ID: 112705  
 Board Certified Specialty: No  
 DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619) 515-2560  
 Provider Gender: Female  
 License number: A115598  
 NPI: 1144538778  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:

Medical Group(s): Diamond Neighborhoods Family Hlth Ctrs Inc  
 IPA: Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

### SPEECH PATHOLOGIST

**DE VERA, JONATHAN M**  
 Provider ID: 118426  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8929 UNIVERSITY CENTER LN STE 200  
 SAN DIEGO, CA 92122-1008  
 Phone: (855) 543-0333  
 Fax:  
 After Hours Phone: (855) 543-0333  
 Provider Gender: Male  
 License number: SP18630  
 NPI: 1639470024  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Ucsd Medical Group

### DE VERA, JONATHAN M

Provider ID: 258345  
 Board Certified Specialty: No

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## D. Directorio de proveedores de atención especializada

<p>UCSD MEDICAL GROUP 8929 UNIVERSITY CENTER LN STE 200 SAN DIEGO, CA 92122-1008 Phone: (855) 543-0333 Fax: (858) 657-6873 After Hours Phone: (855) 543-0333 Provider Gender: Male License number: SP18630 NPI: 1639470024 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>DOCKTER, ANDI M</b> Provider ID: 248061 Board Certified Specialty: No UCSD MEDICAL GROUP 8899 UNIVERSITY CENTER LN</p>	<p>SAN DIEGO, CA 92122-1013 Phone: (858) 657-8590 Fax: After Hours Phone: (858) 657-8590 Provider Gender: Female License number: SP26061 NPI: 1073150801 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>DOCKTER, ANDI M</b> Provider ID: 248063 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (858) 974-9766 Fax: After Hours Phone: (858) 974-9766</p>	<p>Provider Gender: Female License number: SP26061 NPI: 1073150801 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>KOUKEYAN, KARIN H</b> Provider ID: 295797 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 7510 CLAIREMONT MESA BLVD STE 103 SAN DIEGO, CA 92111-1539 Phone: (877) 757-8353 Fax: (818) 357-2505 After Hours Phone: (877) 757-8353 Provider Gender: Female License number: SP10838 NPI: 1497210835</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic, Armenian, Sign Language, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 7AM-7PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California</p>	<p><i>Provider Language(s) Spoken:</i> Arabic, Armenian, Sign Language, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 7AM-7PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California</p>	<p>Arabic, Armenian, Sign Language, Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 7AM-7PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ihp Of Southern California</p>
<p><b>KOUKEYAN, KARIN H</b>  <i>Provider ID:</i> 295798  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  9655 GRANITE RIDGE DR STE 200  SAN DIEGO, CA 92123-2676  <i>Phone:</i> (877) 757-8353  <i>Fax:</i> (818) 357-2505  <i>After Hours Phone:</i> (877) 757-8353  <i>Provider Gender:</i> Female  <i>License number:</i> SP10838  <i>NPI:</i> 1497210835  <i>Provider English Spoken:</i> Yes</p>	<p><b>KOUKEYAN, KARIN H</b>  <i>Provider ID:</i> 295799  <i>Board Certified Specialty:</i> No  IHP OF SOUTHERN CALIFORNIA  11440 W BERNARDO CT STE 300  SAN DIEGO, CA 92127-1644  <i>Phone:</i> (877) 757-8353  <i>Fax:</i> (818) 357-2505  <i>After Hours Phone:</i> (877) 757-8353  <i>Provider Gender:</i> Female  <i>License number:</i> SP10838  <i>NPI:</i> 1497210835  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>NEESE, SUSAN Y</b>  <i>Provider ID:</i> 258441  <i>Board Certified Specialty:</i> No  UCSD MEDICAL GROUP  8929 UNIVERSITY CENTER LN STE 200  SAN DIEGO, CA 92122-1008  <i>Phone:</i> (855) 543-0333  <i>Fax:</i> (858) 657-6873  <i>After Hours Phone:</i> (855) 543-0333  <i>Provider Gender:</i> Female  <i>License number:</i> SP15489  <i>NPI:</i> 1710422134  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Ucsd La</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>SANTIMAW, LAUREN C</b> Provider ID: 116483 Board Certified Specialty: No UCSD MEDICAL GROUP 8929 UNIVERSITY CENTER LN STE 200 SAN DIEGO, CA 92122-1008 Phone: (855) 543-0333 Fax: After Hours Phone: (855) 543-0333 Provider Gender: Female License number: SP22677 NPI: 1568705028 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr	<b>SANTIMAW, LAUREN C</b> Provider ID: 258517 Board Certified Specialty: No UCSD MEDICAL GROUP 8929 UNIVERSITY CENTER LN STE 200 SAN DIEGO, CA 92122-1008 Phone: (855) 543-0333 Fax: (858) 657-6873 After Hours Phone: (855) 543-0333 Provider Gender: Female License number: SP22677 NPI: 1568705028 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL):	<b>SCHAEFER, LINDSEY A</b> Provider ID: 258506 Board Certified Specialty: No UCSD MEDICAL GROUP 8929 UNIVERSITY CENTER LN STE 200 SAN DIEGO, CA 92122-1008 Phone: (855) 543-0333 Fax: (858) 657-6873 After Hours Phone: (855) 543-0333 Provider Gender: Female License number: SP17349 NPI: 1598200719 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): ♿ Accessibility:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>	<p>IPA: Ucsd Medical Group</p> <p><b>STEWART, CAMILLE F</b> Provider ID: 295778 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 7510 CLAIREMONT MESA BLVD STE 103 SAN DIEGO, CA 92111-1539 Phone: (877) 757-8353 Fax: (818) 357-2505 After Hours Phone: (877) 757-8353 Provider Gender: Female License number: SP19838 NPI: 1346564622 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic, Armenian, Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 8929 UNIVERSITY CENTER LN STE 200 SAN DIEGO, CA 92122-1008 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: SP20362 NPI: 1972936813 Provider English Spoken: Yes Provider Language(s) Spoken: Sign Language Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p>
<p><b>SCHIEDERMAYER, BENJAMIN F</b> Provider ID: 288937 Board Certified Specialty: No UCSD MEDICAL GROUP 8899 UNIVERSITY CENTER LN SAN DIEGO, CA 92122-1013 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: SP33061 NPI: 1164979837 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p><b>UNGER, LINDSEY A</b> Provider ID: 207202</p>	<p><b>SURGERY CARDIOVASCULAR</b></p> <p><b>COLETTA, JOELLE M</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 206002            Board Certified Specialty: No  <b>RADY CHILDRENS HEALTH NETWORK</b>            3030 CHILDRENS WAY STE 202            SAN DIEGO, CA 92123-4227            Phone: (858) 966-8030            Fax:            After Hours Phone: (858) 966-8030            Provider Gender: Female            License number: A55001            NPI: 1447222377            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps Green Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network, Ucsd Medical Group</p>	<p><b>COLETTA, JOELLE M</b>            Provider ID: 210527            Board Certified Specialty: No  <b>UCSD MEDICAL GROUP</b>            200 W ARBOR DR            SAN DIEGO, CA 92103-1911            Phone: (619) 543-7777            Fax:            After Hours Phone: (619) 543-7777            Provider Gender: Female            License number: A55001            NPI: 1447222377            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps Green Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health</p>	<p>Network, Ucsd Medical Group  <b>FOX, KENNETH A</b>            Provider ID: 257841            Board Certified Specialty: No  <b>RADY CHILDRENS HEALTH NETWORK</b>            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223            Phone: (858) 966-8030            Fax:            After Hours Phone: (858) 966-8030            Provider Gender: Male            License number: G154681            NPI: 1235153552            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network  <b>GOLTS, EUGENE M</b>            Provider ID: 210076</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-7777  
*Fax:*  
*After Hours Phone:* (619)  
 543-7777  
*Provider Gender:* Male  
*License number:* A82530  
*NPI:* 1316000649  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Ukrainian  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Tri  
 City Medical Ctr, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

**MADANI, MICHAEL M**  
*Provider ID:* 210285  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3759  
*Fax:* (619) 543-2652  
*After Hours Phone:* (619)  
 543-3759  
*Provider Gender:* Male  
*License number:* A67201  
*NPI:* 1518999069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Tri  
 City Medical Ctr, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

Network, Ucsd Medical Group  
**NIGRO, JOHN J**  
*Provider ID:* 114832  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:*  
*After Hours Phone:* (858)  
 966-5841  
*Provider Gender:* Male  
*License number:* G80887  
*NPI:* 1881707818  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><b>PERRICONE, ANTHONY</b>  <i>Provider ID:</i> 205580  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY STE 202            SAN DIEGO, CA 92123-4227  <i>Phone:</i> (858) 966-8030  <i>Fax:</i> (858) 966-8032  <i>After Hours Phone:</i> (858) 966-8030  <i>Provider Gender:</i> Male  <i>License number:</i> G65464  <i>NPI:</i> 1104842129  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Scripps Memorial Hospital Encinitas  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><i>IPA:</i> Rady Childrens Health Network  <b>PRETORIUS, GERT D</b>  <i>Provider ID:</i> 210570  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6886  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-6886  <i>Provider Gender:</i> Male  <i>License number:</i> A113774  <i>NPI:</i> 1629385836  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Afrikaans  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i></p>	<p><i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network, Ucsd Medical Group  <b>PRETORIUS, GERT D</b>  <i>Provider ID:</i> 217681  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY STE 202            SAN DIEGO, CA 92123-4227  <i>Phone:</i> (858) 966-8030  <i>Fax:</i> (858) 966-8032  <i>After Hours Phone:</i> (858) 966-8030  <i>Provider Gender:</i> Male  <i>License number:</i> A113774  <i>NPI:</i> 1629385836  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Afrikaans  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i></p>
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## D. Directorio de proveedores de atención especializada

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **THISTLETHWAITE, PATRICIA A**

*Provider ID:* 206159  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY STE 202  
 SAN DIEGO, CA 92123-4227  
*Phone:* (858) 966-8030  
*Fax:* (858) 966-8032  
*After Hours Phone:* (858) 966-8030  
*Provider Gender:* Female  
*License number:* G84093  
*NPI:* 1831121789  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **SURGERY COLON SURGERY**

**EISENSTEIN, SAMUEL G**  
*Provider ID:* 286363  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4303 LA JOLLA VILLAGE DR  
 STE 2110  
 SAN DIEGO, CA 92122-1396  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A132251  
*NPI:* 1194983932  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**EISENSTEIN, SAMUEL G**  
*Provider ID:* 286364  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A132251  
*NPI:* 1194983932  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**EISENSTEIN, SAMUEL G**  
*Provider ID:* 286384  
*Board Certified Specialty:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

UCSD MEDICAL GROUP  
4520 EXECUTIVE DR  
SAN DIEGO, CA 92121-3018  
Phone: (858) 657-7237

Fax:

After Hours Phone: (858)  
657-7237

Provider Gender: Male

License number: A132251

NPI: 1194983932

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **ISHO, MATHEW S , MD**

Provider ID: 245185

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4060 4TH AVE STE 510

SAN DIEGO, CA 92103-2121

Phone: (619) 686-4011

Fax: (619) 686-4041

After Hours Phone: (619)  
686-4011

Provider Gender: Male

License number: A93470

NPI: 1841235645

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Syriac

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Sharp

Coronado Hosp And Healthcare

Ctr, Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 18/100

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **LIU, SHANGLEI**

Provider ID: 273363

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A128073

NPI: 1043558653

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton,

University Hsp Of San Diego Co

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LOPEZ, NICOLE E**

Provider ID: 117760

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (619) 543-6886

Fax:

After Hours Phone: (619)  
543-6886

Provider Gender: Female

License number: A107945

NPI: 1518163005

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LOPEZ, NICOLE E**

Provider ID: 286366

Board Certified Specialty: No

UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE DR

STE 2110

SAN DIEGO, CA 92122-1396

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: A107945

NPI: 1518163005

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LOPEZ, NICOLE E**

Provider ID: 286387

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6886

Fax:

After Hours Phone: (619)  
543-6886

Provider Gender: Female

License number: A107945

NPI: 1518163005

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PARRY, LISA A**

Provider ID: 278553

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

---

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A131297  
NPI: 1235369067  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **PARRY, LISA A**

Provider ID: 286341  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4303 LA JOLLA VILLAGE DR  
STE 2110  
SAN DIEGO, CA 92122-1396

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A131297  
NPI: 1235369067  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **RAMAMOORTHY, SONIA L**

Provider ID: 286370  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
4303 LA JOLLA VILLAGE DR  
STE 2110  
SAN DIEGO, CA 92122-1396

Phone: (800) 926-8273  
Fax: (888) 529-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A65709  
NPI: 1801812656  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

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### **SURGERY CRITICAL CARE**

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### **ADAMS, LAURA M**

Provider ID: 284407  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A169184  
NPI: 1144616541  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HIGGINSON, SARA M**

Provider ID: 243002  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A123464  
NPI: 1578852471  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **KOBAYASHI, LESLIE M**

Provider ID: 64011  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: A90700  
NPI: 1255501474  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **LEE, JEANNE G**

Provider ID: 64031  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider Gender: Female  License number: A96295  NPI: 1649334657  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-F 9AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA:</p>	<p>Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>Sally Thornton  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-F 9AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>
<p><b>POTENZA, BRUCE M</b>  Provider ID: 277298  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 543-7200  Fax:  After Hours Phone: (619)  543-7200  Provider Gender: Male  License number: G77333  NPI: 1548281496  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p><b>POTENZA, BRUCE M</b>  Provider ID: 64144  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (619) 543-6222  Fax:  After Hours Phone: (619)  543-6222  Provider Gender: Male  License number: G77333  NPI: 1548281496  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John</p>	<p><b>TADLOCK, MATTHEW D</b>  Provider ID: 272848  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Male  License number: C54740  NPI: 1881666956  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Desert  Regional Med Ctr, John F  Kennedy Memorial Hosp  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999</p>

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## D. Directorio de proveedores de atención especializada

American Sign Language (ASL): Hours: M-F 8AM-5PM, SA  
No 9AM-5PM

Accessibility: Website:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website: Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **VENTRO, GEORGE J**

Provider ID: 284418  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A169299  
NPI: 1548604648  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility: Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:

Website: Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **WEAVER, JESSICA L**

Provider ID: 243239  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A163176  
NPI: 1396044657  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility: Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SURGERY GENERAL**

### **VASCULAR**

### **AL-NOURI, OMAR**

Provider ID: 275349  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR STE 215  
SAN DIEGO, CA 92121-3023  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: 20A16931  
NPI: 1770742264  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility: Hours: M-F 8AM-5PM, SA  
9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>BANDYK, DENNIS F</b> Provider ID: 275342 Board Certified Specialty: No UCSD MEDICAL GROUP 4510 EXECUTIVE DR STE 215 SAN DIEGO, CA 92121-3023 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: G89003 NPI: 1649282039 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p>IPA: Ucsd Medical Group</p> <p><b>BARLEBEN, ANDREW R</b> Provider ID: 275372 Board Certified Specialty: No UCSD MEDICAL GROUP 4510 EXECUTIVE DR STE 215 SAN DIEGO, CA 92121-3023 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A99417 NPI: 1497936900 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>CAJAS-MONSON, LUIS C</b> Provider ID: 273147</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A124195 NPI: 1972821411 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>CAJAS-MONSON, LUIS C</b> Provider ID: 273148 Board Certified Specialty: No UCSD MEDICAL GROUP</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A124195  
 NPI: 1972821411  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Grossmont Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hospital Dept Of Radiology, Sharp Grossmont Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### CAJAS-MONSON, LUIS C

Provider ID: 275263  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 215  
 SAN DIEGO, CA 92121-3023  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A124195  
 NPI: 1972821411  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Grossmont Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hospital Dept Of Radiology, Sharp Grossmont Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Ucsd Medical Group  
**SALLOUM, ALEXANDER C , MD**  
 Provider ID: 268765  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6402 EL CAJON BLVD STE 100  
 SAN DIEGO, CA 92115-2645  
 Phone: (619) 582-4490  
 Fax: (619) 582-4737  
 After Hours Phone: (619) 582-4490  
 Provider Gender: Male  
 License number: A89300  
 NPI: 1124176151  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital, Palomar Medical Center, Palomar Health  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medical Group(s):

IPA: Community Care Ipa Llc

### **SURGERY GENERAL**

#### **AL-NOURI, OMAR**

Provider ID: 211903

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: 20A16931

NPI: 1770742264

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### **ALVORD, PAUL B**

Provider ID: 63778

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: A66670

NPI: 1447443809

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

#### **ALVORD, PAUL B**

Provider ID: 66166

Board Certified Specialty: Yes

PACIFIC COAST SURGICAL

GROUP

4033 3RD AVE STE 204

SAN DIEGO, CA 92103-2130

Phone: (619) 295-8677

Fax:

After Hours Phone: (619)

295-8677

Provider Gender: Male

License number: A66670

NPI: 1447443809

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

#### **ARMANI, AVA**

Provider ID: 282141

Board Certified Specialty: No

UCSD MEDICAL GROUP

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## D. Directorio de proveedores de atención especializada

200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (858) 822-6100 Fax: After Hours Phone: (858) 822-6100 Provider Gender: Female License number: A118231 NPI: 1861759383 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	MEDICAL GROUP-SD 6699 ALVARADO RD STE 2309 SAN DIEGO, CA 92120-5241 Phone: (619) 286-8803 Fax: (619) 286-2344 After Hours Phone: (619) 286-8803 Provider Gender: Male License number: 20A13344 NPI: 1700121472 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: No Hospital Affiliation: Alvarado Hospital Llc, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Imperial Health Holdings Medical Group-Sd	Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: G89003 NPI: 1649282039 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>AVULOV, VADIM</b> Provider ID: 125019 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS	<b>BANDYK, DENNIS F</b> Provider ID: 63794	<b>BARNES, RYAN M</b> Provider ID: 129062 Board Certified Specialty: No COMMUNITY CARE IPA LLC 7910 FROST ST STE 250

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-2752  
 Phone: (858) 565-0104  
 Fax: (858) 565-0194  
 After Hours Phone: (858) 565-0104  
 Provider Gender: Male  
 License number: 20A12870  
 NPI: 1831493501  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Palomar Health  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BARNES, RYAN M**

Provider ID: 83877  
 Board Certified Specialty: No  
 SAN DIEGO GEN AND VASCULAR SURGEONS MED GRP INC  
 7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752  
 Phone: (858) 565-0104  
 Fax:  
 After Hours Phone: (858) 565-0104  
 Provider Gender: Male  
 License number: 20A12870  
 NPI: 1831493501  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Pomerado Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BARONE, ROBERT M**

Provider ID: 287822  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 7695 CARDINAL CT STE 390  
 SAN DIEGO, CA 92123-3356

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G22669  
 NPI: 1528083573  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BENCH, GARY R**

Provider ID: 269682  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

7910 FROST ST STE 250  
 SAN DIEGO, CA 92123-2752  
 Phone: (858) 565-0104  
 Fax: (858) 565-0194  
 After Hours Phone: (858) 565-0104  
 Provider Gender: Male  
 License number: A35873  
 NPI: 1225007974  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BENCH, SHAWN R , MD**

Provider ID: 129060  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 7910 FROST ST STE 250  
 SAN DIEGO, CA 92123-2752

Phone: (858) 565-0104  
 Fax: (858) 565-0194  
 After Hours Phone: (858) 565-0104  
 Provider Gender: Male  
 License number: A108975  
 NPI: 1669700753  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Kern Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-TH 9AM-5PM, F 9AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BERNDTSON, ALLISON E**

Provider ID: 110505  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: A105854  
 NPI: 1457518219  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BERUMEN, JENNIFER A**

Provider ID: 113474  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 7  
 SAN DIEGO, CA 92121-3021

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 657-7729            Fax:            After Hours Phone: (858) 657-7729            Provider Gender: Female            License number: A106782            NPI: 1558566372            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>BERUMEN, JENNIFER A</b>            Provider ID: 260052            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            8001 FROST ST</p>	<p>SAN DIEGO, CA 92123-2746            Phone: (858) 966-5811            Fax: (858) 966-8035            After Hours Phone: (858) 966-5811            Provider Gender: Female            License number: A106782            NPI: 1558566372            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland            Medi-Cal Open Panel: Yes            Min/Max Age: 0/99            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>BERUMEN, JENNIFER A</b>            Provider ID: 86651            Board Certified Specialty: No            RADY CHILDRENS</p>	<p>SPECIALISTS SAN DIEGO MED FNDDTN            8001 FROST ST            SAN DIEGO, CA 92123-2746            Phone: (858) 966-5855            Fax: (858) 966-5815            After Hours Phone: (858) 966-5855            Provider Gender: Female            License number: A106782            NPI: 1558566372            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p> <p><b>BRODERICK, RYAN C</b>            Provider ID: 128612</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR STE 111 SAN DIEGO, CA 92121-3019 Phone: (858) 657-8860 Fax: After Hours Phone: (858) 657-8860 Provider Gender: Male License number: A124721 NPI: 1619252418 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>BRODERICK, RYAN C</b> Provider ID: 201617 Board Certified Specialty: Yes UCSD MEDICAL GROUP 4520 EXECUTIVE DR STE 111 SAN DIEGO, CA 92121-3019</p>	<p>Phone: (858) 657-8860 Fax: After Hours Phone: (858) 657-8860 Provider Gender: Male License number: A124721 NPI: 1619252418 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>BRODERICK, RYAN C</b> Provider ID: 247073 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911</p>	<p>Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A124721 NPI: 1619252418 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>BRODERICK, RYAN C</b> Provider ID: 286342 Board Certified Specialty: No UCSD MEDICAL GROUP 4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122-1396</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A124721  
 NPI: 1619252418  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BRUBAKER, ALEAH**

Provider ID: 285272  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 7  
 SAN DIEGO, CA 92121-3021

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A137609  
 NPI: 1790104305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Stanford Health Care, Lucile Salter Packard Childrens Hosp, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **BRUBAKER, ALEAH**

Provider ID: 289164  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746

Phone: (858) 966-8354  
 Fax: (858) 966-5815  
 After Hours Phone: (858) 966-8354  
 Provider Gender: Female  
 License number: A137609  
 NPI: 1790104305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Stanford Health Care, Lucile Salter Packard Childrens Hosp, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **COIMBRA, RAUL S**

Provider ID: 63858  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6222	License number: G66321	Cultural Competency: No
Fax:	NPI: 1477513810	Hospital Affiliation: Ucsd
After Hours Phone: (619) 543-6222	Provider English Spoken: Yes	Medical Ctr
Provider Gender: Male	Provider Language(s) Spoken:	Medi-Cal Open Panel: No
License number: A74573	Cultural Competency: No	Min/Max Age: None
NPI: 1356372791	Hospital Affiliation: Ucsd	American Sign Language (ASL):
Provider English Spoken: Yes	Medical Ctr, Ucsd La Jolla John	No
Provider Language(s) Spoken:	Sally Thornton	♿ Accessibility: W
Portuguese, Spanish	Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM
Cultural Competency: No	Min/Max Age: None	Website:
Hospital Affiliation:	American Sign Language (ASL):	Email:
Medi-Cal Open Panel: No	No	Medical Group(s):
Min/Max Age: None	♿ Accessibility: W	IPA:
American Sign Language (ASL):	Hours: M-SA 9AM-5PM	
No	Website:	<b>DIERKSHEIDE, JULIE E</b>
♿ Accessibility: W	Email:	Provider ID: 101276
Hours: M-SA 9AM-5PM	Medical Group(s):	Board Certified Specialty: No
Website:	IPA:	UCSD MEDICAL GROUP
Email:		200 W ARBOR DR
Medical Group(s):	<b>COSTANTINI, TODD W</b>	SAN DIEGO, CA 92103-1911
IPA:	Provider ID: 63865	Phone: (619) 543-6222
	Board Certified Specialty: No	Fax:
<b>COSMAN, BARD C</b>	UCSD MEDICAL GROUP	After Hours Phone: (619)
Provider ID: 65153	200 W ARBOR DR	543-6222
Board Certified Specialty: No	SAN DIEGO, CA 92103-1911	Provider Gender: Female
UCSD MEDICAL GROUP	Phone: (619) 543-6222	License number: A128857
4168 FRONT ST FL 3	Fax:	NPI: 1346465168
SAN DIEGO, CA 92103-2030	After Hours Phone: (619)	Provider English Spoken: Yes
Phone: (619) 543-3995	543-6222	Provider Language(s) Spoken:
Fax:	Provider Gender: Male	Cultural Competency: No
After Hours Phone: (619)	License number: A95420	Hospital Affiliation: Kern
543-3995	NPI: 1396900064	Medical Center, Glendale
Provider Gender: Male	Provider English Spoken: Yes	Memorial Hosp And Health Ctr,
	Provider Language(s) Spoken:	Ucsd Medical Ctr, Long Beach

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## D. Directorio de proveedores de atención especializada

Memorial Med Ctr, Earl And Lorraine Miller Childrens Hsp, Ucsd La Jolla John Sally Thornton, Desert Regional Med Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group	Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:	Hosp And Resrch Ctr At Oakland Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>DOUCET, JAY J</b> Provider ID: 63882 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: A69243 NPI: 1205993813 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation:	<b>FAIRBANKS, TIMOTHY J</b> Provider ID: 260842 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123-4232 Phone: (858) 966-7711 Fax: (858) 966-7712 After Hours Phone: (858) 966-7711 Provider Gender: Male License number: A80244 NPI: 1407010556 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital, Childrens	<b>GANTA, SRUJAN</b> Provider ID: 256383 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5855 Fax: After Hours Phone: (858) 966-5855 Provider Gender: Male License number: A166273 NPI: 1265071005 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes  Min/Max Age: 0/18  American Sign Language (ASL):  No  🔊 Accessibility:  Hours: SA,SU 12AM-11:59PM,  M-F 8AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network, Ucsd Medical Group</p>	<p>American Sign Language (ASL):  No  🔊 Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p>	<p>American Sign Language (ASL):  No  🔊 Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Rady Childrens Health  Network</p>
<p><b>GENZ, MICHAEL H</b>  Provider ID: 285779  Board Certified Specialty: No  UCSD MEDICAL GROUP  4520 EXECUTIVE DR  SAN DIEGO, CA 92121-3018  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Male  License number: A172108  NPI: 1457715609  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd La  Jolla John Sally Thornton, Ucsd  Medical Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999</p>	<p><b>GIESEMANN, LESLIE A</b>  Provider ID: 215127  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  3030 CHILDRENS WAY  SAN DIEGO, CA 92123-4232  Phone: (858) 966-7711  Fax: (858) 966-7712  After Hours Phone: (858)  966-7711  Provider Gender: Female  License number: A62713  NPI: 1710901590  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Desert  Regional Med Ctr, Alvarado  Hospital Llc, Paradise Valley  Hospital, Rady Childrens  Hospital San Diego  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18</p>	<p><b>GIESEMANN, LESLIE A</b>  Provider ID: 215128  Board Certified Specialty: No  RADY CHILDRENS HEALTH  NETWORK  8110 BIRMINGHAM WAY FL 2  SAN DIEGO, CA 92123-2758  Phone: (858) 966-7711  Fax: (858) 966-7712  After Hours Phone: (858)  966-7711  Provider Gender: Female  License number: A62713  NPI: 1710901590  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Desert  Regional Med Ctr, Alvarado  Hospital Llc, Paradise Valley  Hospital, Rady Childrens  Hospital San Diego  Medi-Cal Open Panel: Yes  Min/Max Age: 0/18</p>

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## D. Directorio de proveedores de atención especializada

<p>American Sign Language (ASL): No</p> <p>🔊 Accessibility: Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Website:</p> <p>Email:</p> <p>Medical Group(s): IPA:</p> <p><b>GOLTS, EUGENE M</b></p> <p>Provider ID: 63922</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR</p> <p>SAN DIEGO, CA 92103-1911</p> <p>Phone: (619) 543-6222</p> <p>Fax:</p> <p>After Hours Phone: (619) 543-6222</p> <p>Provider Gender: Male</p> <p>License number: A82530</p> <p>NPI: 1316000649</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Ukrainian</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>🔊 Accessibility: W</p> <p>Hours: M-F 9AM-5PM, SA</p>	<p>9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group</p> <p><b>HALLDORSON, JEFFREY B</b></p> <p>Provider ID: 120709</p> <p>Board Certified Specialty: No</p> <p>BALBOA NEPHROLOGY MED GRP INC</p> <p>8010 FROST ST STE 510</p> <p>SAN DIEGO, CA 92123-4284</p> <p>Phone: (858) 637-4700</p> <p>Fax:</p> <p>After Hours Phone: (858) 637-4700</p> <p>Provider Gender: Male</p> <p>License number: G86089</p> <p>NPI: 1558446351</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>🔊 Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p>
<p><b>GODAT, LAURA N</b></p> <p>Provider ID: 110346</p> <p>Board Certified Specialty: Yes</p> <p>UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR</p> <p>SAN DIEGO, CA 92103-1911</p> <p>Phone: (619) 543-6222</p> <p>Fax: (619) 543-6832</p> <p>After Hours Phone: (619) 543-6222</p> <p>Provider Gender: Female</p> <p>License number: A120673</p> <p>NPI: 1548440100</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>🔊 Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p>	<p><b>GOLTS, EUGENE M</b></p> <p>Provider ID: 63922</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR</p> <p>SAN DIEGO, CA 92103-1911</p> <p>Phone: (619) 543-6222</p> <p>Fax:</p> <p>After Hours Phone: (619) 543-6222</p> <p>Provider Gender: Male</p> <p>License number: A82530</p> <p>NPI: 1316000649</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Ukrainian</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>🔊 Accessibility: W</p> <p>Hours: M-F 9AM-5PM, SA</p>	<p><b>HALLDORSON, JEFFREY B</b></p> <p>Provider ID: 120709</p> <p>Board Certified Specialty: No</p> <p>BALBOA NEPHROLOGY MED GRP INC</p> <p>8010 FROST ST STE 510</p> <p>SAN DIEGO, CA 92123-4284</p> <p>Phone: (858) 637-4700</p> <p>Fax:</p> <p>After Hours Phone: (858) 637-4700</p> <p>Provider Gender: Male</p> <p>License number: G86089</p> <p>NPI: 1558446351</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>🔊 Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Website: www.balboacare.com          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Imperial Health Holdings          Medical Group-Sd</p>	<p>Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc,          Imperial Health Holdings          Medical Group-Sd</p>	<p>Medical Group(s):          IPA: Community Care Ipa Llc</p>
<p><b>HALLDORSON, JEFFREY B , MD</b>          Provider ID: 270147          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          8010 FROST ST STE 510          SAN DIEGO, CA 92123-4284          Phone: (858) 637-4800          Fax: (858) 637-4801          After Hours Phone: (858)          637-4800          Provider Gender: Male          License number: G86089          NPI: 1558446351          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish, Tagalog          Cultural Competency: No          Hospital Affiliation: Sharp          Coronado Hosp And Healthcare          Ctr, Sharp Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 9AM-5PM, SA          9AM-5PM</p>	<p><b>HART, MARQUIS E</b>          Provider ID: 279694          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          8010 FROST ST STE 510          SAN DIEGO, CA 92123-4284          Phone: (858) 637-4800          Fax: (858) 637-4801          After Hours Phone: (858)          637-4800          Provider Gender: Male          License number: A42694          NPI: 1356401442          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Sharp          Memorial Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: 18/120          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:</p>	<p><b>HORGAN, SANTIAGO</b>          Provider ID: 286367          Board Certified Specialty: No          UCSD MEDICAL GROUP          4303 LA JOLLA VILLAGE DR          STE 2110          SAN DIEGO, CA 92122-1396          Phone: (800) 926-8273          Fax: (888) 539-8781          After Hours Phone: (800)          926-8273          Provider Gender: Male          License number: F11          NPI: 1932297231          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Ucsd La Jolla John          Sally Thornton          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Ucsd Medical Group

### **HORGAN, SANTIAGO**

Provider ID: 286379

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 471-0700

Fax:

After Hours Phone: (619)

471-0700

Provider Gender: Male

License number: F11

NPI: 1932297231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HORGAN, SANTIAGO**

Provider ID: 63962

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 471-0701

Fax: (619) 543-3763

After Hours Phone: (619)

471-0701

Provider Gender: Male

License number: F11

NPI: 1932297231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **IGNACIO, ROMEO C**

Provider ID: 217053

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

8110 BIRMINGHAM WAY FL 2

SAN DIEGO, CA 92123-2758

Phone: (858) 966-7711

Fax:

After Hours Phone: (858)

966-7711

Provider Gender: Male

License number: A110729

NPI: 1538147145

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **JACOBSEN, GARTH R**

Provider ID: 128247

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 111

SAN DIEGO, CA 92121-3019

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Phone: (858) 657-8860	Provider Gender: Male	NPI: 1265649966
Fax:	License number: A99668	Provider English Spoken: Yes
After Hours Phone: (858) 657-8860	NPI: 1265649966	Provider Language(s) Spoken:
Provider Gender: Male	Provider English Spoken: Yes	Cultural Competency: No
License number: A99668	Provider Language(s) Spoken:	Hospital Affiliation: Ucsd
NPI: 1265649966	Cultural Competency: No	Medical Ctr, Ucsd La Jolla John
Provider English Spoken: Yes	Hospital Affiliation: Ucsd	Sally Thornton
Provider Language(s) Spoken:	Medical Ctr, Ucsd La Jolla John	Medi-Cal Open Panel: Yes
Cultural Competency: No	Sally Thornton	Min/Max Age: 0/999
Hospital Affiliation: Ucsd	Medi-Cal Open Panel: Yes	American Sign Language (ASL):
Medical Ctr, Ucsd La Jolla John	Min/Max Age: 0/999	No
Sally Thornton	American Sign Language (ASL):	⚡ Accessibility:
Medi-Cal Open Panel: No	No	Hours: M-F 8AM-5PM, SA
Min/Max Age: None	⚡ Accessibility:	9AM-5PM
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Website:
No	9AM-5PM	Email:
⚡ Accessibility:	Website:	Medical Group(s):
Hours: M-SA 9AM-5PM	Email:	IPA: Ucsd Medical Group
Website:	Medical Group(s):	
Email:	IPA: Ucsd Medical Group	<b>JACOBSEN, GARTH R</b>
Medical Group(s):	<b>JACOBSEN, GARTH R</b>	Provider ID: 286356
IPA: Ucsd Medical Group	Provider ID: 286355	Board Certified Specialty: No
<b>JACOBSEN, GARTH R</b>	Board Certified Specialty: No	UCSD MEDICAL GROUP
Provider ID: 201729	UCSD MEDICAL GROUP	200 W ARBOR DR
Board Certified Specialty: No	4303 LA JOLLA VILLAGE DR	SAN DIEGO, CA 92103-1911
UCSD MEDICAL GROUP	STE 2110	Phone: (800) 926-8273
4520 EXECUTIVE DR STE 111	SAN DIEGO, CA 92122-1396	Fax: (888) 539-8781
SAN DIEGO, CA 92121-3019	Phone: (800) 926-8273	After Hours Phone: (800)
Phone: (858) 657-8860	Fax: (888) 539-8781	926-8273
Fax:	After Hours Phone: (800)	Provider Gender: Male
After Hours Phone: (858)	926-8273	License number: A99668
657-8860	Provider Gender: Male	NPI: 1265649966
	License number: A99668	Provider English Spoken: Yes
		Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Cultural Competency:</i> No	Memorial Hospital	<i>Medi-Cal Open Panel:</i> No
<i>Hospital Affiliation:</i> Ucsd	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> None
Medical Ctr, Ucsd La Jolla John Sally Thornton	<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No	☯ <i>Accessibility:</i> W
<i>Min/Max Age:</i> 0/999	☯ <i>Accessibility:</i>	<i>Hours:</i> M-SA 9AM-5PM
<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Website:</i>
☯ <i>Accessibility:</i>	<i>Website:</i>	<i>Email:</i>
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Website:</i>	<i>Medical Group(s):</i>	<i>IPA:</i>
<i>Email:</i>	<i>IPA:</i> Community Care Ipa Llc	<b>LAZAR, DAVID A</b>
<i>Medical Group(s):</i>	<b>LANGENBERG, BRET J</b>	<i>Provider ID:</i> 108403
<i>IPA:</i> Ucsd Medical Group	<i>Provider ID:</i> 43656	<i>Board Certified Specialty:</i> No
<b>KOSOY, DANIEL H , MD</b>	<i>Board Certified Specialty:</i> No	RADY CHILDRENS
<i>Provider ID:</i> 82513	PACIFIC COAST SURGICAL GROUP	SPECIALISTS SAN DIEGO MED FNDTN
<i>Board Certified Specialty:</i> No	4033 3RD AVE STE 204	8110 BIRMINGHAM WAY
COMMUNITY CARE IPA LLC	SAN DIEGO, CA 92103-2130	SAN DIEGO, CA 92123-2758
8010 FROST ST STE 510	<i>Phone:</i> (619) 295-8677	<i>Phone:</i> (858) 966-8550
SAN DIEGO, CA 92123-4284	<i>Fax:</i> (619) 295-7935	<i>Fax:</i>
<i>Phone:</i> (858) 499-1900	<i>After Hours Phone:</i> (619) 295-8677	<i>After Hours Phone:</i> (858) 966-8550
<i>Fax:</i> (858) 637-4801	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male
<i>After Hours Phone:</i> (858) 499-1900	<i>License number:</i> 20A9381	<i>License number:</i> A105968
<i>Provider Gender:</i> Male	<i>NPI:</i> 1720014038	<i>NPI:</i> 1538365002
<i>License number:</i> A60375	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1770627259	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Provider Language(s) Spoken:</i> French, Spanish	<i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp	<i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego
<i>Cultural Competency:</i> No	Coronado Hosp And Healthcare Ctr	<i>Medi-Cal Open Panel:</i> No
<i>Hospital Affiliation:</i> Sharp		<i>Min/Max Age:</i> None
		<i>American Sign Language (ASL):</i>

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## D. Directorio de proveedores de atención especializada

<p>No          ♿ Accessibility: W          Hours: M-F 8AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>	<p>American Sign Language (ASL):          No          ♿ Accessibility: W          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network, Ucsd Medical Group</p>	<p>Hours: M-F 9AM-5PM, SA          9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Rady Childrens Health          Network</p>
<p><b>MADANI, MICHAEL M</b>          Provider ID: 64053          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619)          543-6222          Provider Gender: Male          License number: A67201          NPI: 1518999069          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Rady          Childrens Hospital San Diego,          Sharp Memorial Hospital, Tri          City Medical Ctr, Ucsd Medical          Ctr, Ucsd La Jolla John Sally          Thornton          Medi-Cal Open Panel: No          Min/Max Age: None</p>	<p><b>MEKEEL, KRISTIN L</b>          Provider ID: 64078          Board Certified Specialty: No          UCSD MEDICAL GROUP          200 W ARBOR DR          SAN DIEGO, CA 92103-1911          Phone: (619) 543-6222          Fax:          After Hours Phone: (619)          543-6222          Provider Gender: Female          License number: C54096          NPI: 1104861947          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Rady Childrens          Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W</p>	<p><b>MEKEEL, KRISTIN L</b>          Provider ID: 80609          Board Certified Specialty: No          RADY CHILDRENS          SPECIALISTS SAN DIEGO MED          FNDRN          8001 FROST ST          SAN DIEGO, CA 92123-2746          Phone: (858) 966-5855          Fax:          After Hours Phone: (858)          966-5855          Provider Gender: Female          License number: C54096          NPI: 1104861947          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation: Ucsd          Medical Ctr, Rady Childrens          Hospital San Diego          Medi-Cal Open Panel: No          Min/Max Age: None          American Sign Language (ASL):          No          ♿ Accessibility: W</p>

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## D. Directorio de proveedores de atención especializada

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **MUELLER, GEORGE A**

Provider ID: 54298

Board Certified Specialty: No  
SAN DIEGO GEN AND  
VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752

Phone: (858) 565-0104

Fax:

After Hours Phone: (858)  
565-0104

Provider Gender: Male

License number: A41127

NPI: 1629179684

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish, Vietnamese

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **MUELLER, GEORGE A, MD**

Provider ID: 54298

Board Certified Specialty: No  
SAN DIEGO GEN AND  
VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752

Phone: (858) 565-0104

Fax: (858) 565-0097

After Hours Phone: (858)  
565-0104

Provider Gender: Male

License number: A41127

NPI: 1629179684

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Vietnamese

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **NGUYEN, TRI T**

Provider ID: 257595

Board Certified Specialty: No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111-5800

Phone: (858) 277-5463

Fax: (858) 279-8296

After Hours Phone: (858)  
277-5463

Provider Gender: Male

License number: G79496

NPI: 1962598425

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Sharp

Memorial Hospital, Sharp Chula

Vista Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M 1PM-6PM, TU-TH

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## D. Directorio de proveedores de atención especializada

9AM-5PM, F 8:30AM-6PM, SA  
8:30AM-3PM

Website:

Email:

Medical Group(s):

IPA: Blue Shield Promise Health  
Plan Direct, Community Care  
Ipa Llc, Imperial Health  
Holdings Medical Group-Sd

### **OWENS, ERIK L**

Provider ID: 64123

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Male

License number: G84727

NPI: 1578506523

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **PAREKH, JUSTIN R**

Provider ID: 127150

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121-3021

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A98665

NPI: 1780866574

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Medical Ctr

At Ucsf, Ucsd Medical Ctr, Ucsd

La Jolla John Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **POLLACK, LARRY H , MD**

Provider ID: 54346

Board Certified Specialty: Yes

SAN DIEGO GEN AND

VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)

565-0104

Provider Gender: Male

License number: A41696

NPI: 1104998400

Provider English Spoken: Yes

Provider Language(s) Spoken:

German, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-TH 9AM-5PM, F

9AM-4PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **RASCHKE, ERIC T**

Provider ID: 270297

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> 20A17495 <i>NPI:</i> 1316386659 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>SALLOUM, ALEXANDER C</b> <i>Provider ID:</i> 104108 <i>Board Certified Specialty:</i> No BALBOA NEPHROLOGY MED GRP INC</p>	<p>6402 EL CAJON BLVD STE 100 SAN DIEGO, CA 92115-2645 <i>Phone:</i> (619) 582-4490 <i>Fax:</i> (619) 582-4737 <i>After Hours Phone:</i> (619) 582-4490 <i>Provider Gender:</i> Male <i>License number:</i> A89300 <i>NPI:</i> 1124176151 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital, Palomar Medical Center, Palomar Health <i>Medi-Cal Open Panel:</i> No <i>Min/Max Age:</i> None <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> W <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> www.balboacare.com <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc</p> <p><b>SANDLER, BRYAN J</b> <i>Provider ID:</i> 286357 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP</p>	<p>4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122-1396 <i>Phone:</i> (800) 926-8273 <i>Fax:</i> (888) 539-8781 <i>After Hours Phone:</i> (800) 926-8273 <i>Provider Gender:</i> Male <i>License number:</i> A99837 <i>NPI:</i> 1043410186 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Ucsd Medical Ctr <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ucsd Medical Group</p> <p><b>SANDLER, BRYAN J</b> <i>Provider ID:</i> 286383 <i>Board Certified Specialty:</i> No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A99837  
 NPI: 1043410186  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SANDLER, BRYAN J**

Provider ID: 64178  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222

Provider Gender: Male  
 License number: A99837  
 NPI: 1043410186  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SANTORELLI, JARRETT E**

Provider ID: 272303  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A161482  
 NPI: 1033529201  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SCHNICKEL, GABRIEL T**

Provider ID: 119527  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 7  
 SAN DIEGO, CA 92121-3021  
 Phone: (858) 657-6487  
 Fax:  
 After Hours Phone: (858) 657-6487  
 Provider Gender: Male  
 License number: A83329  
 NPI: 1619111440  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:  <b>TALAMINI, MARK A</b> Provider ID: 64217 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Male License number: C51961 NPI: 1588694673 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM</p>
<p><b>SCHNICKEL, GABRIEL T</b> Provider ID: 125421 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN 8001 FROST ST SAN DIEGO, CA 92123-2746 Phone: (858) 966-8354 Fax: After Hours Phone: (858) 966-8354 Provider Gender: Male License number: A83329 NPI: 1619111440 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd</p>	<p><b>SEDRAK, MICHAEL F</b> Provider ID: 84774 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 471-0701 Fax: (619) 543-7785 After Hours Phone: (619) 471-0701 Provider Gender: Male License number: A82582 NPI: 1750464111 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None</p>	

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## D. Directorio de proveedores de atención especializada

<p>Website: Email: Medical Group(s): IPA:</p>	<p>Medical Group(s): IPA: Rady Childrens Health Network</p>	<p><b>WOODWARD, STEPHANIE M</b> Provider ID: 63697 Board Certified Specialty: No SAN DIEGO GEN AND VASCULAR SURGEONS MED GRP INC 7910 FROST ST STE 250 SAN DIEGO, CA 92123-2752 Phone: (858) 565-0104 Fax: After Hours Phone: (858) 565-0104 Provider Gender: Female License number: A103828 NPI: 1053435099 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>
<p><b>THANGARAJAH, HARIHARAN</b> Provider ID: 102551 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN 8110 BIRMINGHAM WAY SAN DIEGO, CA 92123-2758 Phone: (858) 966-5840 Fax: After Hours Phone: (858) 966-5840 Provider Gender: Male License number: A94137 NPI: 1598979593 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email:</p>	<p><b>WALLACE, ANNE M</b> Provider ID: 64249 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-6222 Fax: After Hours Phone: (619) 543-6222 Provider Gender: Female License number: G73000 NPI: 1699732941 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA:</p>	<p><b>WOODWARD, STEPHANIE M , MD</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider ID:* 63697  
*Board Certified Specialty:* Yes  
 SAN DIEGO GEN AND  
 VASCULAR SURGEONS MED  
 GRP INC  
 7910 FROST ST STE 250  
 SAN DIEGO, CA 92123-2752  
*Phone:* (858) 565-0104  
*Fax:* (858) 565-0194  
*After Hours Phone:* (858)  
 565-0104  
*Provider Gender:* Female  
*License number:* A103828  
*NPI:* 1053435099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-TH 9AM-5PM, F  
 9AM-4PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**STEPHENSON, SAMUEL K**  
*Provider ID:* 284934  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A154951  
*NPI:* 1578058665  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

*Provider ID:* 63766  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* G59829  
*NPI:* 1548202245  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### URBAND, LINDSEY S

*Provider ID:* 296040  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN

### **SURGERY HAND ORTHOPEDIC**

### **SURGERY HAND**

**ABRAMS, REID**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### CALIFORNIA

8008 FROST ST STE 403  
 SAN DIEGO, CA 92123-4209  
 Phone: (858) 715-9200  
 Fax: (858) 715-9202  
 After Hours Phone: (858) 715-9200  
 Provider Gender: Female  
 License number: A137350  
 NPI: 1740422997  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Victor Valley Global Med Ctr, Mammoth Hospital, Victor Valley Community Hosp, Desert Valley Hospital, Scripps Memorial Hospital, Alvarado Hosp Med Ctr, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-TH 8AM-5PM, F 8AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### SURGERY HEAD

#### COFFEY, CHARLES S

Provider ID: 63857  
 Board Certified Specialty: No  
 UCSD OTOLARYNGOLOGY  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (858) 657-8590  
 Fax:  
 After Hours Phone: (858) 657-8590  
 Provider Gender: Male  
 License number: A116621  
 NPI: 1932297330  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### SURGERY NEUROLOGICAL

#### BARBA, DAVID

Provider ID: 244087  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-5720  
 Fax:  
 After Hours Phone: (619) 543-5720  
 Provider Gender: Male  
 License number: G42092  
 NPI: 1093730251  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

### **BARBA, DAVID**

*Provider ID:* 63798  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* G42092  
*NPI:* 1093730251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton, Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BELVERUD, SHAWN A**

*Provider ID:* 202333  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* 20A13471  
*NPI:* 1073817268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GONDA, DAVID D**

*Provider ID:* 101200  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED

FN D T N  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:*  
*After Hours Phone:* (858)  
 966-6710  
*Provider Gender:* Male  
*License number:* A107984  
*NPI:* 1427254937  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **KHALESSI, ALEXANDER A**

*Provider ID:* 206141  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NETWORK 7910 FROST ST STE 120 SAN DIEGO, CA 92123-2776 Phone: (858) 966-8574 Fax: After Hours Phone: (858) 966-8574 Provider Gender: Male License number: A95850 NPI: 1073786661 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group</p>	<p>UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (619) 543-5540 Fax: After Hours Phone: (619) 543-5540 Provider Gender: Male License number: A95850 NPI: 1073786661 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group</p>	<p>UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (858) 657-7000 Fax: After Hours Phone: (858) 657-7000 Provider Gender: Male License number: A95850 NPI: 1073786661 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group</p>
<p><b>KHALESSI, ALEXANDER A</b> Provider ID: 244035 Board Certified Specialty: No</p>	<p><b>KHALESSI, ALEXANDER A</b> Provider ID: 63997 Board Certified Specialty: No</p>	<p><b>KHALESSI, ALEXANDER A</b> Provider ID: 81383 Board Certified Specialty: No</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN 7910 FROST ST STE 430 SAN DIEGO, CA 92123-2795 Phone: (858) 966-8574 Fax: After Hours Phone: (858) 966-8574 Provider Gender: Male License number: A95850 NPI: 1073786661 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group</p>	<p>Provider ID: 262600 Board Certified Specialty: Yes RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 120 SAN DIEGO, CA 92123-2776 Phone: (858) 966-8574 Fax: (858) 966-7930 After Hours Phone: (858) 966-8574 Provider Gender: Male License number: G62556 NPI: 1164593927 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp Of Los Angeles Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>Provider ID: 52607 Board Certified Specialty: No RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN 7910 FROST ST STE 430 SAN DIEGO, CA 92123-2795 Phone: (858) 966-6710 Fax: After Hours Phone: (858) 966-6710 Provider Gender: Male License number: G62556 NPI: 1164593927 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp Of Los Angeles Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<b>LEVY, MICHAEL L</b>	<b>LEVY, MICHAEL L</b>	<b>MARSHALL, LAWRENCE F</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>Provider ID: 244150            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911            Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273            Provider Gender: Male            License number: C36547            NPI: 1750306171            Provider English Spoken: Yes            Provider Language(s) Spoken: German, Spanish            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>SAN DIEGO, CA 92103-1911            Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273            Provider Gender: Male            License number: C36547            NPI: 1750306171            Provider English Spoken: Yes            Provider Language(s) Spoken: German, Spanish            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: W            Hours: M-F 9AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273            Provider Gender: Male            License number: A91563            NPI: 1720216542            Provider English Spoken: Yes            Provider Language(s) Spoken: French, Spanish, Vietnamese            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Palomar Medical Center            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>
<p><b>MARSHALL, LAWRENCE F</b>            Provider ID: 64064            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR</p>	<p><b>NGUYEN, ANDREW D</b>            Provider ID: 244135            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911</p>	<p><b>NGUYEN, ANDREW D</b>            Provider ID: 244137            Board Certified Specialty: No            UCSD MEDICAL GROUP            16950 VIA TAZON            SAN DIEGO, CA 92127-1607</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

Phone: (800) 962-8273  
Fax:  
After Hours Phone: (800)  
962-8273  
Provider Gender: Male  
License number: A91563  
NPI: 1720216542  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Palomar Medical  
Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **NGUYEN, ANDREW D**

Provider ID: 64107  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A91563  
NPI: 1720216542  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Palomar Medical  
Center  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **OLSON, SCOTT E**

Provider ID: 244053  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A83715  
NPI: 1376568659  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Tri  
City Medical Ctr, Ucsd Medical  
Ctr, Palomar Health, Palomar  
Medical Center, Scripps Green  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **OSORIO, JOSEPH A**

Provider ID: 242007  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

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## D. Directorio de proveedores de atención especializada

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Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A128616  
NPI: 1437416591  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **PHAM, MARTIN H**

Provider ID: 244158  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A121590  
NPI: 1609130921  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **RAVINDRA, VIJAY M**

Provider ID: 277176  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST STE 120  
SAN DIEGO, CA 92123-2776

Phone: (858) 966-8574  
Fax: (858) 966-7930  
After Hours Phone: (858)  
966-8574  
Provider Gender: Male  
License number: A161999  
NPI: 1982995841  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Naval  
Medical Ctr Sd Rbe, Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **SCHWARTZ, MARC S**

Provider ID: 121885  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: G86573  
 NPI: 1508960188  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Good Samaritan Hospital Los Angeles, Valley Presbyterian Hosp, Martin Luther King Jr Community Hospital, Huntington Memorial Hospital, Providence Saint Johns Health Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SOUMEKH, MASSOUD HERTZEL**

Provider ID: 257468

Board Certified Specialty: Yes  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 8008 FROST ST STE 401  
 SAN DIEGO, CA 92123-4209  
 Phone: (858) 560-8544  
 Fax: (858) 560-8546  
 After Hours Phone: (858) 560-8544  
 Provider Gender: Male  
 License number: A37843  
 NPI: 1265495014  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hosp Med Ctr, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-TH 9AM-4:30PM, F,SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct

### **TOMLIN, JEFFREY M**

Provider ID: 272950  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR FL 1  
 SAN DIEGO, CA 92103-1911  
 Phone: (858) 657-8540  
 Fax:  
 After Hours Phone: (858) 657-8540  
 Provider Gender: Male  
 License number: C161473  
 NPI: 1366530321  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **U, HOIS**

Provider ID: 244132  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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## D. Directorio de proveedores de atención especializada

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G27898  
 NPI: 1164468146  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### U, HOIS

Provider ID: 64233  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G27898  
 NPI: 1164468146  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SURGERY ORTHOPEDIC

**ALLEN, RICHARD T**  
 Provider ID: 63777  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6312  
 Fax: (619) 543-7480  
 After Hours Phone: (619) 543-6312  
 Provider Gender: Male  
 License number: A83513  
 NPI: 1962660175  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### ANDERSON, JUSTIN

Provider ID: 289121  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789

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## D. Directorio de proveedores de atención especializada

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*Provider Gender:* Male  
*License number:* PA60229  
*NPI:* 1366105074  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ATTENELLO, JOHN D**

*Provider ID:* 271082  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A166979

*NPI:* 1629456553  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Good Samaritan Hospital, Providence Saint Johns Health Center, California Hosp Med Ctr Los Angeles,  
*Good Samaritan Hospital Los Angeles*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BAGHERI, ALI**

*Provider ID:* 262208  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
9333 GENESEE AVE STE 350  
SAN DIEGO, CA 92121-2103

*Phone:* (858) 455-6460  
*Fax:* (858) 455-7197  
*After Hours Phone:* (858) 455-6460  
*Provider Gender:* Male  
*License number:* A123272  
*NPI:* 1760632947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-F 9AM-4PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **BALLARD, BROOKE L**

*Provider ID:* 262204  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
5555 RESERVOIR DR STE 104  
SAN DIEGO, CA 92120-5198

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## D. Directorio de proveedores de atención especializada

Phone: (619) 286-9480  
 Fax: (619) 286-4568  
 After Hours Phone: (619) 286-9480  
 Provider Gender: Female  
 License number: A104161  
 NPI: 1841447950  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

### **BALL, SCOTT T**

Provider ID: 63792  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A75221  
 NPI: 1952325318  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BATES, JAMES E**

Provider ID: 262140  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 5555 RESERVOIR DR STE 104  
 SAN DIEGO, CA 92120-5198  
 Phone: (619) 286-9480  
 Fax: (619) 286-4568  
 After Hours Phone: (619) 286-9480

Provider Gender: Male  
 License number: G73930  
 NPI: 1174692206  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

### **BUI, CHRISTOPHER N**

Provider ID: 241162  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A127139

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>NPI: 1619231537  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation: Ucsd  Medical Ctr, Ucsd La Jolla John  Sally Thornton  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>BUKATA, SUSAN V</b>  Provider ID: 277948  Board Certified Specialty: No  UCSD MEDICAL GROUP  200 W ARBOR DR  SAN DIEGO, CA 92103-1911  Phone: (800) 926-8273  Fax: (888) 539-8781  After Hours Phone: (800)  926-8273  Provider Gender: Female  License number: C55109  NPI: 1932140639  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p>Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  ♿ Accessibility:  Hours: M-F 8AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Ucsd Medical Group</p> <p><b>BURNIKEL, DAVID J</b>  Provider ID: 111158  Board Certified Specialty: No  SAN DIEGO SPORTS MEDICINE  AND ORTHOPAEDIC CENTER  INC  6719 ALVARADO RD STE 200  SAN DIEGO, CA 92120-5256  Phone: (619) 229-3932  Fax:  After Hours Phone: (619)  229-3932  Provider Gender: Male  License number: A138043  NPI: 1457541369  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Scripps</p>	<p>Mercy Hospital Chula Vista,  Sharp Coronado Hosp And  Healthcare Ctr, Grossmont  Hospital, Scripps Mercy  Hospital, Alvarado Hospital Llc  Medi-Cal Open Panel: No  Min/Max Age: None  American Sign Language (ASL):  No  ♿ Accessibility: W  Hours: M-SA 9AM-5PM  Website: www.sdsm.net  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p> <p><b>BURNIKEL, DAVID J , MD</b>  Provider ID: 205079  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  6719 ALVARADO RD STE 200  SAN DIEGO, CA 92120-5256  Phone: (619) 229-3932  Fax: (619) 582-2860  After Hours Phone: (619)  229-3932  Provider Gender: Male  License number: A138043  NPI: 1457541369  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No  Hospital Affiliation: Scripps</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CARVETH, STEPHEN L**

*Provider ID:* 294219  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6789  
*Fax:* (858) 966-6706  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Male  
*License number:* A178177  
*NPI:* 1225558638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CHANG, DOUGLAS G**

*Provider ID:* 63839  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (858) 657-8200  
*Fax:*  
*After Hours Phone:* (858) 657-8200  
*Provider Gender:* Male  
*License number:* A77281  
*NPI:* 1962450031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 German  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John

Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☒ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CHENG, YU TSUN**

*Provider ID:* 205788  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Male  
*License number:* A98564  
*NPI:* 1992982854  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### CHIARAPPA, FRANK E

Provider ID: 244459

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A164466

NPI: 1932536828

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### CHOI, JIHOON

Provider ID: 284788

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A151613

NPI: 1285097741

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### CIDAMBI, EMILY O

Provider ID: 246466

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 3

SAN DIEGO, CA 92123-4232

Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858)

966-6789

Provider Gender: Female

License number: A127390

NPI: 1659634699

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

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## D. Directorio de proveedores de atención especializada

IPA: Rady Childrens Health Network

### **CIDAMBI, KRISHNA R**

Provider ID: 118283  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6312  
 Fax:  
 After Hours Phone: (619) 543-6312  
 Provider Gender: Male  
 License number: A118350  
 NPI: 1275836959  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tamil  
 Cultural Competency: No  
 Hospital Affiliation: Providence St Joseph Hospital, Hoag Orthopedic Institute, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA:

### **COVEY, DANA C**

Provider ID: 104615  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: G89432  
 NPI: 1780651794  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **COVEY, DANA C**

Provider ID: 104618  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN  
 STE 230  
 SAN DIEGO, CA 92122-1010  
 Phone: (858) 657-7726  
 Fax:  
 After Hours Phone: (858) 657-7726  
 Provider Gender: Male  
 License number: G89432  
 NPI: 1780651794  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **EDMONDS, ERIC W**

Provider ID: 260841  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 966-6789	Phone: (619) 286-9480	SAN DIEGO, CA 92103-1911
Fax: (858) 966-6706	Fax: (619) 286-4568	Phone: (858) 657-8200
After Hours Phone: (858) 966-6789	After Hours Phone: (619) 286-9480	Fax:
Provider Gender: Male	Provider Gender: Male	After Hours Phone: (858) 657-8200
License number: A86165	License number: G56283	Provider Gender: Male
NPI: 1013048412	NPI: 1285703413	License number: A156864
Provider English Spoken: Yes	Provider English Spoken: Yes	NPI: 1629239140
Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Spanish	Provider English Spoken: Yes
Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsf Benioff Children's Hospital Oakland	Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No
Medi-Cal Open Panel: No	Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr	Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
Min/Max Age: 0/18	Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
American Sign Language (ASL): No	Min/Max Age: 0/999	Min/Max Age: 0/999
♿ Accessibility:	American Sign Language (ASL): No	American Sign Language (ASL): No
Hours: M-F 8AM-5PM, SA 9AM-5PM	♿ Accessibility:	Hours: M-F 8AM-5PM, SA 9AM-5PM
Website:	Hours: M-F 9AM-5PM, SA 9AM-5PM	Website:
Email:	Website:	Email:
Medical Group(s): IPA: Rady Childrens Health Network	Email:	Medical Group(s): IPA: Ucsd Medical Group
<b>FINKENBERG, JOHN G</b>	Medical Group(s): IPA: Imperial Health Holdings Medical Group-Sd	<b>GARFIN, STEVEN R</b>
Provider ID: 262199	<b>FLINT, JAMES H</b>	Provider ID: 123782
Board Certified Specialty: Yes	Provider ID: 203178	Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD	Board Certified Specialty: No	UCSD MEDICAL GROUP
5555 RESERVOIR DR STE 104 SAN DIEGO, CA 92120-5198	UCSD MEDICAL GROUP	200 W ARBOR DR
	200 W ARBOR DR	SAN DIEGO, CA 92103-1911

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6222	Provider Gender: Male	German, Spanish
Fax: (858) 657-8235	License number: A78346	Cultural Competency: No
After Hours Phone: (619) 543-6222	NPI: 1356319891	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
Provider Gender: Male	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
License number: G29309	Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: 0/999
NPI: 1679515829	Hospital Affiliation: Ucsd Medical Ctr	American Sign Language (ASL): No
Provider English Spoken: Yes	Medi-Cal Open Panel: No	⌘ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM
Provider Language(s) Spoken: Cultural Competency: No	Min/Max Age: None	Website:
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton	American Sign Language (ASL): No	Email:
Medi-Cal Open Panel: No	⌘ Accessibility: W	Medical Group(s):
Min/Max Age: None	Hours: M-SA 9AM-5PM	IPA: Ucsd Medical Group
American Sign Language (ASL): No	Website:	
⌘ Accessibility: W	Email:	
Hours: M-SA 9AM-5PM	Medical Group(s):	
Website:	IPA:	
Email:		
Medical Group(s):		
IPA:		
	<b>GOEB, YANNICK L</b>	<b>HENTZEN, ERIC R</b>
<b>GIRARD, PAUL J</b>	Provider ID: 284794	Provider ID: 63954
Provider ID: 63919	Board Certified Specialty: No	Board Certified Specialty: No
Board Certified Specialty: No	UCSD MEDICAL GROUP	UCSD MEDICAL GROUP
UCSD MEDICAL GROUP	200 W ARBOR DR	200 W ARBOR DR
200 W ARBOR DR	SAN DIEGO, CA 92103-1911	SAN DIEGO, CA 92103-1911
SAN DIEGO, CA 92103-1911	Phone: (800) 926-8273	Phone: (619) 543-6312
Phone: (619) 543-6312	Fax: (888) 539-8781	Fax: (619) 543-7480
Fax: (619) 543-7480	After Hours Phone: (800) 926-8273	After Hours Phone: (619) 543-6312
After Hours Phone: (619) 543-6312	Provider Gender: Male	Provider Gender: Male
	License number: A170529	License number: A83117
	NPI: 1730542747	NPI: 1245411180
	Provider English Spoken: Yes	Provider English Spoken: Yes
	Provider Language(s) Spoken: German, Spanish	Provider Language(s) Spoken: German, Spanish
		Cultural Competency: No

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## D. Directorio de proveedores de atención especializada

<i>Hospital Affiliation:</i> Ucsd Medical Ctr	<i>Medi-Cal Open Panel:</i> Yes	<i>American Sign Language (ASL):</i> No
<i>Medi-Cal Open Panel:</i> No	<i>Min/Max Age:</i> 0/999	<i>Accessibility:</i> ⚠
<i>Min/Max Age:</i> None	<i>American Sign Language (ASL):</i> No	<i>Hours:</i> M-SA 9AM-5PM
<i>American Sign Language (ASL):</i> No	<i>Accessibility:</i> ⚠	<i>Website:</i>
<i>Accessibility:</i> W	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	<i>Email:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Website:</i>	<i>Medical Group(s):</i>
<i>Website:</i>	<i>Email:</i>	<i>IPA:</i> Rady Childrens Health Network
<i>Email:</i>	<i>Medical Group(s):</i>	<b>KENT, WILLIAM T</b>
<i>Medical Group(s):</i>	<i>IPA:</i> Imperial Health Holdings	<i>Provider ID:</i> 110385
<i>IPA:</i>	<i>Medical Group-Sd</i>	<i>Board Certified Specialty:</i> No
<b>JACOBSON, MARK D</b>	<b>KATSMAS, MARK S</b>	UCSD MEDICAL GROUP
<i>Provider ID:</i> 262260	<i>Provider ID:</i> 294673	200 W ARBOR DR
<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No	SAN DIEGO, CA 92103-1911
IMPERIAL HEALTH HOLDINGS	RADY CHILDRENS HEALTH NETWORK	<i>Phone:</i> (858) 657-8200
MEDICAL GROUP-SD	3030 CHILDRENS WAY FL 3	<i>Fax:</i>
5555 RESERVOIR DR STE 104	SAN DIEGO, CA 92123-4232	<i>After Hours Phone:</i> (858)
SAN DIEGO, CA 92120-5198	<i>Phone:</i> (858) 966-6789	657-8200
<i>Phone:</i> (619) 286-9480	<i>Fax:</i> (858) 966-6706	<i>Provider Gender:</i> Male
<i>Fax:</i> (619) 286-4568	<i>After Hours Phone:</i> (858)	<i>License number:</i> A122546
<i>After Hours Phone:</i> (619)	966-6789	<i>NPI:</i> 1962794198
286-9480	<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes
<i>Provider Gender:</i> Male	<i>License number:</i> 20A19988	<i>Provider Language(s) Spoken:</i>
<i>License number:</i> G71151	<i>NPI:</i> 1326571969	<i>Cultural Competency:</i> No
<i>NPI:</i> 1760551915	<i>Provider English Spoken:</i> Yes	<i>Hospital Affiliation:</i> Ucsd
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	Medical Ctr
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No	<i>Medi-Cal Open Panel:</i> No
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Rady	<i>Min/Max Age:</i> None
<i>Hospital Affiliation:</i> Grossmont	Childrens Hospital San Diego	<i>American Sign Language (ASL):</i>
Hospital, Alvarado Hospital Llc,	<i>Medi-Cal Open Panel:</i> No	No
Sharp Coronado Hosp And	<i>Min/Max Age:</i> 0/18	<i>Accessibility:</i> W
Healthcare Ctr		<i>Hours:</i> M-SA 9AM-5PM

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Website:

Email:

Medical Group(s):

IPA:

### **KIMBALL, MICHAEL P**

Provider ID: 38205

Board Certified Specialty: No

GIRARD ORTHOPAEDIC

SURGEONS MED GRP

9333 GENESEE AVE STE 350

SAN DIEGO, CA 92121-2103

Phone: (858) 455-6460

Fax: (858) 455-7197

After Hours Phone: (858)

455-6460

Provider Gender: Male

License number: G76060

NPI: 1588648653

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-4PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### **KIMBALL, MICHAEL P , MD**

Provider ID: 38205

Board Certified Specialty: No

GIRARD ORTHOPAEDIC

SURGEONS MED GRP

9333 GENESEE AVE STE 350

SAN DIEGO, CA 92121-2103

Phone: (858) 455-6460

Fax: (858) 455-7197

After Hours Phone: (858)

455-6460

Provider Gender: Male

License number: G76060

NPI: 1588648653

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-4PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### **KIM, PAUL D**

Provider ID: 295658

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

6719 ALVARADO RD STE 308

SAN DIEGO, CA 92120-5268

Phone: (619) 265-7912

Fax: (619) 265-7922

After Hours Phone: (619)

265-7912

Provider Gender: Male

License number: A111653

NPI: 1639336043

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Korean, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Grossmont

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **KULIDJIAN, ANNA A**

*Provider ID:* 64022  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Female  
*License number:* A97060  
*NPI:* 1215183066  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*  
**LEE, SCOTT I**  
*Provider ID:* 102032  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* A121741  
*NPI:* 1760790349  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Glendale  
Adventist Med Ctr, Adventist  
Health White Memorial  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEUNIER, MATTHEW J**

*Provider ID:* 64082  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* A72975  
*NPI:* 1265470553  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEYER, ROBERT S**

*Provider ID:* 64084  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6312	License number: A175753	Spanish
Fax: (619) 543-7480	NPI: 1932633799	Cultural Competency: No
After Hours Phone: (619) 543-6312	Provider English Spoken: Yes	Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
Provider Gender: Male	Provider Language(s) Spoken: Cultural Competency: No	Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
License number: G76677	Hospital Affiliation: Rady Childrens Hospital San Diego	Medi-Cal Open Panel: Yes
NPI: 1316997646	Medi-Cal Open Panel: No	Min/Max Age: 0/999
Provider English Spoken: Yes	Min/Max Age: 0/18	American Sign Language (ASL): No
Provider Language(s) Spoken: Cultural Competency: No	American Sign Language (ASL): No	Medi-Cal Open Panel: Yes
Hospital Affiliation:	⚡ Accessibility:	Min/Max Age: 0/999
Medi-Cal Open Panel: No	Hours: M-SA 9AM-5PM	American Sign Language (ASL): No
Min/Max Age: None	Website:	⚡ Accessibility:
American Sign Language (ASL): No	Email:	Hours: M-F 8AM-5PM, SA 9AM-5PM
⚡ Accessibility: W	Medical Group(s):	Website:
Hours: M-SA 9AM-5PM	IPA: Rady Childrens Health Network	Email:
Website:		Medical Group(s):
Email:	<b>POMERANTZ, MICHAEL L</b>	IPA: Ucsd Medical Group
Medical Group(s):	Provider ID: 203072	
IPA:	Board Certified Specialty: No	
<b>PARANJAPE, CHINMAY S</b>	UCSD MEDICAL GROUP	<b>POURTAHERI, SINA</b>
Provider ID: 294671	200 W ARBOR DR	Provider ID: 119044
Board Certified Specialty: No	SAN DIEGO, CA 92103-1911	Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK	Phone: (858) 657-8200	UCSD MEDICAL GROUP
3030 CHILDRENS WAY FL 3	Fax:	200 W ARBOR DR
SAN DIEGO, CA 92123-4232	After Hours Phone: (858) 657-8200	SAN DIEGO, CA 92103-1911
Phone: (858) 966-6789	Provider Gender: Male	Phone: (619) 543-6312
Fax: (858) 966-6706	License number: A109105	Fax:
After Hours Phone: (858) 966-6789	NPI: 1356505705	After Hours Phone: (619) 543-6312
Provider Gender: Female	Provider English Spoken: Yes	Provider Gender: Male
	Provider Language(s) Spoken:	License number: A136713

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

NPI: 1306153572	Cultural Competency: No	Hospital Affiliation: Rady
Provider English Spoken: Yes	Hospital Affiliation: Rady	Childrens Hospital San Diego
Provider Language(s) Spoken: Farsi	Childrens Hospital San Diego	Medi-Cal Open Panel: No
Cultural Competency: No	Medi-Cal Open Panel: Yes	Min/Max Age: None
Hospital Affiliation: Ucsd	Min/Max Age: 0/18	American Sign Language (ASL):
Medical Ctr	American Sign Language (ASL):	No
Medi-Cal Open Panel: No	No	♿ Accessibility: W
Min/Max Age: None	♿ Accessibility:	Hours: M-SA 9AM-5PM
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Website:
No	9AM-5PM	Email:
♿ Accessibility: W	Website:	Medical Group(s):
Hours: M-SA 9AM-5PM	Email:	IPA: Rady Childrens Health
Website:	Medical Group(s):	Network
Email:	IPA: Rady Childrens Health	
Medical Group(s):	Network	<b>RAISZADEH, RAMIN</b>
IPA:		Provider ID: 295520
<b>PRING, MAYA E</b>	<b>PRING, MAYA E</b>	Board Certified Specialty: No
Provider ID: 295978	Provider ID: 52689	IHP OF SOUTHERN
Board Certified Specialty: No	Board Certified Specialty: No	CALIFORNIA
RADY CHILDRENS HEALTH	RADY CHILDRENS	6719 ALVARADO RD STE 308
NETWORK	SPECIALISTS SAN DIEGO MED	SAN DIEGO, CA 92120-5268
3030 CHILDRENS WAY FL 3	FNDTN	Phone: (619) 265-7912
SAN DIEGO, CA 92123-4232	3020 CHILDRENS WAY	Fax: (619) 265-7922
Phone: (858) 966-6789	SAN DIEGO, CA 92123-4223	After Hours Phone: (619)
Fax: (858) 966-6706	Phone: (858) 966-8800	265-7912
After Hours Phone: (858)	Fax:	Provider Gender: Male
966-6789	After Hours Phone: (858)	License number: A88341
Provider Gender: Female	966-8800	NPI: 1518021369
License number: A77003	Provider Gender: Female	Provider English Spoken: Yes
NPI: 1104997964	License number: A77003	Provider Language(s) Spoken:
Provider English Spoken: Yes	NPI: 1104997964	Farsi, Spanish
Provider Language(s) Spoken:	Provider English Spoken: Yes	Cultural Competency: No
	Provider Language(s) Spoken:	Hospital Affiliation: Scripps
	Cultural Competency: No	Memorial Hospital, Sharp

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## D. Directorio de proveedores de atención especializada

Memorial Hospital, Palomar  
 Medical Center, Sharp  
 Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **RAISZADEH, RAMIN**

*Provider ID:* 54392  
*Board Certified Specialty:* No  
 LA JOLLA SPINE INSTITUTE  
 MED GRP INC  
 6719 ALVARADO RD STE 308  
 SAN DIEGO, CA 92120-5268  
*Phone:* (619) 265-7912  
*Fax:*  
*After Hours Phone:* (619)  
 265-7912  
*Provider Gender:* Male  
*License number:* A88341  
*NPI:* 1518021369  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps

Memorial Hospital, Sharp  
 Memorial Hospital, Palomar  
 Medical Center, Sharp  
 Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:* www.siosd.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **RICKARDS, ENASS N , MD**

*Provider ID:* 268909  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9333 GENESEE AVE STE 350  
 SAN DIEGO, CA 92121-2103  
*Phone:* (858) 455-6460  
*Fax:* (858) 455-7197  
*After Hours Phone:* (858)  
 455-6460  
*Provider Gender:* Female  
*License number:* G79785  
*NPI:* 1609850080  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps

Memorial Hospital, Scripps  
 Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 🗎 *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **RICKARDS, ENASS N**

*Provider ID:* 65531  
*Board Certified Specialty:* No  
 GIRARD ORTHOPAEDIC  
 SURGEONS MED GRP  
 9333 GENESEE AVE STE 350  
 SAN DIEGO, CA 92121-2103  
*Phone:* (858) 455-6460  
*Fax:* (858) 455-7197  
*After Hours Phone:* (858)  
 455-6460  
*Provider Gender:* Female  
*License number:* G79785  
*NPI:* 1609850080  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No

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## D. Directorio de proveedores de atención especializada

*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RICKERT, KATHLEEN D**

*Provider ID:* 205977  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY STE 3  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6789  
*Fax:* (858) 966-6706  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Female  
*License number:* A140439  
*NPI:* 1023308921  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ROBERTSON, CATHERINE M**

*Provider ID:* 64163  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A87544  
*NPI:* 1952565780  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ROSENFELD, ALAN L , MD**

*Provider ID:* 242938  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9333 GENESEE AVE STE 350  
 SAN DIEGO, CA 92121-2103  
*Phone:* (858) 455-6460  
*Fax:* (858) 455-7197  
*After Hours Phone:* (858) 455-6460  
*Provider Gender:* Male  
*License number:* G75293  
*NPI:* 1588648968  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital

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## D. Directorio de proveedores de atención especializada

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M,SA 9AM-5PM, TU 9AM-12:30PM, W 8:30AM-4:30PM, TH,F 9AM-12PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **ROSENFELD, ALAN L**

*Provider ID:* 262177  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 9333 GENESEE AVE STE 350  
 SAN DIEGO, CA 92121-2103  
*Phone:* (858) 455-6460  
*Fax:* (858) 455-7197  
*After Hours Phone:* (858) 455-6460  
*Provider Gender:* Male  
*License number:* G75293  
*NPI:* 1588648968  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M,SA 9AM-5PM, TU 9AM-12:30PM, W 8:30AM-4:30PM, TH,F 9AM-12PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RYNNING, RALPH E**

*Provider ID:* 262195  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 5555 RESERVOIR DR STE 104  
 SAN DIEGO, CA 92120-5198  
*Phone:* (619) 286-9480  
*Fax:* (619) 286-4568  
*After Hours Phone:* (619) 286-9480  
*Provider Gender:* Male

*License number:* A103946  
*NPI:* 1952595316  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, German, Norwegian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **SCHWARTZ, ALEXANDRA K**

*Provider ID:* 64188  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:* (858) 966-6706  
*After Hours Phone:* (619) 543-6222

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p> <i>Provider Gender:</i> Female  <i>License number:</i> A60259  <i>NPI:</i> 1740206747  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> German  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> </p> <p><b>SHAH, KALPIT N</b></p> <p> <i>Provider ID:</i> 291390  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (800) 926-8273  <i>Fax:</i>  <i>After Hours Phone:</i> (800) 926-8273  <i>Provider Gender:</i> Male  <i>License number:</i> A166844  <i>NPI:</i> 1326450040  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> </p>	<p> <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Ucsd Medical Group         </p> <p><b>SHILLITO, MATTHEW C , MD</b></p> <p> <i>Provider ID:</i> 247893  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            6719 ALVARADO RD STE 200            SAN DIEGO, CA 92120-5256  <i>Phone:</i> (619) 229-3932  <i>Fax:</i> (619) 582-2860  <i>After Hours Phone:</i> (619) 229-3932  <i>Provider Gender:</i> Male  <i>License number:</i> A109569  <i>NPI:</i> 1538318548  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont         </p>	<p>           Hospital, Alvarado Hospital Llc, Sharp Chula Vista Med Ctr  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 18/120  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc         </p> <p><b>SIROTA, MICHAEL A , MD</b></p> <p> <i>Provider ID:</i> 84579  <i>Board Certified Specialty:</i> No            SAN DIEGO SPORTS MEDICINE AND ORTHOPAEDIC CENTER INC            6719 ALVARADO RD STE 200            SAN DIEGO, CA 92120-5256  <i>Phone:</i> (619) 229-3932  <i>Fax:</i> (619) 582-2860  <i>After Hours Phone:</i> (619) 229-3932  <i>Provider Gender:</i> Male  <i>License number:</i> A129445  <i>NPI:</i> 1558542423  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont         </p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hospital, Sharp Memorial Hospital, Alvarado Hospital Llc Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-4:30PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	Hospital, Sharp Memorial Hospital, Alvarado Hospital Llc, Sharp Grossmont Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: www.sdsm.net Email: Medical Group(s): IPA: Community Care Ipa Llc	Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>SIROTA, MICHAEL A</b> Provider ID: 84579 Board Certified Specialty: No SAN DIEGO SPORTS MEDICINE AND ORTHOPAEDIC CENTER INC 6719 ALVARADO RD STE 200 SAN DIEGO, CA 92120-5256 Phone: (619) 229-3932 Fax: (619) 582-2860 After Hours Phone: (619) 229-3932 Provider Gender: Male License number: A129445 NPI: 1558542423 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont	<b>SULLIVAN, THOMAS B</b> Provider ID: 285247 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A138132 NPI: 1437565488 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr Medi-Cal Open Panel: Yes	<b>TADLOCK, JOSHUA C</b> Provider ID: 294712 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 3020 CHILDRENS WAY SAN DIEGO, CA 92123-4223 Phone: (858) 966-5999 Fax: (858) 966-8519 After Hours Phone: (858) 966-5999 Provider Gender: Male License number: A181459 NPI: 1508390410 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: 0/18 American Sign Language (ASL): No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p>9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>
<p><b>TASTO, JAMES P , MD</b>  <i>Provider ID:</i> 218096  <i>Board Certified Specialty:</i> Yes            COMMUNITY CARE IPA LLC            6719 ALVARADO RD STE 200            SAN DIEGO, CA 92120-5256  <i>Phone:</i> (619) 229-3932  <i>Fax:</i> (619) 582-2860  <i>After Hours Phone:</i> (619) 229-3932  <i>Provider Gender:</i> Male  <i>License number:</i> G14672  <i>NPI:</i> 1124021936  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No</p>	<p><b>TASTO, JAMES P</b>  <i>Provider ID:</i> 44083  <i>Board Certified Specialty:</i> No            SAN DIEGO SPORTS MEDICINE AND ORTHOPAEDIC CENTER INC            6719 ALVARADO RD STE 200            SAN DIEGO, CA 92120-5256  <i>Phone:</i> (619) 229-3932  <i>Fax:</i> (619) 582-2860  <i>After Hours Phone:</i> (619) 229-3932  <i>Provider Gender:</i> Male  <i>License number:</i> G14672  <i>NPI:</i> 1124021936  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No</p>	<p><b>TAYYAB, NEIL A , MD</b>  <i>Provider ID:</i> 268617  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            9333 GENESEE AVE STE 350A            SAN DIEGO, CA 92121-2103  <i>Phone:</i> (858) 455-6460  <i>Fax:</i> (858) 455-7197  <i>After Hours Phone:</i> (858) 455-6460  <i>Provider Gender:</i> Male  <i>License number:</i> A94408  <i>NPI:</i> 1831149970  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No</p>
<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-4:30PM, SA</p>	<p>♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i> www.sdsm.net</p>	<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-4:30PM, SA            9AM-5PM  <i>Website:</i>  <i>Email:</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **TAYYAB, NEIL A**

Provider ID: 35361

Board Certified Specialty: No  
GIRARD ORTHOPAEDIC  
SURGEONS MED GRP  
9333 GENESEE AVE STE 350  
SAN DIEGO, CA 92121-2103

Phone: (858) 455-6460

Fax: (858) 455-7197

After Hours Phone: (858)  
455-6460

Provider Gender: Male

License number: A94408

NPI: 1831149970

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista,

Scripps Memorial Hospital,

Sharp Memorial Hospital,

Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M 8AM-5PM, TU-SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### **UPASANI, VIDYADHAR V**

Provider ID: 260953

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 3

SAN DIEGO, CA 92123-4232

Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858)

966-6789

Provider Gender: Male

License number: A97603

NPI: 1548417652

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **VITALE, KENNETH C**

Provider ID: 104655

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (858) 657-8200

Fax:

After Hours Phone: (858)  
657-8200

Provider Gender: Male

License number: C132964

NPI: 1730176868

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **YASZAY, BURT**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Provider ID: 206303            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223            Phone: (858) 576-5999            Fax: (858) 576-8412            After Hours Phone: (858) 576-5999            Provider Gender: Male            License number: A100336            NPI: 1770798647            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3030 CHILDRENS WAY STE 410            SAN DIEGO, CA 92123-4228            Phone: (858) 966-6789            Fax: (858) 966-6706            After Hours Phone: (858) 966-6789            Provider Gender: Male            License number: A100336            NPI: 1770798647            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/99            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>RADY CHILDRENS HEALTH NETWORK            7910 FROST ST STE 190            SAN DIEGO, CA 92123-2731            Phone: (858) 966-9360            Fax: (858) 966-8519            After Hours Phone: (858) 966-9360            Provider Gender: Male            License number: A100336            NPI: 1770798647            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/99            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>YASZAY, BURT</b>            Provider ID: 206305</p>	<p><b>YASZAY, BURT</b>            Provider ID: 206307            Board Certified Specialty: No</p>	<p><b>ZLOMISLIC, VINKO</b>            Provider ID: 78122            Board Certified Specialty: No            UCSD MEDICAL GROUP</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax: (858) 657-8235  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A112819  
 NPI: 1346351509  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Serbo-Croatian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

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### SURGERY PEDIATRIC

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**BICKLER, STEPHEN W**  
 Provider ID: 270090  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858) 966-7711  
 Provider Gender: Male  
 License number: G58535  
 NPI: 1891866653  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/25  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### GOLLIN, GERALD

Provider ID: 109561  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

8110 BIRMINGHAM WAY  
 SAN DIEGO, CA 92123-2758  
 Phone: (858) 966-5840  
 Fax:  
 After Hours Phone: (858) 966-5840  
 Provider Gender: Male  
 License number: G84953  
 NPI: 1477598662  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### GOLLIN, GERALD

Provider ID: 205905  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>8110 BIRMINGHAM WAY STE 2 SAN DIEGO, CA 92123-2758 Phone: (858) 966-7711 Fax: After Hours Phone: (858) 966-7711 Provider Gender: Male License number: G84953 NPI: 1477598662 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>	<p>3030 CHILDRENS WAY STE 202 SAN DIEGO, CA 92123-4227 Phone: (858) 966-8030 Fax: After Hours Phone: (858) 966-8030 Provider Gender: Male License number: A82530 NPI: 1316000649 Provider English Spoken: Yes Provider Language(s) Spoken: Ukrainian Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group</p>	<p>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7910 FROST ST STE 120 SAN DIEGO, CA 92123-2776 Phone: (858) 966-8574 Fax: (858) 966-7930 After Hours Phone: (858) 966-8574 Provider Gender: Male License number: A107984 NPI: 1427254937 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network</p>
<p><b>GOLTS, EUGENE M</b> Provider ID: 217715 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>	<p><b>GONDA, DAVID D</b> Provider ID: 205821</p>	<p><b>GOSMAN, AMANDA A</b> Provider ID: 205841</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> Yes  <b>RADY CHILDRENS HEALTH NETWORK</b>            7920 FROST ST STE 200            SAN DIEGO, CA 92123-4289  <i>Phone:</i> (858) 966-5999  <i>Fax:</i> (858) 966-4064  <i>After Hours Phone:</i> (858) 966-5999  <i>Provider Gender:</i> Female  <i>License number:</i> A96153  <i>NPI:</i> 1164436291  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i> P, EB, IB, E, R, T  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p>	<p><i>Provider ID:</i> 272196  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>            7920 FROST ST STE 200            SAN DIEGO, CA 92123-4289  <i>Phone:</i> (858) 966-5999  <i>Fax:</i> (858) 966-4064  <i>After Hours Phone:</i> (858) 966-5999  <i>Provider Gender:</i> Male  <i>License number:</i> A118158  <i>NPI:</i> 1285953364  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>KELLER, BENJAMIN A</b>  <i>Provider ID:</i> 285941  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH</b></p>	<p><b>NETWORK</b>            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223  <i>Phone:</i> (858) 966-7711  <i>Fax:</i> (858) 966-7712  <i>After Hours Phone:</i> (858) 966-7711  <i>Provider Gender:</i> Male  <i>License number:</i> A118158  <i>NPI:</i> 1285953364  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/18  <i>American Sign Language (ASL):</i> No  <i>Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Rady Childrens Health Network</p> <p><b>KLING, KAREN M</b>  <i>Provider ID:</i> 205340  <i>Board Certified Specialty:</i> No  <b>RADY CHILDRENS HEALTH NETWORK</b>            8110 BIRMINGHAM WAY FL 2</p>
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## D. Directorio de proveedores de atención especializada

SAN DIEGO, CA 92123-2758  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858) 966-7711  
 Provider Gender: Female  
 License number: A53583  
 NPI: 1982775144  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, National Naval Med  
 Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **KLING, KAREN M**

Provider ID: 283380  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858) 966-7711  
 Provider Gender: Female  
 License number: A53583  
 NPI: 1982775144  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, National Naval Med  
 Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **LAZAR, DAVID A**

Provider ID: 205606

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8110 BIRMINGHAM WAY FL 2  
 SAN DIEGO, CA 92123-2758  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858) 966-7711  
 Provider Gender: Male  
 License number: A105968  
 NPI: 1538365002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **LAZAR, DAVID A**

Provider ID: 283140  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858)  
 966-7711  
 Provider Gender: Male  
 License number: A105968  
 NPI: 1538365002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **MADANI, MICHAEL M**

Provider ID: 206267  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-3759  
 Fax: (619) 543-2652  
 After Hours Phone: (619)  
 543-3759  
 Provider Gender: Male  
 License number: A67201  
 NPI: 1518999069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Tri  
 City Medical Ctr, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **SAENZ, NICHOLAS C**

Provider ID: 206176  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 8110 BIRMINGHAM WAY FL 2  
 SAN DIEGO, CA 92123-2758  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858)  
 966-7711  
 Provider Gender: Male  
 License number: G84775  
 NPI: 1447321203  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **THANGARAJAH, HARIHARAN**

Provider ID: 206172  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH  
 NETWORK

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

8110 BIRMINGHAM WAY FL 2  
 SAN DIEGO, CA 92123-2758  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858) 966-7711  
 Provider Gender: Male  
 License number: A94137  
 NPI: 1598979593  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**THANGARAJAH, HARIHARAN**  
 Provider ID: 256194  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-7711  
 Fax:  
 After Hours Phone: (858) 966-7711  
 Provider Gender: Male  
 License number: A94137  
 NPI: 1598979593  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

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### SURGERY PLASTIC

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**GOSMAN, AMANDA A**  
 Provider ID: 52812  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289

Phone: (858) 966-7484  
 Fax:  
 After Hours Phone: (858) 966-7484  
 Provider Gender: Female  
 License number: A96153  
 NPI: 1164436291  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**GOSMAN, AMANDA A**  
 Provider ID: 63926  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: A96153  
 NPI: 1164436291  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **GUPTA, DEEPAK**

Provider ID: 110728  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A114745  
 NPI: 1043445950  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Santa Clara Valley Med Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HINCHCLIFF, KATHARINE**

Provider ID: 277288  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A135631  
 NPI: 1346674561  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **HINCHCLIFF, KATHARINE**

Provider ID: 277965  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (858) 966-5999            Fax: (858) 966-8394            After Hours Phone: (858) 966-5999            Provider Gender: Female            License number: A135631            NPI: 1346674561            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network, Ucsd Medical Group</p>	<p>Phone: (858) 966-5999            Fax: (858) 966-8394            After Hours Phone: (858) 966-5999            Provider Gender: Male            License number: G24863            NPI: 1104899723            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility: P, EB, IB, E, R, T            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>	<p>Phone: (858) 966-5999            Fax: (858) 966-8394            After Hours Phone: (858) 966-5999            Provider Gender: Female            License number: A144388            NPI: 1710373485            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Rady Childrens Hospital San Diego            Medi-Cal Open Panel: Yes            Min/Max Age: 0/18            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Rady Childrens Health Network</p>
<p><b>HOLMES, RALPH E</b>            Provider ID: 206105            Board Certified Specialty: Yes            RADY CHILDRENS HEALTH NETWORK            7920 FROST ST STE 200            SAN DIEGO, CA 92123-4289</p>	<p><b>KANACK, MELISSA D</b>            Provider ID: 294646            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123-4223</p>	<p><b>KOLB, FREDERIC J</b>            Provider ID: 246239            Board Certified Specialty: No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911            Phone: (800) 926-8273            Fax:            After Hours Phone: (800) 926-8273</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Female	<i>License number:</i> F39	<i>NPI:</i> 1790341832
<i>License number:</i> F39	<i>NPI:</i> 1790341832	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1790341832	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	French
<i>Provider Language(s) Spoken:</i>	French	<i>Cultural Competency:</i> No
French	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd La
<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd La	Jolla John Sally Thornton, Ucsd
<i>Hospital Affiliation:</i> Ucsd La	Jolla John Sally Thornton, Ucsd	Medical Ctr
Jolla John Sally Thornton, Ucsd	Medical Ctr	<i>Medi-Cal Open Panel:</i> Yes
Medical Ctr	<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/999
<i>Medi-Cal Open Panel:</i> Yes	<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i> 0/999	<i>American Sign Language (ASL):</i>	No
<i>American Sign Language (ASL):</i>	No	<i>Accessibility:</i>
No	<i>Accessibility:</i>	<i>Hours:</i> M-F 8AM-5PM, SA
<i>Accessibility:</i>	<i>Hours:</i> M-F 8AM-5PM, SA	9AM-5PM
<i>Hours:</i> M-F 8AM-5PM, SA	9AM-5PM	<i>Website:</i>
9AM-5PM	<i>Website:</i>	<i>Email:</i>
<i>Website:</i>	<i>Email:</i>	<i>Medical Group(s):</i>
<i>Email:</i>	<i>Medical Group(s):</i>	<i>IPA:</i> Rady Childrens Health
<i>Medical Group(s):</i>	<i>IPA:</i> Rady Childrens Health	Network, Ucsd Medical Group
<i>IPA:</i> Rady Childrens Health	Network, Ucsd Medical Group	
Network, Ucsd Medical Group		
	<b>KOLB, FREDERIC J</b>	<b>KOLB, FREDERIC J</b>
<b>KOLB, FREDERIC J</b>	<i>Provider ID:</i> 255575	<i>Provider ID:</i> 255576
<i>Provider ID:</i> 246240	<i>Board Certified Specialty:</i> No	<i>Board Certified Specialty:</i> No
<i>Board Certified Specialty:</i> No	UCSD MEDICAL GROUP	RADY CHILDRENS HEALTH
UCSD MEDICAL GROUP	4520 EXECUTIVE DR	NETWORK
3020 CHILDRENS WAY	SAN DIEGO, CA 92121-3018	7920 FROST ST STE 200
SAN DIEGO, CA 92123-4223	<i>Phone:</i> (800) 926-8273	SAN DIEGO, CA 92123-4289
<i>Phone:</i> (800) 926-8273	<i>Fax:</i> (888) 539-8781	<i>Phone:</i> (858) 966-5999
<i>Fax:</i>	<i>After Hours Phone:</i> (800)	<i>Fax:</i> (858) 966-8394
<i>After Hours Phone:</i> (800)	926-8273	<i>After Hours Phone:</i> (858)
926-8273	<i>Provider Gender:</i> Female	966-5999
<i>Provider Gender:</i> Female	<i>License number:</i> F39	<i>Provider Gender:</i> Female
		<i>License number:</i> F39

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

NPI: 1790341832  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **LANCE, SAMUEL H**

Provider ID: 109469  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-5999  
 Fax: (858) 966-8394  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Male  
 License number: A114551

NPI: 1780811786  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Uc Davis Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **LANCE, SAMUEL H**

Provider ID: 110708  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A114551

NPI: 1780811786  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Uc Davis Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **LANCE, SAMUEL H**

Provider ID: 205647  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-5999  
 Fax: (858) 966-8394  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Male  
 License number: A114551

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## D. Directorio de proveedores de atención especializada

NPI: 1780811786  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Uc Davis Medical Ctr, Ucsd La  
 Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### LANCE, SAMUEL H

Provider ID: 256644  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3018  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A114551  
 NPI: 1780811786

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Uc Davis Medical Ctr, Ucsd La  
 Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### LANCE, SAMUEL H

Provider ID: 256645  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A114551  
 NPI: 1780811786  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Uc Davis Medical Ctr, Ucsd La  
 Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### ORTIZ-POMALES, YAN T

Provider ID: 289178  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-5999  
 Fax: (858) 966-8394  
 After Hours Phone: (858)  
 966-5999  
 Provider Gender: Male  
 License number: A155358  
 NPI: 1346448537  
 Provider English Spoken: Yes

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## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	<i>NPI: 1104998400</i>	<i>Hospital Affiliation:</i> Ucsd
<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes	Medical Ctr, Ucsd La Jolla John
<i>Hospital Affiliation:</i> Sharp	<i>Provider Language(s) Spoken:</i>	Sally Thornton
Coronado Hosp And Healthcare	German, Spanish	<i>Medi-Cal Open Panel:</i> Yes
Ctr, Naval Medical Ctr Sd Rbe,	<i>Cultural Competency:</i> No	<i>Min/Max Age:</i> 0/999
Rady Childrens Hospital San	<i>Hospital Affiliation:</i> Sharp	<i>American Sign Language (ASL):</i>
Diego, Sharp Memorial Hospital	Memorial Hospital	No
<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> No	<i>♿ Accessibility:</i>
<i>Min/Max Age:</i> 0/18	<i>Min/Max Age:</i> None	<i>Hours:</i> M-F 8AM-5PM, SA
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	9AM-5PM
No	No	<i>Website:</i>
<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i> W	<i>Email:</i>
<i>Hours:</i> M-F 8AM-5PM, SA	<i>Hours:</i> M-SA 9AM-5PM	<i>Medical Group(s):</i>
9AM-5PM	<i>Website:</i>	<i>IPA:</i> Rady Childrens Health
<i>Website:</i>	<i>Email:</i>	Network, Ucsd Medical Group
<i>Email:</i>	<i>Medical Group(s):</i>	
<i>Medical Group(s):</i>	<i>IPA:</i> Community Care Ipa Llc	<b>REID, CHRISTOPHER M</b>
<i>IPA:</i> Rady Childrens Health		<i>Provider ID:</i> 245523
Network	<b>REID, CHRISTOPHER M</b>	<i>Board Certified Specialty:</i> No
	<i>Provider ID:</i> 224795	RADY CHILDRENS HEALTH
<b>POLLACK, LARRY H</b>	<i>Board Certified Specialty:</i> No	NETWORK
<i>Provider ID:</i> 54346	UCSD MEDICAL GROUP	7920 FROST ST STE 200
<i>Board Certified Specialty:</i> No	200 W ARBOR DR	SAN DIEGO, CA 92123-4289
SAN DIEGO GEN AND	SAN DIEGO, CA 92103-1911	<i>Phone:</i> (858) 966-5999
VASCULAR SURGEONS MED	<i>Phone:</i> (800) 926-8273	<i>Fax:</i> (858) 966-8394
GRP INC	<i>Fax:</i>	<i>After Hours Phone:</i> (858)
7910 FROST ST STE 250	<i>After Hours Phone:</i> (800)	966-5999
SAN DIEGO, CA 92123-2752	926-8273	<i>Provider Gender:</i> Male
<i>Phone:</i> (858) 565-0104	<i>Provider Gender:</i> Male	<i>License number:</i> A122947
<i>Fax:</i>	<i>License number:</i> A122947	<i>NPI:</i> 1982964276
<i>After Hours Phone:</i> (858)	<i>NPI:</i> 1982964276	<i>Provider English Spoken:</i> Yes
565-0104	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i> No
<i>License number:</i> A41696	<i>Cultural Competency:</i> No	<i>Hospital Affiliation:</i> Ucsd

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## D. Directorio de proveedores de atención especializada

Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/18 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SU 12AM-11:59PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group	Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network, Ucsd Medical Group	American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Rady Childrens Health Network
<b>REID, CHRISTOPHER M</b> Provider ID: 255564 Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR SAN DIEGO, CA 92121-3018 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A122947 NPI: 1982964276 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes	<b>RODRIGUEZ, JOSE D</b> Provider ID: 294104 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7920 FROST ST STE 200 SAN DIEGO, CA 92123-4289 Phone: (858) 966-5999 Fax: (858) 966-8394 After Hours Phone: (858) 966-5999 Provider Gender: Male License number: A178413 NPI: 1013361179 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: 0/18	<b>SULIMAN, AHMED S</b> Provider ID: 289129 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7920 FROST ST STE 200 SAN DIEGO, CA 92123-4289 Phone: (858) 966-5999 Fax: (858) 966-8394 After Hours Phone: (858) 966-5999 Provider Gender: Male License number: A88033 NPI: 1013169085 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### WONG, RYAN K

*Provider ID:* 64258  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* A106001  
*NPI:* 1912101452  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest  
 Healthcare System Murrieta,  
 Loma Linda University Med Ctr  
 Murrieta, Saddleback Memorial  
 Med Ctr, Hoag Memorial

Hospital Presbyterian,  
 Temecula Valley Hospital Inc,  
 Ucsd Medical Ctr, Stanford  
 Health Care, Southwest  
 Healthcare System Wildomar  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### SURGERY THORACIC

### ARTRIP, JOHN H

*Provider ID:* 243973  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8030  
*Fax:* (858) 966-8032  
*After Hours Phone:* (858)  
 966-8030  
*Provider Gender:* Male  
*License number:* C160728  
*NPI:* 1831141084  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### COLETTA, JOELLE M

*Provider ID:* 63860  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* A55001  
*NPI:* 1447222377  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital, Sharp Memorial  
 Hospital, Ucsd Medical Ctr,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ☒ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **GANTA, SRUJAN**

Provider ID: 275611  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax:  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: A166273  
 NPI: 1265071005  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ☒ Accessibility:  
 Hours: SA,SU 12AM-11:59PM, M-F 8AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **MONTESA, CHRISTINE M**

Provider ID: 215266  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY STE 202  
 SAN DIEGO, CA 92123-4227  
 Phone: (858) 966-8030  
 Fax:  
 After Hours Phone: (858) 966-8030  
 Provider Gender: Female  
 License number: A110356  
 NPI: 1467616581  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally

Thornton, Ucsd Medical Ctr, Pomona Valley Hosp Med Ctr, San Antonio Comm Hosp  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ☒ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **MONTESA, CHRISTINE M**

Provider ID: 239170  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3030 CHILDRENS WAY STE 202  
 SAN DIEGO, CA 92123-4227  
 Phone: (858) 966-8030  
 Fax:  
 After Hours Phone: (858) 966-8030  
 Provider Gender: Female  
 License number: A110356  
 NPI: 1467616581  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Childrens Hospital San Diego,  
Ucsd La Jolla John Sally  
Thornton, Ucsd Medical Ctr,  
Pomona Valley Hosp Med Ctr,  
San Antonio Comm Hosp  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours: M-F 8AM-5PM, SA*  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health*  
Network, Ucsd Medical Group

### **NIGRO, JOHN J**

*Provider ID: 205367*  
*Board Certified Specialty: No*  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE 202  
SAN DIEGO, CA 92123-4227  
*Phone: (858) 966-8030*  
*Fax: (858) 966-8032*  
*After Hours Phone: (858)*  
966-8030  
*Provider Gender: Male*  
*License number: G80887*  
*NPI: 1881707818*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*

*Cultural Competency: No*  
*Hospital Affiliation: Rady*  
Childrens Hospital San Diego  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/18*  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours: M-F 8AM-5PM, SA*  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health*  
Network

### **PRETORIUS, GERT D**

*Provider ID: 64148*  
*Board Certified Specialty: No*  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone: (619) 543-7777*  
*Fax:*  
*After Hours Phone: (619)*  
543-7777  
*Provider Gender: Male*  
*License number: A113774*  
*NPI: 1629385836*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
Afrikaans  
*Cultural Competency: No*  
*Hospital Affiliation: Rady*

Childrens Hospital San Diego,  
Tri City Medical Ctr, Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
No  
*Accessibility: W*  
*Hours: M-F 9AM-5PM, SA*  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health*  
Network, Ucsd Medical Group

### **SAKAKIBARA, NAOHIDE**

*Provider ID: 64171*  
*Board Certified Specialty: No*  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone: (619) 543-6222*  
*Fax:*  
*After Hours Phone: (619)*  
543-6222  
*Provider Gender: Male*  
*License number: A67153*  
*NPI: 1588697916*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Ucsd*

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## D. Directorio de proveedores de atención especializada

Medical Ctr	American Sign Language (ASL):	American Sign Language (ASL):
Medi-Cal Open Panel: No	No	No
Min/Max Age: None	♿ Accessibility:	♿ Accessibility:
American Sign Language (ASL):	Hours: M-F 8AM-5PM, SA	Hours: M-F 8AM-5PM, SA
No	9AM-5PM	9AM-5PM
♿ Accessibility: W	Website:	Website:
Hours: M-SA 9AM-5PM	Email:	Email:
Website:	Medical Group(s):	Medical Group(s):
Email:	IPA: Ucsd Medical Group	IPA: Rady Childrens Health
Medical Group(s):		Network
IPA:	<b>TRANSPLANT SURGERY</b>	

### **SIDERIS, ANTONIOS**

Provider ID: 285655  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A173526  
 NPI: 1134495336  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Greek, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

### **MEKEEL, KRISTIN L**

Provider ID: 262109  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY STE 107  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-7711  
 Fax:  
 After Hours Phone: (858)  
 966-7711  
 Provider Gender: Female  
 License number: C54096  
 NPI: 1104861947  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18

### **SCHNICKEL, GABRIEL T**

Provider ID: 262192  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
 Phone: (858) 966-8354  
 Fax: (858) 966-5815  
 After Hours Phone: (858)  
 966-8354  
 Provider Gender: Male  
 License number: A83329  
 NPI: 1619111440  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18

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## D. Directorio de proveedores de atención especializada

American Sign Language (ASL): No  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

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### UROLOGY

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#### **ALAGIRI, MADHU**

Provider ID: 52903  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-7484  
 Fax:  
 After Hours Phone: (858)  
 966-7484  
 Provider Gender: Male  
 License number: G83089  
 NPI: 1619083961  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T,  
 W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

#### **BECHIS, SETH K**

Provider ID: 110165  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A139139  
 NPI: 1376863746  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-6PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### **BOSCH, PHILIP C**

Provider ID: 115863  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: G46782  
 NPI: 1508845983  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BUCKLEY, JILL C**

Provider ID: 83249

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 111

SAN DIEGO, CA 92121-3019

Phone: (858) 657-8860

Fax: (858) 228-1740

After Hours Phone: (858)

657-8860

Provider Gender: Female

License number: A77631

NPI: 1730198128

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Medical Ctr

At Ucsf, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHEN, TONY T**

Provider ID: 283960

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A171188

NPI: 1245684497

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **CHIANG, GEORGE**

Provider ID: 205945

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

Phone: (858) 966-7484

Fax: (858) 966-4064

After Hours Phone: (858)

966-7484

Provider Gender: Male

License number: A98687

NPI: 1093773954

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Parkview Community Hospital

Medical Center, Northern Inyo

Hosp

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

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## D. Directorio de proveedores de atención especializada

<p><b>CHIANG, GEORGE</b>  <i>Provider ID:</i> 52893  <i>Board Certified Specialty:</i> No            RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN            7920 FROST ST STE 200            SAN DIEGO, CA 92123-4289  <i>Phone:</i> (858) 966-7484  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 966-7484  <i>Provider Gender:</i> Male  <i>License number:</i> A98687  <i>NPI:</i> 1093773954  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i></p>	<p><i>IPA:</i> Rady Childrens Health Network  <b>COHEN, EDWARD S</b>  <i>Provider ID:</i> 120293  <i>Board Certified Specialty:</i> No            GENESIS HEALTHCARE PARTNERS PC            3444 KEARNY VILLA RD STE 201            SAN DIEGO, CA 92123-1960  <i>Phone:</i> (858) 430-1101  <i>Fax:</i>  <i>After Hours Phone:</i> (858) 430-1101  <i>Provider Gender:</i> Male  <i>License number:</i> G56844  <i>NPI:</i> 1093756827  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i></p>	<p><i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc  <b>DATO, PAUL E , MD</b>  <i>Provider ID:</i> 269141  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            3444 KEARNY VILLA RD STE 201            SAN DIEGO, CA 92123-1960  <i>Phone:</i> (858) 430-1101  <i>Fax:</i> (858) 221-5049  <i>After Hours Phone:</i> (858) 430-1101  <i>Provider Gender:</i> Male  <i>License number:</i> A43540  <i>NPI:</i> 1588632715  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Grossmont Hospital, Sharp Grossmont Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 8:30AM-4:30PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i></p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>DATO, PAUL E</b> Provider ID: 42443 Board Certified Specialty: Yes GENESIS HEALTHCARE PARTNERS PC 4060 4TH AVE STE 310 SAN DIEGO, CA 92123-1960 Phone: (858) 430-1101 Fax: After Hours Phone: (858) 430-1101 Provider Gender: Male License number: A43540 NPI: 1588632715 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Sharp Grossmont Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s):</p>	<p>IPA: Community Care Ipa Llc</p> <p><b>DICKS, BRIAN M</b> Provider ID: 57668 Board Certified Specialty: No GENESIS HEALTHCARE PARTNERS PC 4060 4TH AVE STE 310 SAN DIEGO, CA 92103-2120 Phone: (619) 297-4707 Fax: (858) 429-7927 After Hours Phone: (619) 297-4707 Provider Gender: Male License number: A100413 NPI: 1144425687 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Palomar Health, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital, Kaiser Foundation Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website:</p>	<p>Email: Medical Group(s): IPA: Community Care Ipa Llc</p> <p><b>DICKS, BRIAN M , MD</b> Provider ID: 57668 Board Certified Specialty: No GENESIS HEALTHCARE PARTNERS PC 4060 4TH AVE STE 310 SAN DIEGO, CA 92103-2120 Phone: (619) 297-4707 Fax: (858) 429-7927 After Hours Phone: (619) 297-4707 Provider Gender: Male License number: A100413 NPI: 1144425687 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Pomerado Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital, Kaiser Foundation Hospital San Diego Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility:</p>
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## D. Directorio de proveedores de atención especializada

Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **DICKS, BRIAN M**

Provider ID: 63876  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: A100413  
NPI: 1144425687  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Pomerado  
Hospital, Palomar Medical  
Center, Scripps Mercy Hospital  
Chula Vista, Scripps Mercy  
Hospital, Ucsd Medical Ctr,  
Sharp Memorial Hospital,  
Kaiser Foundation Hospital San  
Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **GODEBU, ELANA**

Provider ID: 127348  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-7876  
Fax:  
After Hours Phone: (858)  
657-7876  
Provider Gender: Female  
License number: A119468  
NPI: 1609189224  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **GODEBU, ELANA**

Provider ID: 203511  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-7876  
Fax:  
After Hours Phone: (858)  
657-7876  
Provider Gender: Female  
License number: A119468  
NPI: 1609189224  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Ucsd Medical Group

### **HOLDEN, MARC M**

Provider ID: 269620

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

4060 4TH AVE STE 310

SAN DIEGO, CA 92103-2120

Phone: (619) 297-4707

Fax: (858) 429-7927

After Hours Phone: (619)

297-4707

Provider Gender: Male

License number: A129770

NPI: 1861747396

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Mercy Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M 8AM-5PM, TU-TH

8AM-4:30PM, F 8AM-2PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **HSIEH, LESLIE Q**

Provider ID: 122435

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

Phone: (858) 966-7484

Fax:

After Hours Phone: (858)

966-7484

Provider Gender: Female

License number: A120282

NPI: 1326207283

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **KANE, CHRISTOPHER J**

Provider ID: 63988

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: G69249

NPI: 1083636294

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **KEILLER, DANNY L , MD**

Provider ID: 243958

Board Certified Specialty: Yes

COMMUNITY CARE IPA LLC

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

3444 KEARNY VILLA RD STE 202 SAN DIEGO, CA 92123-1960 Phone: (858) 429-7646 Fax: (858) 429-7929 After Hours Phone: (858) 429-7646 Provider Gender: Male License number: C32092 NPI: 1346356961 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: 18/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California	IHP OF SOUTHERN CALIFORNIA 3444 KEARNY VILLA RD STE 202 SAN DIEGO, CA 92123-1960 Phone: (858) 429-7646 Fax: (858) 429-7929 After Hours Phone: (858) 429-7646 Provider Gender: Male License number: C32092 NPI: 1346356961 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California	Provider ID: 128623 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Female License number: C137247 NPI: 1366578031 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA:
<b>KEILLER, DANNY L</b> Provider ID: 295964 Board Certified Specialty: Yes	<b>LAHEY, SUSAN</b>	<b>MARIETTI SHEPHERD, SARAH R</b> Provider ID: 265122 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 7920 FROST ST STE 200 SAN DIEGO, CA 92123-4289

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Phone: (858) 966-7484  
 Fax: (858) 966-4064  
 After Hours Phone: (858) 966-7484  
 Provider Gender: Female  
 License number: A106447  
 NPI: 1801094115  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **MONGA, MANOJ**

Provider ID: 256847  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: G81273  
 NPI: 1174609127  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MONGA, MANOJ**

Provider ID: 274480  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: G81273  
 NPI: 1174609127  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MOSELEY, WILLIAM G**

Provider ID: 265104  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 3969 4TH AVE STE 202  
 SAN DIEGO, CA 92103-3165

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

Phone: (619) 260-0060  
 Fax: (619) 260-0460  
 After Hours Phone: (619) 260-0060  
 Provider Gender: Male  
 License number: G20196  
 NPI: 1568564276  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-TH 8:30AM-4PM, F 8:30AM-12:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

### **PARSONS, LOWELL C**

Provider ID: 64129  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222

Provider Gender: Male  
 License number: G33834  
 NPI: 1588677124  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PATEL, DEVIN N**

Provider ID: 246094  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A144629  
 NPI: 1437505559  
 Provider English Spoken: Yes

Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Cedars Sinai Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PE, MARK- RALLY L , MD**

Provider ID: 55252  
 Board Certified Specialty: No  
 GENESIS HEALTHCARE PARTNERS PC  
 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 297-4707  
 Fax: (858) 429-7927  
 After Hours Phone: (619) 297-4707  
 Provider Gender: Male  
 License number: A112013  
 NPI: 1801003694  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PE, MARK- RALLY L**

*Provider ID:* 55252  
*Board Certified Specialty:* No  
 GENESIS HEALTHCARE PARTNERS PC  
 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103-2120  
*Phone:* (619) 297-4707  
*Fax:*  
*After Hours Phone:* (619) 297-4707  
*Provider Gender:* Male  
*License number:* A112013  
*NPI:* 1801003694  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **REDDY, MADHUMITHA C**

*Provider ID:* 117539  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* 20A15373  
*NPI:* 1568724417  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish, Telugu  
*Cultural Competency:* No

*Hospital Affiliation:* Loma Linda University Med Ctr Murrieta, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Corona Regional Med Ctr, Temecula Valley Hospital Inc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ROBERTS, JAMES L**

*Provider ID:* 113321  
*Board Certified Specialty:* No  
 GENESIS HEALTHCARE PARTNERS PC  
 3444 KEARNY VILLA RD STE 202  
 SAN DIEGO, CA 92123-1960  
*Phone:* (619) 299-0670  
*Fax:*  
*After Hours Phone:* (619) 299-0670  
*Provider Gender:* Male  
*License number:* G59945  
*NPI:* 1508972191

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## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No	<i>Cultural Competency:</i> No
<i>Hospital Affiliation:</i> Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital	<i>Hospital Affiliation:</i> Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital	<i>Hospital Affiliation:</i> Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital
<i>Medi-Cal Open Panel:</i> No	<i>Medi-Cal Open Panel:</i> Yes	<i>Medi-Cal Open Panel:</i> Yes
<i>Min/Max Age:</i> None	<i>Min/Max Age:</i> 0/999	<i>Min/Max Age:</i> None
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>♿ Accessibility:</i> W	<i>♿ Accessibility:</i>	<i>♿ Accessibility:</i>
<i>Hours:</i> M-SA 9AM-5PM	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>Email:</i>	<i>Email:</i>	<i>Email:</i>
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>Medical Group(s):</i>
<i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc	<i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc	<i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **ROBERTS, JAMES L , MD**

*Provider ID:* 270010  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3444 KEARNY VILLA RD STE 201  
 SAN DIEGO, CA 92123-1960  
*Phone:* (858) 430-1101  
*Fax:* (858) 221-5049  
*After Hours Phone:* (858) 430-1101  
*Provider Gender:* Male  
*License number:* G59945  
*NPI:* 1508972191

### **ROBERTS, JAMES L , MD**

*Provider ID:* 65495  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4033 3RD AVE STE 400  
 SAN DIEGO, CA 92103-2140  
*Phone:* (619) 299-0670  
*Fax:* (858) 429-7929  
*After Hours Phone:* (619) 299-0670  
*Provider Gender:* Male  
*License number:* G59945  
*NPI:* 1508972191

### **ROCHESTER, MARIANNE G**

*Provider ID:* 265134  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 3969 4TH AVE STE 202  
 SAN DIEGO, CA 92103-3165  
*Phone:* (619) 260-0060  
*Fax:* (619) 260-0460  
*After Hours Phone:* (619) 260-0060  
*Provider Gender:* Female  
*License number:* A45939

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

NPI: 1386746097	NPI: 1205281912	Japanese
Provider English Spoken: Yes	Provider English Spoken: Yes	Cultural Competency: No
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Hospital Affiliation:
Cultural Competency: No	Cultural Competency: No	Medi-Cal Open Panel: No
Hospital Affiliation: Grossmont	Hospital Affiliation: Ucsd La	Min/Max Age: None
Hospital, Sharp Chula Vista	Jolla John Sally Thornton, Ucsd	American Sign Language (ASL):
Med Ctr, Sharp Memorial	Medical Ctr	No
Hospital, Scripps Mercy	Medi-Cal Open Panel: Yes	♿ Accessibility: W
Hospital	Min/Max Age: 0/999	Hours: M-F 9AM-5PM, SA
Medi-Cal Open Panel: Yes	American Sign Language (ASL):	9AM-5PM
Min/Max Age: 0/999	No	Website:
American Sign Language (ASL):	♿ Accessibility:	Email:
No	Hours: M-F 8AM-5PM, SA	Medical Group(s):
♿ Accessibility:	9AM-5PM	IPA:
Hours: M-F 9AM-6PM, SA	Website:	<b>SALEM, CAROL E , MD</b>
9AM-5PM	Email:	Provider ID: 56016
Website:	Medical Group(s):	Board Certified Specialty: No
Email:	IPA: Ucsd Medical Group	GENESIS HEALTHCARE
Medical Group(s):	<b>SAKAMOTO, KYOKO</b>	PARTNERS PC
IPA: Imperial Health Holdings	Provider ID: 64172	4060 4TH AVE STE 310
Medical Group-Sd	Board Certified Specialty: No	SAN DIEGO, CA 92103-2120
<b>SAIDIAN, AVA</b>	UCSD MEDICAL GROUP	Phone: (619) 297-4707
Provider ID: 284831	200 W ARBOR DR	Fax: (858) 429-7927
Board Certified Specialty: No	SAN DIEGO, CA 92103-1911	After Hours Phone: (619)
UCSD MEDICAL GROUP	Phone: (619) 543-6222	297-4707
200 W ARBOR DR	Fax:	Provider Gender: Female
SAN DIEGO, CA 92103-1911	After Hours Phone: (619)	License number: G75788
Phone: (800) 926-8273	543-6222	NPI: 1336152982
Fax: (888) 539-8781	Provider Gender: Female	Provider English Spoken: Yes
After Hours Phone: (800)	License number: A80808	Provider Language(s) Spoken:
926-8273	NPI: 1740223619	Spanish
Provider Gender: Female	Provider English Spoken: Yes	Cultural Competency: No
License number: A172741	Provider Language(s) Spoken:	Hospital Affiliation: Scripps

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Mercy Hospital Chula Vista, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>	<p>Scripps Mercy Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>	<p>Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ucsd Medical Group</p>
<p><b>SALEM, CAROLE E</b> Provider ID: 56016 Board Certified Specialty: No GENESIS HEALTHCARE PARTNERS PC 4060 4TH AVE STE 310 SAN DIEGO, CA 92103-2120 Phone: (619) 297-4707 Fax: (619) 297-2448 After Hours Phone: (619) 297-4707 Provider Gender: Female License number: G75788 NPI: 1336152982 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista,</p>	<p><b>SALMASI, AMIRALI</b> Provider ID: 203122 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A135118 NPI: 1609187962 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Grossmont Hospital Medi-Cal Open Panel: Yes</p>	<p><b>SANTIAGO-LASTRA, YAHIR A</b> Provider ID: 110337 Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR STE 111 SAN DIEGO, CA 92121-3019 Phone: (858) 657-7876 Fax: After Hours Phone: (858) 657-7876 Provider Gender: Female License number: A143504 NPI: 1699936609 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Rady Childrens Hospital San Diego Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No</p>

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## D. Directorio de proveedores de atención especializada

<p>♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>	<p><i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc</p>	<p><i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i></p>
<p><b>SEVILLA, CLAUDIA</b>  <i>Provider ID:</i> 283158  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            3444 KEARNY VILLA RD STE 202            SAN DIEGO, CA 92123-1960  <i>Phone:</i> (858) 429-7646  <i>Fax:</i> (858) 429-7929  <i>After Hours Phone:</i> (858) 429-7646  <i>Provider Gender:</i> Female  <i>License number:</i> A131270  <i>NPI:</i> 1689081275  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Grossmont Hospital, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/105</p>	<p><b>SPARKS, STEPHEN S</b>  <i>Provider ID:</i> 119391  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-6222  <i>Provider Gender:</i> Male  <i>License number:</i> A103568  <i>NPI:</i> 1962609925  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Hollywood Presbyterian Med Ctr, Childrens Hosp Of Los Angeles, Childrens Hospital National Medical Center, Fairfax Hospital, Medstar Georgetown Medical Center Inc  <i>Medi-Cal Open Panel:</i> No</p>	<p><b>SUR, ROGER L</b>  <i>Provider ID:</i> 64214  <i>Board Certified Specialty:</i> No            UCSD MEDICAL GROUP            200 W ARBOR DR            SAN DIEGO, CA 92103-1911  <i>Phone:</i> (619) 543-6222  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 543-6222  <i>Provider Gender:</i> Male  <i>License number:</i> G80585  <i>NPI:</i> 1932208022  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> No  <i>Min/Max Age:</i> None  <i>American Sign Language (ASL):</i> No            ♿ <i>Accessibility:</i> W  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p>

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## D. Directorio de proveedores de atención especializada

Website:

Email:

Medical Group(s):

IPA:

### **SWORDS, KELLY**

Provider ID: 101215

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

Phone: (858) 966-7484

Fax:

After Hours Phone: (858)

966-7484

Provider Gender: Female

License number: A136481

NPI: 1316101256

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Childrens Hosp And Resrch Ctr

At Oakland

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **SWORDS, KELLY**

Provider ID: 206183

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

Phone: (858) 966-7484

Fax: (858) 966-4064

After Hours Phone: (858)

966-7484

Provider Gender: Female

License number: A136481

NPI: 1316101256

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Childrens Hosp And Resrch Ctr

At Oakland

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **ULOKO, MARIA I**

Provider ID: 284961

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A166093

NPI: 1326426016

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

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## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>ULOKO, MARIA I</b> Provider ID: 284962 Board Certified Specialty: No UCSD MEDICAL GROUP 4520 EXECUTIVE DR STE 360 SAN DIEGO, CA 92121-3020 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female License number: A166093 NPI: 1326426016 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email:</p> <p>Medical Group(s): IPA: Ucsd Medical Group</p> <p><b>UNTERBERG, STEPHEN H</b></p>	<p>Provider ID: 284664 Board Certified Specialty: No COMMUNITY CARE IPA LLC 4060 4TH AVE STE 310 SAN DIEGO, CA 92103-2120 Phone: (619) 297-4707 Fax: (858) 429-7927 After Hours Phone: (619) 297-4707 Provider Gender: Male License number: A133758 NPI: 1215374210 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 16/110 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email:</p> <p>Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California</p> <p><b>UNTERBERG, STEPHEN H</b> Provider ID: 284665 Board Certified Specialty: No</p>	<p>COMMUNITY CARE IPA LLC 11770 BERNARDO PLAZA CT STE 270 SAN DIEGO, CA 92128-2425 Phone: (858) 485-0554 Fax: (858) 429-7933 After Hours Phone: (858) 485-0554 Provider Gender: Male License number: A133758 NPI: 1215374210 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 16/110 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email:</p> <p>Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California</p> <p><b>UNTERBERG, STEPHEN H</b> Provider ID: 295833 Board Certified Specialty: No IHP OF SOUTHERN</p>
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## D. Directorio de proveedores de atención especializada

<p>CALIFORNIA 4060 4TH AVE STE 310 SAN DIEGO, CA 92103-2120 Phone: (619) 297-4707 Fax: (858) 429-7927 After Hours Phone: (619) 297-4707 Provider Gender: Male License number: A133758 NPI: 1215374210 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California</p>	<p>11770 BERNARDO PLAZA CT STE 270 SAN DIEGO, CA 92128-2425 Phone: (858) 485-0554 Fax: (858) 429-7933 After Hours Phone: (858) 485-0554 Provider Gender: Male License number: A133758 NPI: 1215374210 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Ihp Of Southern California</p>	<p>3444 KEARNY VILLA RD STE 202 SAN DIEGO, CA 92123-1960 Phone: (858) 429-7646 Fax: After Hours Phone: (858) 429-7646 Provider Gender: Male License number: G75357 NPI: 1811003411 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>
<p><b>UNTERBERG, STEPHEN H</b> Provider ID: 295834 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA</p>	<p><b>VAPNEK, EVAN M</b> Provider ID: 114201 Board Certified Specialty: No GENESIS HEALTHCARE PARTNERS PC</p>	<p><b>VAPNEK, EVAN M , MD</b> Provider ID: 270006 Board Certified Specialty: No COMMUNITY CARE IPA LLC</p>

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## D. Directorio de proveedores de atención especializada

3444 KEARNY VILLA RD STE 201 SAN DIEGO, CA 92123-1960 Phone: (858) 430-1101 Fax: (858) 221-5049 After Hours Phone: (858) 430-1101 Provider Gender: Male License number: G75357 NPI: 1811003411 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	4033 3RD AVE STE 400 SAN DIEGO, CA 92103-2140 Phone: (619) 299-0670 Fax: (858) 429-7929 After Hours Phone: (619) 299-0670 Provider Gender: Male License number: G75357 NPI: 1811003411 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	SAN DIEGO, CA 92103-1911 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male License number: A174216 NPI: 1871987180 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ucsd Medical Group
<b>VAPNEK, EVAN M , MD</b> Provider ID: 65497 Board Certified Specialty: No COMMUNITY CARE IPA LLC	<b>WITTHAUS, MICHAEL W</b> Provider ID: 285494 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR	<b>WOO, JASON R</b> Provider ID: 98954 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103-1911

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## D. Directorio de proveedores de atención especializada

Phone: (619) 543-3572  
 Fax: (619) 543-3475  
 After Hours Phone: (619) 543-3572  
 Provider Gender: Male  
 License number: A114634  
 NPI: 1437380086  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### SAN MARCOS

### CARDIOLOGY

#### DO, HULBERT N

Provider ID: 291583  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 150 VALPREDA RD

SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 Provider Gender: Male  
 License number: C162072  
 NPI: 1679733760  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 8AM-8PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

#### DO, HULBERT N

Provider ID: 295941  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 955 BOARDWALK STE 100  
 SAN MARCOS, CA 92078-2659

Phone: (760) 798-8855  
 Fax: (619) 616-2104  
 After Hours Phone: (760) 798-8855  
 Provider Gender: Male  
 License number: C162072  
 NPI: 1679733760  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

#### MOHAMEDALI, BURHAN, MD

Provider ID: 245578  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 955 BOARDWALK STE 100  
 SAN MARCOS, CA 92078-2659  
 Phone: (760) 798-8855  
 Fax: (760) 755-5245  
 After Hours Phone: (760) 798-8855

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## D. Directorio de proveedores de atención especializada

<i>Provider Gender:</i> Male	<i>Provider English Spoken:</i> Yes	<i>Phone:</i> (760) 798-8855
<i>License number:</i> A125669	<i>Provider Language(s) Spoken:</i>	<i>Fax:</i> (760) 755-5245
<i>NPI:</i> 1831393289	Farsi, Spanish	<i>After Hours Phone:</i> (760) 798-8855
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<i>Provider Gender:</i> Male
<i>Provider Language(s) Spoken:</i>	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital	<i>License number:</i> 20A7241
Spanish, Swahili		<i>NPI:</i> 1689788234
<i>Cultural Competency:</i> No		<i>Provider English Spoken:</i> Yes
<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr		<i>Provider Language(s) Spoken:</i>
<i>Medi-Cal Open Panel:</i> Yes		Farsi, Spanish
<i>Min/Max Age:</i> 0/999		<i>Cultural Competency:</i> No
<i>American Sign Language (ASL):</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
No	<i>Min/Max Age:</i> 16/120	<i>Medi-Cal Open Panel:</i> Yes
<i>Accessibility:</i>	<i>American Sign Language (ASL):</i>	<i>Min/Max Age:</i> 0/999
<i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM	No	<i>American Sign Language (ASL):</i>
<i>Website:</i>	<i>Accessibility:</i>	No
<i>Email:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Accessibility:</i>
<i>Medical Group(s):</i>	<i>Website:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>IPA:</i> Community Care Ipa Llc	<i>Email:</i>	<i>Website:</i>
	<i>Medical Group(s):</i>	<i>Email:</i>
	<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California	<i>Medical Group(s):</i>
<b>MOUSSAVIAN, MEHRAN, MD</b>		<i>IPA:</i> Community Care Ipa Llc, Ihp Of Southern California
<i>Provider ID:</i> 242265	<b>MOUSSAVIAN, MEHRAN</b>	
<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 295959	
COMMUNITY CARE IPA LLC	<i>Board Certified Specialty:</i> No	
955 BOARDWALK STE 100	IHP OF SOUTHERN CALIFORNIA	
SAN MARCOS, CA 92078-2659	CALIFORNIA	
<i>Phone:</i> (760) 798-8855	955 BOARDWALK STE 100	
<i>Fax:</i> (760) 755-5245	SAN MARCOS, CA 92078-2659	
<i>After Hours Phone:</i> (760) 798-8855		
<i>Provider Gender:</i> Male		
<i>License number:</i> 20A7241		
<i>NPI:</i> 1689788234		
		<b>NARAYANAN, MEENA R , MD</b>
		<i>Provider ID:</i> 247696
		<i>Board Certified Specialty:</i> No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>COMMUNITY CARE IPA LLC            955 BOARDWALK STE 100            SAN MARCOS, CA 92078-2659  <i>Phone: (760) 798-8855</i>  <i>Fax: (760) 755-5245</i>  <i>After Hours Phone: (760) 798-8855</i>  <i>Provider Gender: Female</i>  <i>License number: A113448</i>  <i>NPI: 1508170697</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Farsi, Spanish</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Sharp Memorial Hospital, Sharp Chula Vista Med Ctr</i>  <i>Medi-Cal Open Panel: No</i>  <i>Min/Max Age: 18/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility:</i>  <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Community Care Ipa Llc</i></p>	<p>150 VALPRED A RD            SAN MARCOS, CA 92069-2973  <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 566-1501</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Provider Gender: Male</i>  <i>License number: 20A13745</i>  <i>NPI: 1194161406</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Gujarati, Hindi, Spanish</i>  <i>Cultural Competency: No</i>  <i>Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility:</i>  <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i></p>	<p>150 VALPRED A RD            SAN MARCOS, CA 92069-2973  <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 736-8740</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Provider Gender: Female</i>  <i>License number: A171932</i>  <i>NPI: 1811307051</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Cultural Competency: No</i>  <i>Hospital Affiliation: Sharp Grossmont Hospital, Sharp Chula Vista Med Ctr</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0/999</i>  <i>American Sign Language (ASL): No</i>  <i>Accessibility:</i>  <i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i></p>
<p><b>PARIKH, MILIND D</b>  <i>Provider ID: 291595</i>  <i>Board Certified Specialty: No</i>            IHP OF SOUTHERN CALIFORNIA</p>	<p><b>SUDHAKAR, DEEPTHI</b>  <i>Provider ID: 291607</i>  <i>Board Certified Specialty: No</i>            IHP OF SOUTHERN CALIFORNIA</p>	<p><b>SUDHAKAR, DEEPTHI</b>  <i>Provider ID: 295847</i>  <i>Board Certified Specialty: No</i>            IHP OF SOUTHERN CALIFORNIA            955 BOARDWALK STE 100</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>SAN MARCOS, CA 92078-2659            Phone: (760) 798-8855            Fax: (760) 755-5245            After Hours Phone: (760) 798-8855            Provider Gender: Female            License number: A171932            NPI: 1811307051            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Sharp            Grossmont Hospital, Sharp            Chula Vista Med Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc,            Ihp Of Southern California</p>	<p>838 NORDAHL RD STE 300            SAN MARCOS, CA 92069-3599            Phone: (760) 747-8935            Fax: (760) 466-0078            After Hours Phone: (760) 747-8935            Provider Gender: Female            License number: NP95017459            NPI: 1528731403            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Phone: (760) 747-8935            Fax:            After Hours Phone: (760) 747-8935            Provider Gender: Female            License number: NP95006591            NPI: 1538689310            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Memorial Hospital            Medi-Cal Open Panel: No            Min/Max Age: None            American Sign Language (ASL):            No            ♿ Accessibility: W            Hours: M-F 8AM-5PM, SA            9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>
<hr/> <p><b>CERTIFIED NURSE            PRACTITIONER</b></p> <hr/>	<p><b>COYLE, JENNIFER M</b>            Provider ID: 122758            Board Certified Specialty: No            CALIFORNIA CANCER ASSOCS            FOR RESEARCH AND EXCELL            838 NORDAHL RD STE 300            SAN MARCOS, CA 92069-3599</p>	<p><b>COYLE, JENNIFER M , NPA</b>            Provider ID: 253094            Board Certified Specialty: No            COMMUNITY CARE IPA LLC            838 NORDAHL RD STE 300            SAN MARCOS, CA 92069-3599            Phone: (760) 748-8935            Fax: (760) 466-0078            After Hours Phone: (760) 748-8935</p>
<p><b>ANDREW, SHIRLEY A</b>            Provider ID: 288497            Board Certified Specialty: No            COMMUNITY CARE IPA LLC</p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p> <i>Provider Gender:</i> Female  <i>License number:</i> NP95006591  <i>NPI:</i> 1538689310  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc         </p>	<p> <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 16/120  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd         </p>	<p> <i>Hospital Affiliation:</i>  <i>Medi-Cal Open Panel:</i> Yes  <i>Min/Max Age:</i> 0/999  <i>American Sign Language (ASL):</i> No  <i>♿ Accessibility:</i>  <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>  <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd         </p>
<p> <b>FAIQ, JAMILA, NPA</b>  <i>Provider ID:</i> 254825  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            838 NORDAHL RD STE 300            SAN MARCOS, CA 92069-3599  <i>Phone:</i> (760) 748-8935  <i>Fax:</i> (760) 466-0078  <i>After Hours Phone:</i> (760) 748-8935  <i>Provider Gender:</i> Female  <i>License number:</i> NP95004759  <i>NPI:</i> 1518414366  <i>Provider English Spoken:</i> Yes         </p>	<p> <b>FAIQ, JAMILA</b>  <i>Provider ID:</i> 262384  <i>Board Certified Specialty:</i> No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD            838 NORDAHL RD STE 300            SAN MARCOS, CA 92069-3599  <i>Phone:</i> (760) 748-8935  <i>Fax:</i> (760) 466-0078  <i>After Hours Phone:</i> (760) 748-8935  <i>Provider Gender:</i> Female  <i>License number:</i> NP95004759  <i>NPI:</i> 1518414366  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> No         </p>	<p> <b>FRANZ, CORTNEY D , NPA</b>  <i>Provider ID:</i> 257616  <i>Board Certified Specialty:</i> No            COMMUNITY CARE IPA LLC            838 NORDAHL RD STE 300            SAN MARCOS, CA 92069-3599  <i>Phone:</i> (760) 474-8935  <i>Fax:</i> (760) 466-0078  <i>After Hours Phone:</i> (760) 474-8935  <i>Provider Gender:</i> Female  <i>License number:</i> NP95004258  <i>NPI:</i> 1174077507  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> No  <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas         </p>

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## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### FRANZ, CORTNEY D

Provider ID: 262399

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

838 NORDAHL RD STE 300

SAN MARCOS, CA 92069-3599

Phone: (760) 474-8935

Fax: (760) 466-0078

After Hours Phone: (760)

474-8935

Provider Gender: Female

License number: NP95004258

NPI: 1174077507

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### HACINAS, REYNALDO O

Provider ID: 295052

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

150 VALPREDA RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)

736-6767

Provider Gender: Male

License number: NP95003024

NPI: 1215304860

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 4/999

American Sign Language (ASL):

No

♿ Accessibility:

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

8AM-4:30PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### KOHOUT, KATHRYN M

Provider ID: 291105

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

150 VALPREDA RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax: (760) 556-1501

After Hours Phone: (760)

736-6767

Provider Gender: Female

License number: NP95014401

NPI: 1316544331

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 14/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-8PM, SA

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

8AM-5PM	<i>Email:</i>	Network
<i>Website:</i>	<i>Medical Group(s):</i>	<b>MOGA, CLAIRE S</b>
<i>Email:</i>	<i>IPA: Rady Childrens Health</i>	<i>Provider ID: 262368</i>
<i>Medical Group(s):</i>	Network	<i>Board Certified Specialty: No</i>
<i>IPA: Ihp Of Southern California</i>	<b>MANCHESTER, KAREN L</b>	IMPERIAL HEALTH HOLDINGS
<b>KROCHMAL, RACHEL E</b>	<i>Provider ID: 288906</i>	MEDICAL GROUP-SD
<i>Provider ID: 288905</i>	<i>Board Certified Specialty: No</i>	838 NORDAHL RD STE 300
<i>Board Certified Specialty: No</i>	RADY CHILDRENS HEALTH	SAN MARCOS, CA 92069-3599
RADY CHILDRENS HEALTH	NETWORK	<i>Phone: (760) 747-8935</i>
NETWORK	120 CRAVEN RD STE 101	<i>Fax:</i>
120 CRAVEN RD STE 101	SAN MARCOS, CA 92078-4236	<i>After Hours Phone: (760)</i>
SAN MARCOS, CA 92078-4236	<i>Phone: (760) 740-2710</i>	747-8935
<i>Phone: (760) 740-2710</i>	<i>Fax: (858) 207-0003</i>	<i>Provider Gender: Female</i>
<i>Fax: (858) 207-0003</i>	<i>After Hours Phone: (760)</i>	<i>License number: NP95007255</i>
<i>After Hours Phone: (760)</i>	740-2710	<i>NPI: 1144748211</i>
740-2710	<i>Provider Gender: Female</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Gender: Female</i>	<i>License number: NP20883</i>	<i>Provider Language(s) Spoken:</i>
<i>License number: NP457272</i>	<i>NPI: 1801225941</i>	<i>Cultural Competency: No</i>
<i>NPI: 1326117920</i>	<i>Provider English Spoken: Yes</i>	<i>Hospital Affiliation:</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency: No</i>	<i>Min/Max Age: 0/999</i>
<i>Cultural Competency: No</i>	<i>Hospital Affiliation:</i>	<i>American Sign Language (ASL):</i>
<i>Hospital Affiliation: Scripps</i>	<i>Medi-Cal Open Panel: No</i>	No
Mercy Hospital, Palomar	<i>Min/Max Age: 0/18</i>	<i>♿ Accessibility:</i>
Medical Center	<i>American Sign Language (ASL):</i>	<i>Hours: M-SA 9AM-5PM</i>
<i>Medi-Cal Open Panel: No</i>	No	<i>Website:</i>
<i>Min/Max Age: 0/18</i>	<i>♿ Accessibility:</i>	<i>Email:</i>
<i>American Sign Language (ASL):</i>	<i>Hours: M-F 8AM-5PM, SA</i>	<i>Medical Group(s):</i>
No	9AM-5PM	<i>IPA: Imperial Health Holdings</i>
<i>♿ Accessibility:</i>	<i>Website:</i>	Medical Group-Sd
<i>Hours: M-F 8AM-5PM, SA</i>	<i>Email:</i>	<b>MOONEY, PATRICIA J</b>
9AM-5PM	<i>Medical Group(s):</i>	<i>Provider ID: 280382</i>
<i>Website:</i>	<i>IPA: Rady Childrens Health</i>	<i>Board Certified Specialty: No</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

COMMUNITY CARE IPA LLC 838 NORDAHL RD STE 300 SAN MARCOS, CA 92069-3599 Phone: (760) 747-8935 Fax: (760) 466-0078 After Hours Phone: (760) 747-8935 Provider Gender: Female License number: NP95015705 NPI: 1700470200 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	Phone: (760) 747-8935 Fax: (760) 466-0078 After Hours Phone: (760) 747-8935 Provider Gender: Female License number: NP95009639 NPI: 1598320996 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc	Phone: (760) 736-6767 Fax: (760) 566-1501 After Hours Phone: (760) 736-6767 Provider Gender: Female License number: NP95015737 NPI: 1386965986 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-7PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California
<b>MWAURA, WAIRIMU R , NPA</b> Provider ID: 269681 Board Certified Specialty: No COMMUNITY CARE IPA LLC 838 NORDAHL RD STE 300 SAN MARCOS, CA 92069-3599	<b>NASH, NOJA A</b> Provider ID: 291533 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 150 VALPRED A RD SAN MARCOS, CA 92069-2973	<b>RORABAUGH, EMILY N</b> Provider ID: 263140 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 1582 W SAN MARCOS BLVD STE 203 SAN MARCOS, CA 92078-4081

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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Phone: (760) 744-6710  
Fax: (760) 744-6156  
After Hours Phone: (760) 744-6710  
Provider Gender: Female  
License number: NP95004705  
NPI: 1619424959  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **TAUBMAN, DEBORAH A**

Provider ID: 290965  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
150 VALPRED A RD  
SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
License number: NP7211  
NPI: 1235307802  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-8PM, SA  
8AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VAHDAT, VALERIE K**

Provider ID: 294758  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069-3563  
Phone: (833) 867-4642  
Fax: (360) 462-5827  
After Hours Phone: (833)  
867-4642

Provider Gender: Female  
License number: NP95019101  
NPI: 1093474090  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ihp Of Southern California

### **VILLANUEVA, SALLY A**

Provider ID: 295491  
Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA  
150 VALPRED A RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
License number: NP95018843  
NPI: 1427713569  
Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency: No</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Cultural Competency: No</i>	<i>Hospital Affiliation:</i>	<i>Min/Max Age: 0/999</i>
<i>Hospital Affiliation:</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>American Sign Language (ASL):</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Min/Max Age: 0/999</i>	<i>No</i>
<i>Min/Max Age: 0/999</i>	<i>American Sign Language (ASL):</i>	<i>♿ Accessibility:</i>
<i>American Sign Language (ASL):</i>	<i>No</i>	<i>Hours: M-SA 9AM-5PM</i>
<i>No</i>	<i>♿ Accessibility:</i>	<i>Website:</i>
<i>♿ Accessibility:</i>	<i>Hours: M-SA 9AM-5PM</i>	<i>Email:</i>
<i>Hours: M-F 8AM-8PM, SA</i>	<i>Website:</i>	<i>Medical Group(s):</i>
<i>8AM-5PM</i>	<i>Email:</i>	<i>IPA: Ihp Of Southern California</i>
<i>Website:</i>	<i>Medical Group(s):</i>	
<i>Email:</i>	<i>IPA: Ihp Of Southern California</i>	
<i>Medical Group(s):</i>		
<i>IPA: Ihp Of Southern California</i>		

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### CHIROPRACTOR

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

#### **BELANGER, TANYA M**

*Provider ID: 290739*  
*Board Certified Specialty: No*  
 IHP OF SOUTHERN CALIFORNIA  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069-2973  
*Phone: (760) 736-6767*  
*Fax: (760) 566-1501*  
*After Hours Phone: (760) 736-6767*  
*Provider Gender: Female*  
*License number: NM235844*  
*NPI: 1407287469*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*

#### **LOVERN, JENNIFER K**

*Provider ID: 290475*  
*Board Certified Specialty: No*  
 IHP OF SOUTHERN CALIFORNIA  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069-2973  
*Phone: (760) 736-6767*  
*Fax: (760) 736-8740*  
*After Hours Phone: (760) 736-6767*  
*Provider Gender: Female*  
*License number: DC29074*  
*NPI: 1235469396*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Italian  
*Cultural Competency: No*  
*Hospital Affiliation:*

#### **MAUSER, JILL ELLEN A**

*Provider ID: 270661*  
*Board Certified Specialty: No*  
 COMMUNITY CARE IPA LLC  
 1146 SAN MARINO DR  
 SAN MARCOS, CA 92078-4649  
*Phone: (760) 471-2033*  
*Fax: (760) 471-2083*  
*After Hours Phone: (760) 471-2033*  
*Provider Gender: Female*  
*License number: DC17617*  
*NPI: 1033274311*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation:*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours: M,W-F 8AM-5PM, TU*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

8AM-12PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Ihp Of Southern California

Provider ID: 72869

Board Certified Specialty: No  
DERMATOLOGY SPECIALISTS  
INC

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069-3596

Phone: (760) 738-7600

Fax:

After Hours Phone: (760)  
738-7600

Provider Gender: Male

License number: A125103

NPI: 1952436354

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### DERMATOLOGY

#### KIM, JESSICA Y

Provider ID: 247631

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069-3596

Phone: (760) 738-7600

Fax: (760) 738-7616

After Hours Phone: (760)  
738-7600

Provider Gender: Female

License number: 20A17031

NPI: 1245663228

Provider English Spoken: Yes

Provider Language(s) Spoken:  
French, Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

#### VENKAT, ARUN P , MD

Provider ID: 269347

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069-3596

Phone: (760) 738-7600

Fax: (760) 738-7616

After Hours Phone: (760)  
738-7600

Provider Gender: Male

License number: A125103

NPI: 1952436354

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### VENKAT, ARUN P

### HEMATOLOGY / ONCOLOGY

#### BESSUDO, ALBERTO

Provider ID: 125411

Board Certified Specialty: No  
CALIFORNIA CANCER ASSOCS

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

---

FOR RESEARCH AND EXCELL  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599

Phone: (760) 452-3340

Fax:

After Hours Phone: (760)  
452-3340

Provider Gender: Male

License number: A50309

NPI: 1003888074

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Hebrew, Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Scripps Memorial

Hospital Encinitas, Temecula

Valley Hospital Inc, Palomar

Health, Palomar Medical Center

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### **BESSUDO, ALBERTO, MD**

Provider ID: 256963

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

838 NORDAHL RD STE 300

SAN MARCOS, CA 92069-3599

Phone: (760) 474-8935

Fax: (760) 466-0078

After Hours Phone: (760)

474-8935

Provider Gender: Male

License number: A50309

NPI: 1003888074

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hebrew, Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Scripps Memorial

Hospital Encinitas, Temecula

Valley Hospital Inc, Palomar

Health, Palomar Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8:30AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### **EISENBERG, STEVEN G**

Provider ID: 242456

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

838 NORDAHL RD STE 300

SAN MARCOS, CA 92069-3599

Phone: (760) 747-8935

Fax: (760) 747-7951

After Hours Phone: (760)

747-8935

Provider Gender: Male

License number: 20A8293

NPI: 1831162627

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Palomar

Health

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8:30AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### **KOSMO, MICHAEL A , MD**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

---

Provider ID: 241034  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 747-8935  
Fax: (760) 466-0078  
After Hours Phone: (760)  
747-8935  
Provider Gender: Male  
License number: G54074  
NPI: 1891742847  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, German, Spanish,  
Tagalog  
Cultural Competency: No  
Hospital Affiliation: Palomar  
Medical Center, Palomar Health  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/120  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

### LAMON, JOEL M , MD

Provider ID: 241037  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 747-8935  
Fax: (760) 466-0078  
After Hours Phone: (760)  
747-8935  
Provider Gender: Male  
License number: G28164  
NPI: 1699721035  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, German, Spanish,  
Tagalog  
Cultural Competency: No  
Hospital Affiliation: Palomar  
Medical Center, Pomerado  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings  
Medical Group-Sd

**SULLIVAN, JESSICA E , MD**  
Provider ID: 269662  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 747-8935  
Fax: (760) 747-7951  
After Hours Phone: (760)  
747-8935  
Provider Gender: Female  
License number: 20A16273  
NPI: 1942407150  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas,  
Temecula Valley Hospital Inc,  
Scripps Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

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### HOSPICE AND PALLIATIVE

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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

MEDICINE		IPA: Community Care Ipa Llc	INTERNAL MEDICINE	
		HOSPITALIST MD/DO		
<b>PASHA, SABIHA</b>		<b>HOKE, EILEEN M</b>	<b>KAYAL, ANAS N</b>	
Provider ID: 276669		Provider ID: 290241	Provider ID: 295512	
Board Certified Specialty: No		Board Certified Specialty: No	Board Certified Specialty: No	
COMMUNITY CARE IPA LLC		IHP OF SOUTHERN	IHP OF SOUTHERN	
838 NORDAHL RD STE 300		CALIFORNIA	CALIFORNIA	
SAN MARCOS, CA 92069-3599		150 VALPREDA RD	334 VIA VERA CRUZ STE 251	
Phone: (760) 747-8935		SAN MARCOS, CA 92069-2973	SAN MARCOS, CA 92078-2642	
Fax: (760) 466-0078		Phone: (760) 736-6767	Phone: (760) 736-8091	
After Hours Phone: (760)		Fax: (760) 736-8740	After Hours Phone: (760)	
747-8935		After Hours Phone: (760)	736-8091	
Provider Gender: Female		736-6767	Provider Gender: Male	
License number: C50413		Provider Gender: Female	License number: A112450	
NPI: 1871529461		License number: A62558	NPI: 1851376917	
Provider English Spoken: Yes		NPI: 1528031457	Provider English Spoken: Yes	
Provider Language(s) Spoken:		Provider English Spoken: Yes	Provider Language(s) Spoken:	
German, Spanish, Urdu		Provider Language(s) Spoken:	Arabic	
Cultural Competency: No		Cultural Competency: No	Cultural Competency: No	
Hospital Affiliation: Palomar		Hospital Affiliation: Tri City	Hospital Affiliation: Tri City	
Medical Center, Mercy Medical		Medical Ctr, Naval Medical Ctr	Medical Ctr, Palomar Medical	
Center Redding, Pomerado		Sd Rbe	Center, Temecula Valley	
Hospital		Medi-Cal Open Panel: Yes	Hospital Inc, Scripps Memorial	
Medi-Cal Open Panel: Yes		Min/Max Age: 0/999	Hospital Encinitas, Southwest	
Min/Max Age: 0/999		American Sign Language (ASL):	Healthcare System Wildomar	
American Sign Language (ASL):		No	Medi-Cal Open Panel: Yes	
No		⚠ Accessibility:	Min/Max Age: 0/999	
⚠ Accessibility:		Hours: M-SA 9AM-5PM	American Sign Language (ASL):	
Hours: M-F 8AM-5PM, SA		Website:	No	
9AM-5PM		Email:	⚠ Accessibility:	
Website:		Medical Group(s):	Hours: M-F 8AM-5PM, SA	
Email:		IPA: Ihp Of Southern California	9AM-5PM	
Medical Group(s):				

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## D. Directorio de proveedores de atención especializada

<p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>	<p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i> ♿</p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd</p>	<p><i>American Sign Language (ASL):</i> No</p> <p><i>Accessibility:</i> ♿</p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>KAYAL, ANAS N</b></p> <p><i>Provider ID:</i> 295513</p> <p><i>Board Certified Specialty:</i> No</p> <p>IHP OF SOUTHERN CALIFORNIA</p> <p>960 W SAN MARCOS BLVD STE 210</p> <p>SAN MARCOS, CA 92078-1147</p> <p><i>Phone:</i> (760) 736-8091</p> <p><i>Fax:</i> (760) 736-8092</p> <p><i>After Hours Phone:</i> (760) 736-8091</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A112450</p> <p><i>NPI:</i> 1851376917</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Tri City Medical Ctr, Palomar Medical Center, Temecula Valley Hospital Inc, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Wildomar</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p>		
<p><b>MCCLAY, EDWARD F , MD</b></p> <p><i>Provider ID:</i> 243932</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>838 NORDAHL RD STE 300</p> <p>SAN MARCOS, CA 92069-3599</p> <p><i>Phone:</i> (760) 747-8935</p> <p><i>Fax:</i> (760) 466-0078</p> <p><i>After Hours Phone:</i> (760) 747-8935</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G64594</p> <p><i>NPI:</i> 1497727465</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p>		
<p><b>INTERVENTIONAL CARDIOLOGY</b></p>		
<p><b>CARLSON, STEVEN K , MD</b></p> <p><i>Provider ID:</i> 244811</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>955 BOARDWALK STE 100</p> <p>SAN MARCOS, CA 92078-2659</p> <p><i>Phone:</i> (760) 798-8855</p> <p><i>Fax:</i> (760) 755-5245</p> <p><i>After Hours Phone:</i> (760) 798-8855</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A109957</p> <p><i>NPI:</i> 1467602946</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Garfield Medical Center, Santa Monica</p>		

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## D. Directorio de proveedores de atención especializada

Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 18/999</i> <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA</i> 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Community Care Ipa Llc</i>	Farsi, Spanish <i>Cultural Competency: No</i> <i>Hospital Affiliation: Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital</i> <i>Medi-Cal Open Panel: No</i> <i>Min/Max Age: None</i> <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA</i> 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i>	<i>NPI: 1811307051</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency: No</i> <i>Hospital Affiliation: Sharp Grossmont Hospital, Sharp Chula Vista Med Ctr</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 15/99</i> <i>American Sign Language (ASL):</i> No ♿ <i>Accessibility:</i> <i>Hours: M-F 8AM-5PM, SA</i> 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA: Community Care Ipa Llc, Ihp Of Southern California</i>
<b>MOUSSAVIAN, MEHRAN</b> <i>Provider ID: 121818</i> <i>Board Certified Specialty: No</i> CARDIOVASCULAR INSTITUTE OF SAN DIEGO 955 BOARDWALK STE 100 SAN MARCOS, CA 92078-2659 <i>Phone: (760) 798-8855</i> <i>Fax:</i> <i>After Hours Phone: (760)</i> 798-8855 <i>Provider Gender: Male</i> <i>License number: 20A7241</i> <i>NPI: 1689788234</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i>	<b>SUDHAKAR, DEEPTHI</b> <i>Provider ID: 296052</i> <i>Board Certified Specialty: No</i> COMMUNITY CARE IPA LLC 955 BOARDWALK STE 100 SAN MARCOS, CA 92078-2659 <i>Phone: (760) 798-8855</i> <i>Fax: (760) 755-5245</i> <i>After Hours Phone: (760)</i> 798-8855 <i>Provider Gender: Female</i> <i>License number: A171932</i>	<hr/> <b>NEONATAL / PERINATAL MEDICINE</b> <hr/> <b>MOVAAHEDIAN, HAMID R</b> <i>Provider ID: 290298</i> <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CALIFORNIA 150 VALPREDA RD SAN MARCOS, CA 92069-2973 <i>Phone: (760) 736-6767</i> <i>Fax: (760) 736-8740</i> <i>After Hours Phone: (760)</i> 736-6767

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

*Provider Gender:* Male  
*License number:* A49253  
*NPI:* 1619920816  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Ihp Of Southern California

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### NEUROLOGY

---

#### **GRATIANNE, ROBERTO**

*Provider ID:* 295900  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 838 NORDAHL RD STE 200  
 SAN MARCOS, CA 92069-3595  
*Phone:* (760) 281-3662  
*Fax:* (760) 316-5268  
*After Hours Phone:* (760)  
 281-3662

*Provider Gender:* Male  
*License number:* A43717  
*NPI:* 1568460624  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

#### **HUISA-GARATE, BRANKO N**

*Provider ID:* 295781  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 838 NORDAHL RD STE 200  
 SAN MARCOS, CA 92069-3595  
*Phone:* (760) 281-3662  
*Fax:* (760) 316-5268  
*After Hours Phone:* (760)  
 281-3662  
*Provider Gender:* Male

*License number:* A108574  
*NPI:* 1063551000  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* University  
 Of California Irvine Med Ctr,  
 Scripps Mercy Hospital, El  
 Centro Regional Medical  
 Center, Scripps Mercy Hospital  
 Chula Vista, Corona Regional  
 Med Ctr, Temecula Valley  
 Hospital Inc, Ucsd Medical Ctr,  
 Sharp Coronado Hosp And  
 Healthcare Ctr, Sharp Chula  
 Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

#### **SORIA LOPEZ, JOSE A**

*Provider ID:* 295745  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 838 NORDAHL RD STE 200

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

SAN MARCOS, CA 92069-3595  
 Phone: (760) 281-3662  
 Fax: (760) 316-5268  
 After Hours Phone: (760) 281-3662  
 Provider Gender: Male  
 License number: A139568  
 NPI: 1225474034  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Temecula Valley Hospital Inc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-6PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### WU, MELANIE L

Provider ID: 295786  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA

838 NORDAHL RD STE 200  
 SAN MARCOS, CA 92069-3595  
 Phone: (760) 281-3662  
 Fax: (760) 316-5268  
 After Hours Phone: (760) 281-3662  
 Provider Gender: Female  
 License number: 20A14385  
 NPI: 1215357223  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cantonese  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Temecula Valley Hospital Inc, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-6PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### OBSTETRICS / GYNECOLOGY

### BABKINA, NATALIA

Provider ID: 288899  
 Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK  
 120 CRAVEN RD STE 101  
 SAN MARCOS, CA 92078-4236  
 Phone: (760) 740-2710  
 Fax: (858) 207-0003  
 After Hours Phone: (760) 740-2710  
 Provider Gender: Female  
 License number: A121142  
 NPI: 1396066635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Pioneers Memorial Hospital, El Centro Regional Medical Center, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### CAMPBELL, LETICIA J

Provider ID: 290401

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p><i>Board Certified Specialty:</i> No IHP OF SOUTHERN CALIFORNIA 150 VALPRED A RD SAN MARCOS, CA 92069-2973 <i>Phone:</i> (760) 736-6767 <i>Fax:</i> (760) 736-8740 <i>After Hours Phone:</i> (760) 736-6767 <i>Provider Gender:</i> Female <i>License number:</i> A131042 <i>NPI:</i> 1508124868 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish, Tagalog <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Tri City Medical Ctr, Palomar Medical Center <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 16/999 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Ihp Of Southern California</p> <p><b>CIZMAR, BRANISLAV</b> <i>Provider ID:</i> 288927 <i>Board Certified Specialty:</i> No RADY CHILDRENS HEALTH</p>	<p>NETWORK 120 CRAVEN RD STE 101 SAN MARCOS, CA 92078-4236 <i>Phone:</i> (760) 740-2710 <i>Fax:</i> (858) 207-0003 <i>After Hours Phone:</i> (760) 740-2710 <i>Provider Gender:</i> Male <i>License number:</i> A80606 <i>NPI:</i> 1679554372 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Italian, Slovak, Spanish <i>Cultural Competency:</i> No <i>Hospital Affiliation:</i> Palomar Health, Tri City Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>HINSHAW, PAUL W</b> <i>Provider ID:</i> 288907 <i>Board Certified Specialty:</i> No</p>	<p>RADY CHILDRENS HEALTH NETWORK 120 CRAVEN RD STE 101 SAN MARCOS, CA 92078-4236 <i>Phone:</i> (760) 740-2710 <i>Fax:</i> (858) 207-0003 <i>After Hours Phone:</i> (760) 740-2710 <i>Provider Gender:</i> Male <i>License number:</i> 20A13379 <i>NPI:</i> 1215170717 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: No <i>Hospital Affiliation:</i> Palomar Medical Center <i>Medi-Cal Open Panel:</i> Yes <i>Min/Max Age:</i> 0/18 <i>American Sign Language (ASL):</i> No <i>♿ Accessibility:</i> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM <i>Website:</i> <i>Email:</i> <i>Medical Group(s):</i> <i>IPA:</i> Community Care Ipa Llc, Rady Childrens Health Network</p> <p><b>POUNTNEY, MARLENE E</b> <i>Provider ID:</i> 257452 <i>Board Certified Specialty:</i> No BLUE SHIELD PROMISE HEALTH PLAN DIRECT</p>
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## D. Directorio de proveedores de atención especializada

<p>150 VALPRED A RD SAN MARCOS, CA 92069-2973 Phone: (760) 736-6767 Fax: (760) 736-8740 After Hours Phone: (760) 736-6767 Provider Gender: Female License number: A93248 NPI: 1174703680 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Blue Shield Promise Health Plan Direct, Ihp Of Southern California</p>	<p>150 VALPRED A RD SAN MARCOS, CA 92069-2973 Phone: (760) 736-6767 Fax: (760) 736-8740 After Hours Phone: (760) 736-6767 Provider Gender: Female License number: A93248 NPI: 1174703680 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: P, EB, IB, E, R, T Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Blue Shield Promise Health Plan Direct, Ihp Of Southern California</p>	<p>CA CANCER ASSOC FOR RES &amp; EXCEL-ESCONDID 838 NORDAHL RD STE 300 SAN MARCOS, CA 92069-3599 Phone: (760) 747-8935 Fax: (760) 747-7951 After Hours Phone: (760) 747-8935 Provider Gender: Male License number: 20A8293 NPI: 1831162627 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Tagalog Cultural Competency: No Hospital Affiliation: Palomar Health Medi-Cal Open Panel: Yes Min/Max Age: 16/120 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8:30AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>
<p><b>POUNTNEY, MARLENE E</b> Provider ID: 290189 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA</p>	<p><b>ONCOLOGY MEDICAL</b></p>	<p><b>FRAKES, LAURIE A , MD</b> Provider ID: 269134 Board Certified Specialty: No</p>
<p><b>EISENBERG, STEVEN G</b> Provider ID: 54040 Board Certified Specialty: No</p>		

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## D. Directorio de proveedores de atención especializada

COMMUNITY CARE IPA LLC  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069-3599  
 Phone: (760) 747-8935  
 Fax: (760) 747-7951  
 After Hours Phone: (760)  
 747-8935  
 Provider Gender: Female  
 License number: A52663  
 NPI: 1174595144  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **KOSMO, MICHAEL A**

Provider ID: 70373

Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069-3599  
 Phone: (760) 747-8935  
 Fax: (760) 466-0078  
 After Hours Phone: (760)  
 747-8935  
 Provider Gender: Male  
 License number: G54074  
 NPI: 1891742847  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, German, Spanish,  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Pomerado  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/120  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **MCCLAY, EDWARD F**

Provider ID: 54085  
 Board Certified Specialty: No  
 CA CANCER ASSOC FOR RES &  
 EXCEL-ESCONDID  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069-3599  
 Phone: (760) 747-8935  
 Fax: (760) 466-0078  
 After Hours Phone: (760)  
 747-8935  
 Provider Gender: Male  
 License number: G64594  
 NPI: 1497727465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas, Palomar  
 Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/120  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings

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## D. Directorio de proveedores de atención especializada

Medical Group-Sd

### SINCLAIR, JAMES M , MD

Provider ID: 257003

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

838 NORDAHL RD STE 300

SAN MARCOS, CA 92069-3599

Phone: (760) 474-8935

Fax: (760) 466-0078

After Hours Phone: (760)

474-8935

Provider Gender: Male

License number: G48926

NPI: 1356300230

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings

Medical Group-Sd

### OPHTHALMOLOGY

### GARFF, KEVIN

Provider ID: 295929

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

100 N RANCHO SANTA FE RD

STE 126

SAN MARCOS, CA 92069-1294

Phone: (760) 598-0400

Fax: (760) 290-7044

After Hours Phone: (760)

598-0400

Provider Gender: Male

License number: A160988

NPI: 1609258920

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-4:30PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California,

Ucsd Medical Group

### PRESTERA, TORY, MD

Provider ID: 204707

Board Certified Specialty: Yes

COMMUNITY CARE IPA LLC

100 N RANCHO SANTA FE RD

STE 126

SAN MARCOS, CA 92069-1294

Phone: (760) 598-0400

Fax: (760) 598-5270

After Hours Phone: (760)

598-0400

Provider Gender: Male

License number: A62321

NPI: 1346224557

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Thai

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-4:30PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

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## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc

### PEDIATRICS

#### POSADAS, EMERITO D

Provider ID: 257536

Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

License number: A48980

NPI: 1720093198

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Palomar Medical  
Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 8AM-5PM

Website:

Email:

Medical Group(s):

IPA: Blue Shield Promise Health  
Plan Direct

### PHYSICIANS ASSISTANT

#### PADDOCK, DIANA L

Provider ID: 295966

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Female

License number: PA52175

NPI: 1447657804

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La

Jolla John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California,  
Ucsd Medical Group

#### SERING, MALIA A , NPA

Provider ID: 269280

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

838 NORDAHL RD STE 250

SAN MARCOS, CA 92069-3596

Phone: (760) 738-7600

Fax: (760) 828-9138

After Hours Phone: (760)  
738-7600

Provider Gender: Female

License number: PA19459

NPI: 1013198720

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### SERING, MALIA A

Provider ID: 57192

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## D. Directorio de proveedores de atención especializada

<p>Board Certified Specialty: No DERMATOLOGY SPECIALISTS INC 838 NORDAHL RD STE 250 SAN MARCOS, CA 92069-3596 Phone: (760) 738-7600 Fax: After Hours Phone: (760) 738-7600 Provider Gender: Female License number: PA19459 NPI: 1013198720 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: No Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: W Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>	<p>COMMUNITY CARE IPA LLC 2115 MONTIEL RD STE 103 SAN MARCOS, CA 92069-3587 Phone: (760) 839-2905 Fax: (760) 839-2901 After Hours Phone: (760) 839-2905 Provider Gender: Male License number: PT40674 NPI: 1154745404 Provider English Spoken: Yes Provider Language(s) Spoken: Vietnamese Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>	<p>Phone: (951) 696-9353 Fax: After Hours Phone: (951) 696-9353 Provider Gender: Male License number: PT291545 NPI: 1437555489 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 9AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Community Care Ipa Llc</p>
<hr/> <p><b>REGISTERED PHYSICAL THERAPIST</b></p> <hr/>	<p><b>KURTZ, BENJAMIN W</b> Provider ID: 270332 Board Certified Specialty: No COMMUNITY CARE IPA LLC 277 RANCHEROS DR STE 150 SAN MARCOS, CA 92069-2976</p>	<p><b>LANE, JENNIFER A</b> Provider ID: 270663 Board Certified Specialty: No COMMUNITY CARE IPA LLC 2115 MONTIEL RD STE 200 SAN MARCOS, CA 92069-3587 Phone: (760) 839-2905 Fax: (760) 839-2901 After Hours Phone: (760) 839-2905</p>
<p><b>DUONG, ANDREW Q</b> Provider ID: 269953 Board Certified Specialty: No</p>		

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## D. Directorio de proveedores de atención especializada

<p>Provider Gender: Female  License number: PT37920  NPI: 1477849537  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  Accessibility:  Accessibility:  Hours: M-F 8AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Provider Language(s) Spoken: American Sign Language (ASL):  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  Accessibility:  Accessibility:  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>American Sign Language (ASL):  No  Accessibility:  Accessibility:  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>
<p><b>MALLINSON, DARREN</b>  Provider ID: 271147  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  2115 MONTIEL RD STE 103  SAN MARCOS, CA 92069-3587  Phone: (760) 839-2905  Fax:  After Hours Phone: (760) 839-2905  Provider Gender: Male  License number: PT28994  NPI: 1871607283  Provider English Spoken: Yes</p>	<p><b>SHANNON, MICHAEL J</b>  Provider ID: 269581  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  2115 MONTIEL RD STE 103  SAN MARCOS, CA 92069-3587  Phone: (760) 839-2905  Fax: (760) 839-2901  After Hours Phone: (760) 839-2905  Provider Gender: Male  License number: PT27069  NPI: 1952577983  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999</p>	<p><b>SHAO, PAULA J</b>  Provider ID: 269785  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  2115 MONTIEL RD STE 103  SAN MARCOS, CA 92069-3587  Phone: (760) 839-2905  Fax: (760) 839-2901  After Hours Phone: (760) 839-2905  Provider Gender: Female  License number: PT19297  NPI: 1457649287  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL): No  Accessibility:  Accessibility:  Hours: M-F 9AM-5PM, SA 9AM-5PM</p>

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## D. Directorio de proveedores de atención especializada

	<b>RHEUMATOLOGY</b>		
Website:			Medical Group(s):
Email:			IPA: Ihp Of Southern California
Medical Group(s):			
IPA: Community Care Ipa Llc			
<b>YAP, AMANDA E</b>	<b>AL NAHLAWI, BASMA</b>	<b>AL NAHLAWI, BASMA</b>	
Provider ID: 270649	Provider ID: 290068	Provider ID: 295532	
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No	
COMMUNITY CARE IPA LLC	IHP OF SOUTHERN	IHP OF SOUTHERN	
2115 MONTIEL RD STE 103	CALIFORNIA	CALIFORNIA	
SAN MARCOS, CA 92069-3587	334 VIA VERA CRUZ STE 251	960 W SAN MARCOS BLVD STE	
Phone: (760) 839-2905	SAN MARCOS, CA 92078-2642	210	
Fax: (760) 839-2901	Phone: (760) 736-8091	SAN MARCOS, CA 92078-1147	
After Hours Phone: (760)	Fax: (760) 736-8092	Phone: (760) 736-8091	
839-2905	After Hours Phone: (760)	Fax: (760) 736-8092	
Provider Gender: Female	736-8091	After Hours Phone: (760)	
License number: PT292801	Provider Gender: Female	736-8091	
NPI: 1992224141	License number: A115924	Provider Gender: Female	
Provider English Spoken: Yes	NPI: 1144455262	License number: A115924	
Provider Language(s) Spoken:	Provider English Spoken: Yes	NPI: 1144455262	
Chinese, Vietnamese	Provider Language(s) Spoken:	Provider English Spoken: Yes	
Cultural Competency: No	Arabic	Provider Language(s) Spoken:	
Hospital Affiliation:	Cultural Competency: No	Arabic	
Medi-Cal Open Panel: Yes	Hospital Affiliation: Loma Linda	Cultural Competency: No	
Min/Max Age: 0/999	University Med Ctr Murrieta,	Hospital Affiliation: Loma Linda	
American Sign Language (ASL):	Palomar Medical Center, Loma	University Med Ctr Murrieta,	
No	Linda University Med Ctr	Palomar Medical Center, Loma	
Accessibility:	Medi-Cal Open Panel: Yes	Linda University Med Ctr	
Hours: M-F 8AM-5PM, SA	Min/Max Age: 18/999	Medi-Cal Open Panel: Yes	
9AM-5PM	American Sign Language (ASL):	Min/Max Age: 18/999	
Website:	No	American Sign Language (ASL):	
Email:	Accessibility:	No	
Medical Group(s):	Hours: M-F 8AM-5PM, SA	Accessibility:	
IPA: Community Care Ipa Llc	9AM-5PM	Hours: M-F 8AM-5PM, SA	
	Website:	9AM-5PM	
	Email:	Website:	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<i>Email:</i>	<i>Email:</i>	<i>Min/Max Age:</i> 0/999
<i>Medical Group(s):</i>	<i>Medical Group(s):</i>	<i>American Sign Language (ASL):</i>
<i>IPA:</i> Ihp Of Southern California	<i>IPA:</i> Ucsd Medical Group	No
<b>SURGERY NEUROLOGICAL</b>	<b>SAN YSIDRO</b>	<i>♿ Accessibility:</i>
<b>NGUYEN, ANDREW D</b>	<b>CARDIOLOGY</b>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Provider ID:</i> 244136	<b>MOUSSAVIAN, MEHRAN</b>	<i>Website:</i>
<i>Board Certified Specialty:</i> No	<i>Provider ID:</i> 290670	<i>Email:</i>
UCSD MEDICAL GROUP	<i>Board Certified Specialty:</i> No	<i>Medical Group(s):</i>
277 RANCHEROS DR STE 100	IHP OF SOUTHERN	<i>IPA:</i> Community Care Ipa Llc,
SAN MARCOS, CA 92069-2959	CALIFORNIA	Ihp Of Southern California
<i>Phone:</i> (800) 926-8273	4004 BEYER BLVD	<b>PONCE, SONIA G</b>
<i>Fax:</i>	SAN YSIDRO, CA 92173-2007	<i>Provider ID:</i> 290657
<i>After Hours Phone:</i> (800)	<i>Phone:</i> (619) 428-4463	<i>Board Certified Specialty:</i> No
926-8273	<i>Fax:</i> (619) 662-4196	IHP OF SOUTHERN
<i>Provider Gender:</i> Male	<i>After Hours Phone:</i> (619)	CALIFORNIA
<i>License number:</i> A91563	428-4463	4004 BEYER BLVD
<i>NPI:</i> 1720216542	<i>Provider Gender:</i> Male	SAN YSIDRO, CA 92173-2007
<i>Provider English Spoken:</i> Yes	<i>License number:</i> 20A7241	<i>Phone:</i> (619) 662-4100
<i>Provider Language(s) Spoken:</i>	<i>NPI:</i> 1689788234	<i>Fax:</i> (619) 205-6305
French, Spanish, Vietnamese	<i>Provider English Spoken:</i> Yes	<i>After Hours Phone:</i> (619)
<i>Cultural Competency:</i> No	<i>Provider Language(s) Spoken:</i>	662-4100
<i>Hospital Affiliation:</i> Ucsd	Farsi, Spanish	<i>Provider Gender:</i> Female
Medical Ctr, Palomar Medical	<i>Cultural Competency:</i> No	<i>License number:</i> A145008
Center	<i>Hospital Affiliation:</i> Sharp Chula	<i>NPI:</i> 1164659033
<i>Medi-Cal Open Panel:</i> Yes	Vista Med Ctr, Tri City Medical	<i>Provider English Spoken:</i> Yes
<i>Min/Max Age:</i> 0/999	Ctr, Sharp Memorial Hospital,	<i>Provider Language(s) Spoken:</i>
<i>American Sign Language (ASL):</i>	Alvarado Hospital Llc,	<i>Cultural Competency:</i> No
No	Grossmont Hospital, Scripps	<i>Hospital Affiliation:</i> Scripps
<i>♿ Accessibility:</i>	Mercy Hospital, Scripps	Memorial Hospital, Scripps
<i>Hours:</i> M-F 8AM-5PM, SA	Memorial Hospital	Mercy Hospital Chula Vista,
9AM-5PM	<i>Medi-Cal Open Panel:</i> Yes	Scripps Mercy Hospital
<i>Website:</i>		<i>Medi-Cal Open Panel:</i> Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999	American Sign Language (ASL): No	Hours: M-SA 9AM-5PM
American Sign Language (ASL): No	Website:	Website:
No	♿ Accessibility: W	Email:
♿ Accessibility:	Hours: M-SA 9AM-5PM	Medical Group(s):
Hours: M-SA 9AM-5PM	Website:	IPA: Ihp Of Southern California
Website:	Email:	
Email:	Medical Group(s):	
Medical Group(s):	IPA: Ihp Of Southern California	
IPA: Community Care Ipa Llc,		
Ihp Of Southern California		
	<b>CHIROPRACTOR</b>	
<b>SKOPIEC, ROMAN L</b>	<b>KELCHNER, MATTHEW O</b>	<b>ALVAREZ-ESTRADA, MIGUEL</b>
Provider ID: 290042	Provider ID: 290508	Provider ID: 294925
Board Certified Specialty: No	Board Certified Specialty: No	Board Certified Specialty: No
IHP OF SOUTHERN CALIFORNIA	IHP OF SOUTHERN CALIFORNIA	IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD	4004 BEYER BLVD	4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007	SAN YSIDRO, CA 92173-2007	SAN YSIDRO, CA 92173-2007
Phone: (619) 428-4463	Phone: (619) 428-4463	Phone: (619) 662-4100
Fax: (619) 205-6316	Fax: (619) 205-6305	Fax: (619) 205-6305
After Hours Phone: (619) 428-4463	After Hours Phone: (619) 428-4463	After Hours Phone: (619) 662-4100
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A37537	License number: DC22733	License number: A157505
NPI: 1851332803	NPI: 1174656755	NPI: 1588197826
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Cultural Competency: No	Provider Language(s) Spoken: Spanish
Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital	Hospital Affiliation: Medi-Cal Open Panel: Yes	Cultural Competency: No
Medi-Cal Open Panel: Yes	Min/Max Age: 0/999	Hospital Affiliation: Scripps Mercy Hospital Chula Vista
Min/Max Age: 0/999	American Sign Language (ASL): No	Medi-Cal Open Panel: Yes
	No	Min/Max Age: None
	♿ Accessibility:	American Sign Language (ASL):
		♿ Accessibility:
		Hours: M-SA 9AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<i>Website:</i>	<i>Medical Group(s):</i>	<i>Email:</i>
<i>Email:</i>	<i>IPA: Ihp Of Southern California</i>	<i>Medical Group(s):</i>
<i>Medical Group(s):</i>		<i>IPA: Ihp Of Southern California</i>
<i>IPA:</i>	<b>ESTRADA, JOHANNA A</b>	
<b>ESTRADA, ALLISON M</b>	<i>Provider ID: 291385</i>	<b>JOHNSON, DANIEL W</b>
<i>Provider ID: 295474</i>	<i>Board Certified Specialty: No</i>	<i>Provider ID: 290926</i>
<i>Board Certified Specialty: No</i>	IHP OF SOUTHERN	<i>Board Certified Specialty: No</i>
IHP OF SOUTHERN	CALIFORNIA	IHP OF SOUTHERN
CALIFORNIA	4004 BEYER BLVD	CALIFORNIA
4004 BEYER BLVD	SAN YSIDRO, CA 92173-2007	4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007	<i>Phone: (619) 662-4100</i>	SAN YSIDRO, CA 92173-2007
<i>Phone: (619) 662-4100</i>	<i>Fax: (619) 205-6305</i>	<i>Phone: (619) 662-4100</i>
<i>Fax: (619) 205-6305</i>	<i>After Hours Phone: (619)</i>	<i>Fax: (619) 205-6305</i>
<i>After Hours Phone: (619)</i>	662-4100	<i>After Hours Phone: (619)</i>
662-4100	<i>Provider Gender: Female</i>	662-4100
<i>Provider Gender: Female</i>	<i>License number: A127188</i>	<i>Provider Gender: Male</i>
<i>License number: A179598</i>	<i>NPI: 1255698155</i>	<i>License number: 20A9393</i>
<i>NPI: 1467913251</i>	<i>Provider English Spoken: Yes</i>	<i>NPI: 1245311216</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	Spanish	<i>Provider Language(s) Spoken:</i>
Spanish	<i>Cultural Competency: No</i>	Spanish
<i>Cultural Competency: No</i>	<i>Hospital Affiliation: Scripps</i>	<i>Cultural Competency: No</i>
<i>Hospital Affiliation: Scripps</i>	Mercy Hospital, Scripps Mercy	<i>Hospital Affiliation: Scripps</i>
Memorial Hospital	Hospital Chula Vista, Scripps	Mercy Hospital, Scripps Mercy
<i>Medi-Cal Open Panel: Yes</i>	Green Hospital, Scripps	Hospital Chula Vista
<i>Min/Max Age: 0/999</i>	Memorial Hospital	<i>Medi-Cal Open Panel: Yes</i>
<i>American Sign Language (ASL):</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Min/Max Age: 0/999</i>
No	<i>Min/Max Age: 0/999</i>	<i>American Sign Language (ASL):</i>
<i>Accessibility:</i>	No	No
<i>Hours: M-F 8AM-8PM, SA</i>	<i>Accessibility:</i>	<i>Accessibility:</i>
8AM-2PM	<i>Hours: M-F 8AM-8PM, SA</i>	<i>Hours: M-SA 9AM-5PM</i>
<i>Website:</i>	8AM-2PM	<i>Website:</i>
<i>Email:</i>	<i>Website:</i>	<i>Email:</i>
		<i>Medical Group(s):</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

IPA: Ihp Of Southern California

### ORTEGA, LUIS M

Provider ID: 295225

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)

662-4100

Provider Gender: Male

License number: A180886

NPI: 1558924936

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### ORTIZ ILIZALITURRI, ANA K

Provider ID: 296008

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4050 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)

662-4100

Provider Gender: Female

License number: A178949

NPI: 1316407026

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### INFECTIOUS DISEASE

### ALDOUS, JEANNETTE L

Provider ID: 290421

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)

662-4100

Provider Gender: Female

License number: A101017

NPI: 1073650339

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Pomerado

Hospital, Palomar Medical

Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### PARK, DANIEL

Provider ID: 290693

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax: (619) 205-6341  
After Hours Phone: (619)  
662-4100

Provider Gender: Male

License number: A99433

NPI: 1538371844

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd

Medical Ctr, Scripps Memorial  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

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### INTERNAL MEDICINE

---

#### PROMER, KATHERINE E

Provider ID: 293527

Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619)  
662-4100

Provider Gender: Female

License number: A131952

NPI: 1306280607

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La  
Jolla John Sally Thornton, Ucsd

Medical Ctr, Scripps Memorial  
Hospital, Palomar Medical

Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California,  
Ucsd Medical Group

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### MATERNAL AND FETAL MEDICINE

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#### FAKSH, ARIJ

Provider ID: 290564

Board Certified Specialty: No  
IHP OF SOUTHERN  
CALIFORNIA

4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100

Fax: (619) 662-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

License number: 20A14222

NPI: 1912166737

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Tri City

Medical Ctr, Scripps Mercy  
Hospital, Scripps Green

Hospital, Scripps Memorial

Hospital Encinitas, Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-F 8:30AM-5:30PM, SA 8AM-2:30PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

American Sign Language (ASL): No  
 Accessibility: Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

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**OBSTETRICS / GYNECOLOGY**

### CALDERON, JORGE A

Provider ID: 290563  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: A40480  
 NPI: 1407800881  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Lompoc Valley Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999

### CARSON, LATISA S

Provider ID: 290489  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 License number: A72235  
 NPI: 1245229129  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility: Accessability:

### DANESHMAND, SHAHRAM S

Provider ID: 290499  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: A63844  
 NPI: 1891867412  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Green Hospital, Scripps Mercy

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **DINH, MY T**

Provider ID: 290490  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 428-4463  
 Fax: (213) 250-3369  
 After Hours Phone: (619) 428-4463  
 Provider Gender: Female  
 License number: 20A9907  
 NPI: 1316146996  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999

American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **DOLINSKY, BRAD M**

Provider ID: 287240  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-1967  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: C149818  
 NPI: 1942480199  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Green Hospital, Scripps Mercy  
 Hospital, Scripps Memorial  
 Hospital, Scripps Memorial  
 Hospital Encinitas, Scripps  
 Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes

Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **GOLDSTEIN, EDWARD M**

Provider ID: 290471  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-1967  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: G20087  
 NPI: 1982617494  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital, Scripps

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Mercy Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 16/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8:30AM-5:30PM, SA            8AM-2:30PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>	<p>No            ♿ Accessibility:            Hours: M-F 8AM-8PM, SA            8AM-2PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>	<p>Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>
<p><b>GOMEZ, DANIELA</b>            Provider ID: 294885            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            4004 BEYER BLVD STE 400            SAN YSIDRO, CA 92173-2007            Phone: (619) 662-4100            Fax: (619) 205-6341            After Hours Phone: (619)            662-4100            Provider Gender: Female            License number: A175006            NPI: 1255878997            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 16/999            American Sign Language (ASL):</p>	<p><b>GOMEZ, DANIELA</b>            Provider ID: 294886            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            4050 BEYER BLVD            SAN YSIDRO, CA 92173-2007            Phone: (619) 662-4100            Fax: (619) 205-1967            After Hours Phone: (619)            662-4100            Provider Gender: Female            License number: A175006            NPI: 1255878997            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 16/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-F 8AM-8PM, SA            8AM-2PM</p>	<p><b>JENKINS, ENCHANTA L</b>            Provider ID: 290569            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            4004 BEYER BLVD            SAN YSIDRO, CA 92173-2007            Phone: (619) 428-4463            Fax: (619) 205-6305            After Hours Phone: (619)            428-4463            Provider Gender: Female            License number: C143625            NPI: 1285604702            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Scripps            Mercy Hospital Chula Vista,            Scripps Mercy Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 16/999            American Sign Language (ASL):            No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

IPA: Ihp Of Southern California	SA 8AM-2:30PM	No
<b>LAI, JASMINE</b>	Website:	♿ Accessibility:
Provider ID: 290578	Email:	Hours: M-SA 9AM-5PM
Board Certified Specialty: No	Medical Group(s):	Website:
IHP OF SOUTHERN CALIFORNIA	IPA: Ihp Of Southern California	Email:
4050 BEYER BLVD	<b>LAI, JASMINE</b>	Medical Group(s):
SAN YSIDRO, CA 92173-2007	Provider ID: 295986	IPA: Ihp Of Southern California
Phone: (619) 662-4100	Board Certified Specialty: No	<b>MAJERSKI GONZALEZ, MANDY M</b>
Fax: (619) 205-6305	IHP OF SOUTHERN CALIFORNIA	Provider ID: 290725
After Hours Phone: (619) 662-4100	4004 BEYER BLVD	Board Certified Specialty: No
Provider Gender: Female	SAN YSIDRO, CA 92173-2007	IHP OF SOUTHERN CALIFORNIA
License number: A113482	Phone: (619) 662-4100	4004 BEYER BLVD
NPI: 1265661177	Fax: (619) 205-6305	SAN YSIDRO, CA 92173-2007
Provider English Spoken: Yes	After Hours Phone: (619) 662-4100	Phone: (619) 662-4100
Provider Language(s) Spoken: Mandarin	Provider Gender: Female	Fax: (619) 205-6305
Cultural Competency: No	License number: A113482	After Hours Phone: (619) 662-4100
Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista	NPI: 1265661177	Provider Gender: Female
Medi-Cal Open Panel: Yes	Provider English Spoken: Yes	License number: A113914
Min/Max Age: 16/999	Provider Language(s) Spoken: Mandarin	NPI: 1982812392
American Sign Language (ASL): No	Cultural Competency: No	Provider English Spoken: Yes
♿ Accessibility:	Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista	Provider Language(s) Spoken:
Hours: SU 10AM-4PM, M,W-F 8:30AM-5:30PM, TU 9AM-5PM,	Medi-Cal Open Panel: Yes	Cultural Competency: No
	Min/Max Age: 16/999	Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
	American Sign Language (ASL): No	Medi-Cal Open Panel: Yes
		Min/Max Age: 16/999
		American Sign Language (ASL): No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

☯ Accessibility:  
 Hours: M-F 8AM-8PM, SA  
 8AM-2PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### MAJERSKI GONZALEZ, MANDY

**M**  
 Provider ID: 290957  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Female  
 License number: A113914  
 NPI: 1982812392  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No

☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### SEFA-BOAKYE, KOFI D

Provider ID: 290711  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 License number: G59670  
 NPI: 1902993660  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Sharp Coronado  
 Hosp And Healthcare Ctr,  
 Scripps Mercy Hospital Chula  
 Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No

☯ Accessibility:  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California,  
 Rady Childrens Health Network

### STARIKOV, ROMAN S

Provider ID: 290025  
 Board Certified Specialty: No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-1967  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 License number: C160626  
 NPI: 1396966537  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital, Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Mercy Hospital Chula  
 Vista  
 Medi-Cal Open Panel: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Min/Max Age: 16/999            American Sign Language (ASL): No            No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>	<p>American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>	<p>American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc, Ihp Of Southern California</p>
<b>OPHTHALMOLOGY</b>		
<p><b>DE SILVA, NIHAL</b>            Provider ID: 290551            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            4004 BEYER BLVD            SAN YSIDRO, CA 92173-2007            Phone: (619) 662-4100            Fax: (619) 205-6305            After Hours Phone: (619) 662-4100            Provider Gender: Male            License number: C135933            NPI: 1003834789            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Marin General Hosp            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999</p>	<p><b>MANI, NASRIN</b>            Provider ID: 290378            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            3364 BEYER BLVD STE 102-103            SAN YSIDRO, CA 92173-1322            Phone: (619) 205-4585            Fax: (619) 600-4870            After Hours Phone: (619) 205-4585            Provider Gender: Female            License number: A40473            NPI: 1023061314            Provider English Spoken: Yes            Provider Language(s) Spoken:            Arabic, Faroese, Farsi, Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999</p>	<p><b>PONS, MAURICIO E</b>            Provider ID: 290394            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            3364 BEYER BLVD STE 102-103            SAN YSIDRO, CA 92173-1322            Phone: (619) 205-4585            Fax: (619) 600-4870            After Hours Phone: (619) 205-4585            Provider Gender: Male            License number: A87650            NPI: 1376723759            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital            Medi-Cal Open Panel: Yes</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### SKAF, AYHAM R

Provider ID: 290232  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 3364 BEYER BLVD STE 102-103  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 205-4585  
 Fax: (619) 600-4870  
 After Hours Phone: (619) 205-4585  
 Provider Gender: Male  
 License number: A120584  
 NPI: 1285888628  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ihp Of Southern California

### PEDIATRICS

### HERMAN, ANDREA M

Provider ID: 257603  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-1967  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 License number: A72721  
 NPI: 1518970037  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr,

Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct

### RODRIGUEZ, ALDO E

Provider ID: 295779  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 662-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: A134995  
 NPI: 1508209651  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Portuguese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: SU 10AM-4PM, M 8:30AM-8PM, TU 9AM-5PM, W-F 8:30AM-5:30PM, SA 8AM-2:30PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### TAYLOR, TASHA K

Provider ID: 290077  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 License number: A82187  
 NPI: 1528144433  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### PODIATRIST

### MANCHEL, BRUCE A

Provider ID: 290615  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: DPM2930  
 NPI: 1790890788  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: SU 10AM-4PM, M-F 8:30AM-5:30PM, SA 8AM-2:30PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### MANCHEL, BRUCE A

Provider ID: 290617  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 3364 BEYER BLVD STE 102-103  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 205-4585  
 Fax: (619) 600-4870  
 After Hours Phone: (619) 205-4585  
 Provider Gender: Male  
 License number: DPM2930  
 NPI: 1790890788  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

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## D. Directorio de proveedores de atención especializada

American Sign Language (ASL): No	♿ Accessibility: Hours: M-F 7:45AM-5PM, SA 9AM-5PM	Medical Group(s): IPA: Ihp Of Southern California
♿ Accessibility: Hours: M-SA 9AM-5PM	Website: Email:	
Email: Medical Group(s): IPA: Ihp Of Southern California	Medical Group(s): IPA: Ihp Of Southern California	
<b>REGISTERED PHYSICAL THERAPIST</b>		
<b>DESOUSA, MICHELLE M</b> Provider ID: 290486 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322 Phone: (619) 662-4100 Fax: (619) 600-4870 After Hours Phone: (619) 662-4100 Provider Gender: Female License number: PT294313 NPI: 1912443649 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No	<b>TORRES, JOANN</b> Provider ID: 296045 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Provider Gender: Female License number: PT296607 NPI: 1134732522 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email:	<b>HILL, CARLA J</b> Provider ID: 295894 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 3364 BEYER BLVD STE 102-103 SAN YSIDRO, CA 92173-1322 Phone: (619) 662-4100 Fax: (619) 600-4870 After Hours Phone: (619) 662-4100 Provider Gender: Female License number: SP9075 NPI: 1043950751 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: No Hospital Affiliation: Medi-Cal Open Panel: Yes Min/Max Age: 0/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<b>SANTEE</b>	<i>Medical Group(s):</i> IPA: Rady Childrens Health Network	Network
<b>CERTIFIED NURSE PRACTITIONER</b>	<b>MACCHIARELLA, TAWNYA L</b>	<b>CHIROPRACTOR</b>
<p><b>GRIMM, HANA R</b>  <i>Provider ID:</i> 261036  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            9600 CUYAMACA ST STE 101            SANTEE, CA 92071-2692  <i>Phone:</i> (619) 749-2150  <i>Fax:</i> (619) 456-9744  <i>After Hours Phone:</i> (619) 749-2150  <i>Provider Gender:</i> Female  <i>License number:</i> NP22474  <i>NPI:</i> 1831463751  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> SU 10AM-2PM, M-TH 8AM-8:30PM, F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i></p>	<p><i>Provider ID:</i> 261946  <i>Board Certified Specialty:</i> No            RADY CHILDRENS HEALTH NETWORK            9600 CUYAMACA ST STE 101            SANTEE, CA 92071-2692  <i>Phone:</i> (619) 749-2150  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 749-2150  <i>Provider Gender:</i> Female  <i>License number:</i> NP7154  <i>NPI:</i> 1194905489  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: No            Min/Max Age: 0/18            American Sign Language (ASL):            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> SU 10AM-2PM, M-TH 8AM-8:30PM, F 8AM-5PM, SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Rady Childrens Health</p>	<p><b>KELCHNER, MATTHEW O</b>  <i>Provider ID:</i> 290940  <i>Board Certified Specialty:</i> No            IHP OF SOUTHERN CALIFORNIA            120 TOWN CENTER PKWY            SANTEE, CA 92071-5801  <i>Phone:</i> (619) 662-4100  <i>Fax:</i> (619) 205-6305  <i>After Hours Phone:</i> (619) 662-4100  <i>Provider Gender:</i> Male  <i>License number:</i> DC22733  <i>NPI:</i> 1174656755  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency: No            Hospital Affiliation:            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL):            No            ♿ <i>Accessibility:</i>  <i>Hours:</i> M-SA 9AM-5PM  <i>Website:</i>  <i>Email:</i>  <i>Medical Group(s):</i>            IPA: Ihp Of Southern California</p>
		<b>FAMILY PRACTICE</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

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### **SAURIOL, TAWNY R**

*Provider ID:* 291601  
*Board Certified Specialty:* No  
IHP OF SOUTHERN CALIFORNIA  
120 TOWN CENTER PKWY  
SANTEE, CA 92071-5801  
*Phone:* (619) 662-4100  
*Fax:* (619) 873-3476  
*After Hours Phone:* (619) 662-4100  
*Provider Gender:* Female  
*License number:* A135955  
*NPI:* 1164780219  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Grossmont Hospital, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
**♿ Accessibility:**  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

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### **GASTROENTEROLOGY**

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### **REDDY, ANANTHRAM P , MD**

*Provider ID:* 69412  
*Board Certified Specialty:* No  
SUMANA AND ANANTHRAM REDDY MD INC  
9456 CUYAMACA ST STE 102  
SANTEE, CA 92071-5919  
*Phone:* (619) 588-4074  
*Fax:* (619) 588-4004  
*After Hours Phone:* (619) 588-4074  
*Provider Gender:* Male  
*License number:* C52423  
*NPI:* 1124014923  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
**♿ Accessibility:**  
*Hours:* M-W 8:30AM-4:30PM, TH,F 8AM-3PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings  
Medical Group-Sd

### **REDDY, ANANTHRAM P**

*Provider ID:* 69412  
*Board Certified Specialty:* No  
SUMANA AND ANANTHRAM REDDY MD INC  
9456 CUYAMACA ST STE 102  
SANTEE, CA 92071-5919  
*Phone:* (619) 588-4074  
*Fax:* (619) 588-4004  
*After Hours Phone:* (619) 588-4074  
*Provider Gender:* Male  
*License number:* C52423  
*NPI:* 1124014923  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
**♿ Accessibility:**  
*Hours:* M-W 8:30AM-4:30PM, TH,F 8AM-3PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings  
Medical Group-Sd

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## D. Directorio de proveedores de atención especializada

### **REDDY, ANANTHRAM P**

*Provider ID:* 69412  
*Board Certified Specialty:* No  
 SUMANA AND ANANTHRAM  
 REDDY MD INC  
 9456 CUYAMACA ST STE 102  
 SANTEE, CA 92071-5919  
*Phone:* (619) 588-4074  
*Fax:* (619) 326-0380  
*After Hours Phone:* (619)  
 588-4074  
*Provider Gender:* Male  
*License number:* C52423  
*NPI:* 1124014923  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cambodian, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings  
 Medical Group-Sd

### **REDDY, JOSEPH B**

*Provider ID:* 69226  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 9456 CUYAMACA ST STE 102  
 SANTEE, CA 92071-5919  
*Phone:* (619) 588-4074  
*Fax:* (619) 588-4004  
*After Hours Phone:* (619)  
 588-4074  
*Provider Gender:* Male  
*License number:* A46472  
*NPI:* 1245215391  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Spanish, Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

---

### **PHYSICIANS ASSISTANT**

---

### **COOL, JAY M , NPA**

*Provider ID:* 241374  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 120 TOWN CENTER PKWY  
 SANTEE, CA 92071-5801  
*Phone:* (619) 662-4100  
*Fax:* (619) 873-3746  
*After Hours Phone:* (619)  
 662-4100  
*Provider Gender:* Male  
*License number:* PA53135  
*NPI:* 1407887227  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* P, EB, IB, E  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **ROSENBLATT, SHERI**

*Provider ID:* 295738  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA

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## D. Directorio de proveedores de atención especializada

120 TOWN CENTER PKWY  
 SANTEE, CA 92071-5801  
*Phone:* (619) 662-4100  
*Fax:* (619) 205-6305  
*After Hours Phone:* (619)  
 662-4100  
*Provider Gender:* Female  
*License number:* PA22872  
*NPI:* 1114041621  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* SU 10AM-4PM, M-F  
 8:30AM-5:30PM, SA  
 10AM-2:30PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

### **RADIOLOGY DIAGNOSTIC**

#### **X-RAY**

#### **NAUMANN, MICHAEL T , MD**

*Provider ID:* 269663  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

9640 MISSION GORGE RD STE  
 H  
 SANTEE, CA 92071-3854  
*Phone:* (619) 460-2770  
*Fax:* (619) 460-2774  
*After Hours Phone:* (619)  
 460-2770  
*Provider Gender:* Male  
*License number:* A116596  
*NPI:* 1386821171  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RADIOLOGY**

#### **JACOBSEN, JAMES C , MD**

*Provider ID:* 243976  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

9640 MISSION GORGE RD STE  
 H  
 SANTEE, CA 92071-3854  
*Phone:* (619) 460-2770  
*Fax:* (619) 460-2774  
*After Hours Phone:* (619)  
 460-2770  
*Provider Gender:* Male  
*License number:* A87878  
*NPI:* 1356394811  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SU 7AM-7PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### **MOORE, BRIAN S , MD**

*Provider ID:* 243961  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9640 MISSION GORGE RD STE  
 H  
 SANTEE, CA 92071-3854

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## D. Directorio de proveedores de atención especializada

Phone: (619) 460-2770  
 Fax: (619) 460-2774  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Male  
 License number: G68336  
 NPI: 1831144005  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 7AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **VENKATESH, VIJAY B , MD**

Provider ID: 269661  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9640 MISSION GORGE RD STE H  
 SANTEE, CA 92071-3854

Phone: (619) 460-2770  
 Fax: (619) 460-2774  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Male  
 License number: A94476  
 NPI: 1689627085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **REGISTERED PHYSICAL THERAPIST**

### **BOUTELLE, DAVID C**

Provider ID: 248308  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9830 PROSPECT AVE STE A  
 SANTEE, CA 92071-4375

Phone: (619) 448-4860  
 Fax: (619) 448-1639  
 After Hours Phone: (760) 591-7750  
 Provider Gender: Male  
 License number: PT12422  
 NPI: 1063461101  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M,W,F 7AM-7PM, TU,TH 7AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **DANSEY, ASHLEY R**

Provider ID: 270339  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9830 PROSPECT AVE STE A  
 SANTEE, CA 92071-4375  
 Phone: (619) 448-4860  
 Fax: (619) 448-1639  
 After Hours Phone: (619) 448-4860  
 Provider Gender: Female

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## D. Directorio de proveedores de atención especializada

<p>License number: PT36952  NPI: 1962716076  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  Accessibility:  Hours: M-TH 7AM-6PM, F  7AM-5PM, SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>	<p>Accessibility:  Hours: M-SA 9AM-5PM  Website:  Email:  Medical Group(s):  IPA: Community Care Ipa Llc</p>
<p><b>GRIEGER, NANCY N</b>  Provider ID: 270118  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  8790 CUYAMACA ST STE A  SANTEE, CA 92071-4295  Phone: (619) 596-5969  Fax: (619) 596-5970  After Hours Phone: (619)  596-5969  Provider Gender: Female  License number: PT40167  NPI: 1003956798  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: No</p>	<p><b>LERMA, NICOLE M</b>  Provider ID: 270343  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  9830 PROSPECT AVE STE A  SANTEE, CA 92071-4375  Phone: (619) 448-4860  Fax: (619) 448-1639  After Hours Phone: (619)  448-4860  Provider Gender: Female  License number: PT42881  NPI: 1790155844  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No</p>	<p><b>MILLER, LAURA C</b>  Provider ID: 271143  Board Certified Specialty: No  COMMUNITY CARE IPA LLC  8790 CUYAMACA ST STE A  SANTEE, CA 92071-4295  Phone: (619) 596-5969  Fax: (619) 596-5970  After Hours Phone: (619)  596-5969  Provider Gender: Female  License number: PT26121  NPI: 1265454557  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: No  Hospital Affiliation:  Medi-Cal Open Panel: Yes  Min/Max Age: 0/999  American Sign Language (ASL):  No  Accessibility:  Hours: M-F 9AM-5PM, SA  9AM-5PM  Website:  Email:  Medical Group(s):</p>

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## D. Directorio de proveedores de atención especializada

IPA: Community Care Ipa Llc

### MONROE, MAX

Provider ID: 126576

Board Certified Specialty: No  
SAN DIEGO SPINE AND SPORT  
INC

8790 CUYAMACA ST STE A  
SANTEE, CA 92071-4295

Phone: (619) 596-5969

Fax:

After Hours Phone: (619)  
596-5969

Provider Gender: Male

License number: PT294368

NPI: 1295234433

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

www.spineandsport.com

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### MONROE, MAX

Provider ID: 269925

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

8790 CUYAMACA ST STE A  
SANTEE, CA 92071-4295

Phone: (619) 596-5969

Fax: (619) 596-5970

After Hours Phone: (619)  
596-5969

Provider Gender: Male

License number: PT294368

NPI: 1295234433

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### ROUILLARD, NORMA K

Provider ID: 269600

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

8790 CUYAMACA ST STE A  
SANTEE, CA 92071-4295

Phone: (619) 596-5969

Fax: (619) 596-5970

After Hours Phone: (619)  
596-5969

Provider Gender: Female

License number: PT29262

NPI: 1194727305

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

## SOLANA BEACH

## DERMATOLOGY

### GILBOA, RUTH, MD

Provider ID: 269415

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
530 LOMAS SANTA FE DR STE  
D

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## D. Directorio de proveedores de atención especializada

SOLANA BEACH, CA  
92075-1346  
Phone: (858) 259-0056  
Fax: (760) 828-9138  
After Hours Phone: (858) 259-0056  
Provider Gender: Female  
License number: A46557  
NPI: 1205873197  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Swedish  
Cultural Competency: No  
Hospital Affiliation: Tri City Hospital West, Scripps Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **ROSS, ANDREW L , MD**

Provider ID: 269335  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
530 LOMAS SANTA FE DR STE D

SOLANA BEACH, CA  
92075-1346  
Phone: (760) 757-7546  
Fax: (760) 828-9138  
After Hours Phone: (760) 757-7546  
Provider Gender: Male  
License number: A140430  
NPI: 1700140738  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **VENKAT, ARUN P , MD**

Provider ID: 269346  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
530 LOMAS SANTA FE DR STE D  
SOLANA BEACH, CA  
92075-1346

Phone: (858) 259-0056  
Fax: (760) 828-9140  
After Hours Phone: (858) 259-0056  
Provider Gender: Male  
License number: A125103  
NPI: 1952436354  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

---

### **HEARING AID DEALER / SUPPLIER**

---

### **DANDURAND, JOHN M , MD**

Provider ID: 269779  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
740 LOMAS SANTA FE DR STE 110  
SOLANA BEACH, CA 92075-1441

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Phone: (858) 259-4182  
 Fax: (805) 530-3989  
 After Hours Phone: (858) 259-4182  
 Provider Gender: Male  
 License number: HA2056  
 NPI: 1497901680  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### SPRING VALLEY

#### FAMILY PRACTICE

#### CARDONES, ARTHUR J

Provider ID: 25609  
 Board Certified Specialty: No  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 8788 JAMACHA RD

SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2555  
 Fax:  
 After Hours Phone: (619) 515-2555  
 Provider Gender: Male  
 License number: A55932  
 NPI: 1962436451  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Grossmont  
 Spring Valley Family Hlth Ctrs  
 Inc  
 IPA:

#### CONSTANTINO, STEPHANIE L

Provider ID: 128126  
 Board Certified Specialty: No  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 8788 JAMACHA RD

SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2555  
 Fax:  
 After Hours Phone: (619) 515-2555  
 Provider Gender: Female  
 License number: A149063  
 NPI: 1366824971  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: ME  
 Hours: M,W-F 8:30AM-5:30PM,  
 TU 8:30AM-7PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Grossmont  
 Spring Valley Family Hlth Ctrs  
 Inc  
 IPA:

#### OBSTETRICS / GYNECOLOGY

#### ALIMONOS, LYSISTRATI A

Provider ID: 114830  
 Board Certified Specialty: No

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2555 Fax: After Hours Phone: (619) 515-2555 Provider Gender: Female License number: 20A14919 NPI: 1619397031 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs Inc IPA:</p>	<p>Provider ID: 127438 Board Certified Specialty: No GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2555 Fax: After Hours Phone: (619) 515-2555 Provider Gender: Female License number: A68463 NPI: 1376663831 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M-SA 9AM-5PM Website: www.fhcsd.org Email: Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs</p>	<p>Inc IPA: <b>CARTER, KHALIL J</b> Provider ID: 127378 Board Certified Specialty: No GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2555 Fax: After Hours Phone: (619) 515-2555 Provider Gender: Male License number: A113001 NPI: 1225231582 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital Medi-Cal Open Panel: Yes Min/Max Age: None American Sign Language (ASL): No ♿ Accessibility: ME Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM Website: www.fhcsd.org Email:</p>
<p><b>BUECHNER, CHARLENE A</b></p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs Inc          IPA:</p> <p><b>CERVANTES, SANDRA M</b>          Provider ID: 114873          Board Certified Specialty: No          GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC          8788 JAMACHA RD          SPRING VALLEY, CA          91977-4035          Phone: (619) 515-2555          Fax:          After Hours Phone: (619) 515-2555          Provider Gender: Female          License number: A118095          NPI: 1073701041          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL): No          Accessibility: ME          Hours: M,W-F 8:30AM-5:30PM,</p>	<p>TU 8:30AM-7PM, SA 9AM-5PM          Website: www.fhcsd.org          Email:          Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs Inc          IPA:</p> <p><b>FOLCH TORRES-AGUIAR, BEATRIZ M</b>          Provider ID: 120515          Board Certified Specialty: No          GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC          8788 JAMACHA RD          SPRING VALLEY, CA          91977-4035          Phone: (619) 515-2555          Fax:          After Hours Phone: (619) 515-2555          Provider Gender: Female          License number: A148014          NPI: 1457794752          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish, Yue Chinese          Cultural Competency: No          Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital          Medi-Cal Open Panel: Yes          Min/Max Age: None          American Sign Language (ASL):</p>	<p>No          Accessibility: ME          Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM          Website: www.fhcsd.org          Email:          Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs Inc          IPA:</p> <p><b>LIPSCHITZ, LISA S</b>          Provider ID: 25619          Board Certified Specialty: No          GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC          8788 JAMACHA RD          SPRING VALLEY, CA          91977-4035          Phone: (619) 515-2555          Fax:          After Hours Phone: (619) 515-2555          Provider Gender: Female          License number: A72005          NPI: 1649208711          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: ME            Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM            Website: www.fhcsd.org            Email:            Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs Inc            IPA:</p>	<p>Hospital, Scripps Mercy            Hospital, Scripps Mercy            Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: ME            Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM            Website: www.fhcsd.org            Email:            Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs Inc            IPA:</p>	<p>Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital            Medi-Cal Open Panel: Yes            Min/Max Age: None            American Sign Language (ASL): No            ♿ Accessibility: ME            Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM            Website: www.fhcsd.org            Email:            Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs Inc            IPA:</p>
<p><b>LOEFFLER, ALLISON M</b>            Provider ID: 115547            Board Certified Specialty: No            GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035            Phone: (619) 515-2555            Fax:            After Hours Phone: (619) 515-2555            Provider Gender: Female            License number: A116680            NPI: 1700073962            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Grossmont</p>	<p><b>MELENDEZ BERRIOS, IARA DEL M</b>            Provider ID: 115042            Board Certified Specialty: No            GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035            Phone: (619) 515-2555            Fax:            After Hours Phone: (619) 515-2555            Provider Gender: Female            License number: A114181            NPI: 1740514249            Provider English Spoken: Yes</p>	<p><b>RODRIGUEZ JEREZ, ROBERTO D</b>            Provider ID: 130082            Board Certified Specialty: No            GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035            Phone: (619) 515-2555            Fax:            After Hours Phone: (619) 515-2555            Provider Gender: Male</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

<p>License number: A154298  NPI: 1710316450  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: ME  Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs Inc  IPA:</p>	<p>Phone: (619) 515-2555  Fax:  After Hours Phone: (619) 515-2555  Provider Gender: Female  License number: 20A11535  NPI: 1811162456  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: No  Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: ME  Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs Inc  IPA:</p>	<p>FAMILY HLTH CTRS INC  8788 JAMACHA RD  SPRING VALLEY, CA  91977-4035  Phone: (619) 515-2555  Fax:  After Hours Phone: (619) 515-2555  Provider Gender: Male  License number: G78814  NPI: 1699790634  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: No  Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  Medi-Cal Open Panel: Yes  Min/Max Age: None  American Sign Language (ASL): No  ♿ Accessibility: ME  Hours: M-F 9AM-5PM, SA 9AM-5PM  Website: www.fhcsd.org  Email:  Medical Group(s): Grossmont Spring Valley Family Hlth Ctrs Inc  IPA:</p>
<p><b>WINESBURG, JENNIFER J</b>  Provider ID: 114807  Board Certified Specialty: No  GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC  8788 JAMACHA RD  SPRING VALLEY, CA  91977-4035</p>	<p><b>ZIEG, ALAN J</b>  Provider ID: 25637  Board Certified Specialty: No  GROSSMONT SPRING VALLEY</p>	<hr/> <p><b>PHYSICIANS ASSISTANT</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

### LOPEZ, MARIO A

Provider ID: 115102  
 Board Certified Specialty: No  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2555  
 Fax:  
 After Hours Phone: (619)  
 515-2555  
 Provider Gender: Male  
 License number: PA21385  
 NPI: 1932335080  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: ME  
 Hours: M,W-F 8:30AM-5:30PM,  
 TU,SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Grossmont  
 Spring Valley Family Hlth Ctrs  
 Inc  
 IPA:

Provider ID: 122064  
 Board Certified Specialty: No  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2555  
 Fax:  
 After Hours Phone: (619)  
 515-2555  
 Provider Gender: Male  
 License number: PA55067  
 NPI: 1669756128  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: ME  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Grossmont  
 Spring Valley Family Hlth Ctrs  
 Inc  
 IPA:

### ALLERGY IMMUNOLOGY

### ZIERING, ROBERT W

Provider ID: 26578  
 Board Certified Specialty: No  
 ALLERGY AND IMMUNOLOGY  
 2067 W VISTA WAY STE 140  
 VISTA, CA 92083-6032  
 Phone: (760) 941-4444  
 Fax:  
 After Hours Phone: (760)  
 941-4444  
 Provider Gender: Male  
 License number: A30813  
 NPI: 1215933148  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Dutch, French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Palomar Medical  
 Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-TH 8:30AM-4PM, F  
 7:30AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**VISTA**

### TURNER, ERIC M

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

### ZIERING, ROBERT W , MD

*Provider ID:* 269520  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2067 W VISTA WAY STE 140  
 VISTA, CA 92083-6032  
*Phone:* (760) 941-4444  
*Fax:* (760) 941-8902  
*After Hours Phone:* (760)  
 941-4444  
*Provider Gender:* Male  
*License number:* A30813  
*NPI:* 1215933148  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Dutch, French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M,TU,TH 8AM-4PM, W  
 8AM-4:30PM, F 7:30AM-4PM,  
 SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### CARDIOLOGY

### KABRA, ASHISH N , MD

*Provider ID:* 271714  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2067 W VISTA WAY STE 225  
 VISTA, CA 92083-6001  
*Phone:* (760) 224-7766  
*Fax:* (760) 450-9655  
*After Hours Phone:* (760)  
 224-7766  
*Provider Gender:* Male  
*License number:* A122620  
*NPI:* 1639373798  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Tri City  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8:30AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**MOUSSAVIAN, MEHRAN**  
*Provider ID:* 290776

*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Provider Gender:* Male  
*License number:* 20A7241  
*NPI:* 1689788234  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Tri City Medical  
 Ctr, Sharp Memorial Hospital,  
 Alvarado Hospital Llc,  
 Grossmont Hospital, Scripps  
 Mercy Hospital, Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-TH 8AM-8PM, F  
 9AM-5PM, SA 9AM-4PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,

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## D. Directorio de proveedores de atención especializada

Ihp Of Southern California

### **PARIKH, MILIND D**

Provider ID: 290665

Board Certified Specialty: No

IHP OF SOUTHERN CALIFORNIA

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Male

License number: 20A13745

NPI: 1194161406

Provider English Spoken: Yes

Provider Language(s) Spoken:

Gujarati, Hindi, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Sharp Grossmont

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Ihp Of Southern California

### **CARDIOVASCULAR DISEASE**

### **DO, HULBERT N**

Provider ID: 290574

Board Certified Specialty: No

IHP OF SOUTHERN

CALIFORNIA

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Male

License number: C162072

NPI: 1679733760

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Sharp Grossmont

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-TH,SU 9AM-8PM, F

9AM-5PM, SA 9AM-4PM

Website:

Email:

Medical Group(s):

IPA: Ihp Of Southern California

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **ALVAREZ, LISA J**

Provider ID: 278537

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Female

License number: NP19911

NPI: 1417262718

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-TH 8AM-8PM, F

9AM-5PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Ihp Of Southern California

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## D. Directorio de proveedores de atención especializada

### **ALVAREZ, LISA J**

Provider ID: 293195  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: NP19911  
 NPI: 1417262718  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California  
  
**AYELE, MAHOGANY A**  
 Provider ID: 257586

Board Certified Specialty: No  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: NP19570  
 NPI: 1902120421  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct

### **AYELE, MAHOGANY A**

Provider ID: 257587  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT

134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: (844) 308-5003  
 Fax: (760) 414-3763  
 After Hours Phone: (844) 308-5003  
 Provider Gender: Female  
 License number: NP19570  
 NPI: 1902120421  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct

### **BROMAN, GRETCHEN L**

Provider ID: 280191  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

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## D. Directorio de proveedores de atención especializada

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Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
License number: NP95007885  
NPI: 1922421288  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/0  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **BROMAN, GRETCHEN L**

Provider ID: 280193  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female

License number: NP95007885  
NPI: 1922421288  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/0  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **CARDINELL, ANNA C**

Provider ID: 291411  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
910 SYCAMORE AVE STE 270  
VISTA, CA 92081-7852  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95002252  
NPI: 1306978614  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CHAMBERLIN, KALIANA, NPA**

Provider ID: 271067  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
License number: NP95013030  
NPI: 1457995706  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **CLARK, CYNTHIA, NPA**

Provider ID: 240000  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
License number: NP16833  
NPI: 1679698849  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M,TU,F 8AM-5PM, W,TH  
8AM-8PM, SA 9AM-4PM  
Website:  
Email:

Medical Group(s):  
IPA: Community Care Ipa Llc  
**CORY, ALLISON H , NPA**  
Provider ID: 245207  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
License number: NP20497  
NPI: 1194027706  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M,W-F 8AM-5PM, TU  
10:30AM-7:30PM, SA 9AM-4PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc  
**DEKKERS-O'HARE, INGRID F ,  
NPA**  
Provider ID: 241299

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
License number: NP8665  
NPI: 1013938968  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M,F 8AM-5PM, TU-TH  
8AM-8PM, SA 9AM-4PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc  
**EKLUND, BONNIE L , NPA**  
Provider ID: 243623  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 631-5000	Provider Gender: Female	Provider Language(s) Spoken:
Fax: (760) 414-3892	License number: NP15285	Mandarin
After Hours Phone: (888) 216-8482	NPI: 1811978992	Cultural Competency: No
Provider Gender: Female	Provider English Spoken: Yes	Hospital Affiliation:
License number: NP15285	Provider Language(s) Spoken: French	Medi-Cal Open Panel: Yes
NPI: 1811978992	Cultural Competency: No	Min/Max Age: 0/999
Provider English Spoken: Yes	Hospital Affiliation:	American Sign Language (ASL): No
Provider Language(s) Spoken: French	Medi-Cal Open Panel: Yes	♿ Accessibility:
Cultural Competency: No	Min/Max Age: 18/999	Hours: M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM
Hospital Affiliation:	American Sign Language (ASL): No	Website:
Medi-Cal Open Panel: Yes	♿ Accessibility:	Email:
Min/Max Age: 18/999	Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM	Medical Group(s):
American Sign Language (ASL): No	Website:	IPA: Community Care Ipa Llc
♿ Accessibility:	Email:	<b>KORMANIK, PATRICIA A</b>
Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM	Medical Group(s):	Provider ID: 282072
Website:	IPA: Community Care Ipa Llc	Board Certified Specialty: No
Email:	<b>HALGEDAHL, YI T, NPA</b>	UCSD MEDICAL GROUP
Medical Group(s):	Provider ID: 241907	910 SYCAMORE AVE STE 102
IPA: Community Care Ipa Llc	Board Certified Specialty: No	VISTA, CA 92081-7833
<b>EKLUND, BONNIE L, NPA</b>	COMMUNITY CARE IPA LLC	Phone: (800) 926-8273
Provider ID: 243624	1000 VALE TERRACE DR	Fax: (888) 539-8781
Board Certified Specialty: No	VISTA, CA 92084-5218	After Hours Phone: (800) 926-8273
COMMUNITY CARE IPA LLC	Phone: (760) 631-5000	Provider Gender: Female
134 GRAPEVINE RD	Fax: (760) 414-3892	License number: NP9707
VISTA, CA 92083-4004	After Hours Phone: (760) 631-5000	NPI: 1093895047
Phone: (760) 631-5000	Provider Gender: Female	Provider English Spoken: Yes
Fax: (760) 414-3892	License number: NP95006826	Provider Language(s) Spoken:
After Hours Phone: (760) 631-5000	NPI: 1619246907	Cultural Competency: No
	Provider English Spoken: Yes	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Sally Thornton	Min/Max Age: 0/999	Hours: SU 10AM-2PM, M-TH 8AM-8:30PM, F 8AM-5PM, SA 8AM-12PM
Medi-Cal Open Panel: Yes	American Sign Language (ASL): No	Website:
Min/Max Age: 0/999	Accessibility: No	Email:
American Sign Language (ASL): No	Hours: M,F 8AM-5PM, TU-TH 8AM-8PM, SA 9AM-4PM	Medical Group(s):
Accessibility: No	Website:	IPA: Rady Childrens Health Network
Hours: M-F 8AM-5PM, SA 9AM-5PM	Email:	
Website:	Medical Group(s):	
Email:	IPA: Community Care Ipa Llc	
Medical Group(s):		<b>MONTGOMERY, KEITH ALLEN</b>
IPA: Ucsd Medical Group		Provider ID: 295284
	<b>METZGER, JULIA</b>	Board Certified Specialty: No
	Provider ID: 262139	IHP OF SOUTHERN CALIFORNIA
<b>KOUSARI, JHALEH, NPA</b>	Board Certified Specialty: No	1000 VALE TERRACE DR
Provider ID: 239793	RADY CHILDRENS HEALTH NETWORK	VISTA, CA 92084-5218
Board Certified Specialty: No	2067 W VISTA WAY STE 180	Phone: (760) 631-5000
COMMUNITY CARE IPA LLC	VISTA, CA 92083-6033	Fax: (760) 414-3892
1000 VALE TERRACE DR	Phone: (760) 945-3434	After Hours Phone: (760) 631-5000
VISTA, CA 92084-5218	Fax: (760) 945-6761	Provider Gender: Male
Phone: (760) 631-5000	After Hours Phone: (760) 945-3434	License number: NP95008198
Fax:	Provider Gender: Female	NPI: 1790978617
After Hours Phone: (760) 631-5000	License number: NP95010547	Provider English Spoken: Yes
Provider Gender: Female	NPI: 1982050514	Provider Language(s) Spoken:
License number: NP20893	Provider English Spoken: Yes	Cultural Competency: No
NPI: 1811262405	Provider Language(s) Spoken:	Hospital Affiliation:
Provider English Spoken: Yes	Cultural Competency: No	Medi-Cal Open Panel: Yes
Provider Language(s) Spoken:	Hospital Affiliation:	Min/Max Age: 6/999
Farsi, Spanish	Medi-Cal Open Panel: No	American Sign Language (ASL):
Cultural Competency: No	Min/Max Age: 0/18	No
Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital	American Sign Language (ASL): No	Accessibility: No
Medi-Cal Open Panel: Yes	Accessibility: No	Hours: M,TU,TH,F 8AM-5PM, W 10AM-7PM, SA 9AM-4PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## D. Directorio de proveedores de atención especializada

<p>Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p><b>NICHOLAS, ESTELA M , NPA</b>          Provider ID: 239866          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          1000 VALE TERRACE DR          VISTA, CA 92084-5218          Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760)          631-5000          Provider Gender: Female          License number: NP11448          NPI: 1558384792          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M,F 8AM-5PM, TU-TH          8AM-8PM, SA 9AM-4PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>	<p>1000 VALE TERRACE DR          VISTA, CA 92084-5218          Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760)          631-5000          Provider Gender: Female          License number: NP10896          NPI: 1205859444          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 0/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M,F 8AM-5PM, TU-TH          8AM-8PM, SA 9AM-4PM          Website:          Email:          Medical Group(s):          IPA: Community Care Ipa Llc</p>
<p><b>MONTGOMERY, KEITH ALLEN</b>          Provider ID: 295288          Board Certified Specialty: No          IHP OF SOUTHERN          CALIFORNIA          134 GRAPEVINE RD          VISTA, CA 92083-4004          Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760)          631-5000          Provider Gender: Male          License number: NP95008198          NPI: 1790978617          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 6/999          American Sign Language (ASL):          No          ♿ Accessibility:          Hours: M,TU,TH,F 8AM-5PM, W          10AM-7PM, SA 9AM-4PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p><b>PATEMAN, CAROLYN U , NPA</b>          Provider ID: 239976          Board Certified Specialty: No          COMMUNITY CARE IPA LLC</p>	<p><b>PRITZKER, JOELY R , NPA</b>          Provider ID: 239773          Board Certified Specialty: No          COMMUNITY CARE IPA LLC          1000 VALE TERRACE DR          VISTA, CA 92084-5218</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (760) 631-5000	Provider Gender: Female	Provider Language(s) Spoken:
Fax: (760) 414-3892	License number: RN428876	Spanish
After Hours Phone: (760) 631-5000	NPI: 1780603597	Cultural Competency: No
Provider Gender: Female	Provider English Spoken: Yes	Hospital Affiliation:
License number: NP95000955	Provider Language(s) Spoken: Spanish	Medi-Cal Open Panel: Yes
NPI: 1619384351	Cultural Competency: No	Min/Max Age: 0/999
Provider English Spoken: Yes	Hospital Affiliation:	American Sign Language (ASL): No
Provider Language(s) Spoken: Spanish	Medi-Cal Open Panel: Yes	♿ Accessibility:
Cultural Competency: No	Min/Max Age: 0/999	Hours: M,F 8AM-5PM, TU-TH 8AM-8PM, SA 9AM-5PM
Hospital Affiliation:	American Sign Language (ASL): No	Website:
Medi-Cal Open Panel: Yes	♿ Accessibility:	Email:
Min/Max Age: 12/999	Hours: M,F 8AM-5PM, TU-TH 8AM-8PM, SA 9AM-5PM	Medical Group(s):
American Sign Language (ASL): No	Website:	IPA: Community Care Ipa Llc
♿ Accessibility:	Email:	<b>SRILASAK, MICHELE</b>
Hours: M-F 8AM-5PM, SA 9AM-4PM	Medical Group(s):	Provider ID: 281857
Website:	IPA: Community Care Ipa Llc	Board Certified Specialty: No
Email:	<b>SMITH, SHARON T , NPA</b>	UCSD MEDICAL GROUP
Medical Group(s):	Provider ID: 242508	910 SYCAMORE AVE STE 102
IPA: Community Care Ipa Llc	Board Certified Specialty: No	VISTA, CA 92081-7833
<b>SMITH, SHARON T , NPA</b>	COMMUNITY CARE IPA LLC	Phone: (800) 926-8273
Provider ID: 242508	1000 VALE TERRACE DR	Fax: (888) 539-8781
Board Certified Specialty: No	VISTA, CA 92084-5218	After Hours Phone: (800) 926-8273
COMMUNITY CARE IPA LLC	Phone: (760) 631-5000	Provider Gender: Female
1000 VALE TERRACE DR	Fax:	License number: NP13694
VISTA, CA 92084-5218	After Hours Phone: (760) 631-5000	NPI: 1265487326
Phone: (760) 631-5000	Provider Gender: Female	Provider English Spoken: Yes
Fax:	License number: NP15444	Provider Language(s) Spoken:
After Hours Phone: (760) 631-5000	NPI: 1780603597	Cultural Competency: No
	Provider English Spoken: Yes	Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Sally Thornton	No	Website:
Medi-Cal Open Panel: Yes	♿ Accessibility:	Email:
Min/Max Age: 0/999	Hours: M-F 8AM-2PM, SA	Medical Group(s):
American Sign Language (ASL):	9AM-4PM	IPA: Ihp Of Southern California
No	Website:	
♿ Accessibility:	Email:	<b>TAYLOR, CHRISTOPHER</b>
Hours: M-F 8AM-5PM, SA	Medical Group(s):	Provider ID: 295507
9AM-5PM	IPA: Ihp Of Southern California	Board Certified Specialty: No
Website:		IHP OF SOUTHERN
Email:	<b>TAYLOR, CHRISTOPHER</b>	CALIFORNIA
Medical Group(s):	Provider ID: 295504	134 GRAPEVINE RD
IPA: Ucsd Medical Group	Board Certified Specialty: No	VISTA, CA 92083-4004
	IHP OF SOUTHERN	Phone: (760) 631-5000
	CALIFORNIA	Fax: (760) 414-3892
<b>TAYLOR, CHRISTOPHER</b>	105 DURIAN ST STE A	After Hours Phone: (760)
Provider ID: 295502	VISTA, CA 92083-6206	631-5000
Board Certified Specialty: No	Phone: (760) 631-5000	Provider Gender: Male
IHP OF SOUTHERN	Fax: (760) 414-3892	License number: NP95020584
CALIFORNIA	After Hours Phone: (760)	NPI: 1851747166
1000 VALE TERRACE DR	631-5000	Provider English Spoken: Yes
VISTA, CA 92084-5218	Provider Gender: Male	Provider Language(s) Spoken:
Phone: (760) 631-5000	License number: NP95020584	Cultural Competency: No
Fax: (760) 414-3892	NPI: 1851747166	Hospital Affiliation:
After Hours Phone: (760)	Provider English Spoken: Yes	Medi-Cal Open Panel: Yes
631-5000	Provider Language(s) Spoken:	Min/Max Age: 12/999
Provider Gender: Male	Cultural Competency: No	American Sign Language (ASL):
License number: NP95020584	Hospital Affiliation:	No
NPI: 1851747166	Medi-Cal Open Panel: Yes	♿ Accessibility:
Provider English Spoken: Yes	Min/Max Age: 12/999	Hours: M-F 8AM-2PM, SA
Provider Language(s) Spoken:	American Sign Language (ASL):	9AM-4PM
Cultural Competency: No	No	Website:
Hospital Affiliation:	♿ Accessibility:	Email:
Medi-Cal Open Panel: Yes	Hours: M-F 8AM-2PM, SA	Medical Group(s):
Min/Max Age: 12/999	9AM-4PM	IPA: Ihp Of Southern California
American Sign Language (ASL):		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

### **WILLIAMS, JINA L**

*Provider ID:* 293676  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Provider Gender:* Female  
*License number:* NP95020624  
*NPI:* 1225500259  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

*Provider ID:* 290640  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Provider Gender:* Female  
*License number:* NM1634  
*NPI:* 1194938647  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-8PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

CALIFORNIA  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Provider Gender:* Female  
*License number:* NM1634  
*NPI:* 1194938647  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

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### **CHIROPRACTOR**

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### **CORTEZ, JAIME**

*Provider ID:* 290483  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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### **ZAMORA-FLYR, MARIA M**

### **ZAMORA-FLYR, MARIA M**

*Provider ID:* 290641  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN

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## D. Directorio de proveedores de atención especializada

VISTA, CA 92084-5218  
 Phone: (760) 414-3892  
 Fax: (760) 631-5000  
 After Hours Phone: (760) 414-3892  
 Provider Gender: Male  
 License number: DC31392  
 NPI: 1508195348  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Male  
 License number: DC32054  
 NPI: 1972883882  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Male  
 License number: DC32054  
 NPI: 1972883882  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

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### FAMILY PRACTICE

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#### **JU, NATHANIEL**

Provider ID: 290220  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

#### **JU, NATHANIEL**

Provider ID: 290222  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004

#### **HIKES, RYAN M**

Provider ID: 291652  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## D. Directorio de proveedores de atención especializada

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Male  
 License number: C178170  
 NPI: 1609862358  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Kaiser Foundation Hospital West La, Kaiser Foundation Hospital Sunset  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### SHANG, CAROLINE K

Provider ID: 295499  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000

Provider Gender: Female  
 License number: A178574  
 NPI: 1538629175  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Kaiser Foundation Hospital West La, Kaiser Foundation Hospital Sunset  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### VIDAL, MONICA M

Provider ID: 293349  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: (844) 308-5003  
 Fax: (760) 414-3763  
 After Hours Phone: (844) 308-5003

Provider Gender: Female  
 License number: 20A8949  
 NPI: 1871791749  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### VIDAL, MONICA M

Provider ID: 293354  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: 20A8949  
 NPI: 1871791749

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## D. Directorio de proveedores de atención especializada

<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i> No	<i>Phone:</i> (800) 926-8273
<i>Provider Language(s) Spoken:</i> Spanish	<i>Hospital Affiliation:</i> University Of California Irvine Med Ctr, Earl And Lorraine Miller	<i>Fax:</i> (888) 539-8781
<i>Cultural Competency:</i> No	<i>Childrens Hsp, Long Beach</i>	<i>After Hours Phone:</i> (800) 926-8273
<i>Hospital Affiliation:</i>	<i>Memorial Med Ctr, Providence</i>	<i>Provider Gender:</i> Female
<i>Medi-Cal Open Panel:</i> Yes	<i>St Joseph Hospital, Providence</i>	<i>License number:</i> A108879
<i>Min/Max Age:</i> 0/999	<i>St Jude Medical Center, Orange</i>	<i>NPI:</i> 1104848720
<i>American Sign Language (ASL):</i> No	<i>Coast Mem Med Ctr, Fountain Valley Regional Hosp And Med Ctr, Corona Regional Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr</i>	<i>Provider English Spoken:</i> Yes
<i>Accessibility:</i>	<i>Medi-Cal Open Panel:</i> Yes	<i>Provider Language(s) Spoken:</i> French, Spanish, Urdu
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Min/Max Age:</i> 0/999	<i>Cultural Competency:</i> No
<i>Website:</i>	<i>American Sign Language (ASL):</i> No	<i>Hospital Affiliation:</i> Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
<i>Email:</i>	<i>Accessibility:</i>	<i>Medi-Cal Open Panel:</i> Yes
<i>Medical Group(s):</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>Min/Max Age:</i> 0/999
<i>IPA:</i> Ihp Of Southern California	<i>Website:</i>	<i>American Sign Language (ASL):</i> No

### **GYNECOLOGIC ONCOLOGY**

#### **ESKANDER, RAMEZ N**

*Provider ID:* 282163  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 910 SYCAMORE AVE STE 102  
 VISTA, CA 92081-7833  
*Phone:* (760) 536-7737  
*Fax:* (760) 536-7959  
*After Hours Phone:* (760) 536-7737  
*Provider Gender:* Male  
*License number:* A102482  
*NPI:* 1144486929  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HEMATOLOGY / ONCOLOGY**

#### **SIDDIQUI, FAREEHA H**

*Provider ID:* 282173  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 910 SYCAMORE AVE STE 102  
 VISTA, CA 92081-7833

#### **SUBRAMANIAN, RUPA**

*Provider ID:* 282181  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 910 SYCAMORE AVE STE 102  
 VISTA, CA 92081-7833

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## D. Directorio de proveedores de atención especializada

<p>Phone: (760) 536-7737            Fax: (760) 536-7959            After Hours Phone: (760) 536-7737            Provider Gender: Female            License number: A67026            NPI: 1376547174            Provider English Spoken: Yes            Provider Language(s) Spoken: Hindi, Tamil            Cultural Competency: No            Hospital Affiliation: Corona Regional Med Ctr, Tri City Medical Ctr, Ucsd Medical Ctr, Scripps Memorial Hospital Encinitas, Fountain Valley Regional Hosp And Med Ctr, University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            No            Accessibility: P, EB, IB, E, R, T            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p><b>RUBENSIK, TAMARA T</b>            Provider ID: 282128            Board Certified Specialty: No            UCSD MEDICAL GROUP            910 SYCAMORE AVE STE 102 VISTA, CA 92081-7833            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            License number: A119245            NPI: 1811200652            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ucsd Medical Group</p>	<p>Provider ID: 290240            Board Certified Specialty: No            IHP OF SOUTHERN CALIFORNIA            1000 VALE TERRACE DR VISTA, CA 92084-5218            Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Provider Gender: Female            License number: A62558            NPI: 1528031457            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: No            Hospital Affiliation: Tri City Medical Ctr, Naval Medical Ctr Sd Rbe            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            Accessibility:            Hours: M-SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>
<b>HOSPICE AND PALLIATIVE MEDICINE</b>	<b>HOSPITALIST MD/DO</b>	<b>NEONATAL / PERINATAL MEDICINE</b>
	<b>HOKE, EILEEN M</b>	<b>MOVAHHEDIAN, HAMID R , MD</b>

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## D. Directorio de proveedores de atención especializada

*Provider ID:* 246863  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Provider Gender:* Male  
*License number:* A49253  
*NPI:* 1619920816  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/1  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Ihp Of Southern California

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### **OBSTETRICS / GYNECOLOGY**

#### **ARRIETA, IRIS R**

*Provider ID:* 290607  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN  
 CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Provider Gender:* Female  
*License number:* A125026  
*NPI:* 1659614303  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Rady Childrens  
 Hospital San Diego, Sharp  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-TH 8AM-8PM, F  
 9AM-5PM, SA 9AM-4PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

#### **BINDER, PRATIBHA S**

*Provider ID:* 282168  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 910 SYCAMORE AVE STE 102  
 VISTA, CA 92081-7833  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A149945  
*NPI:* 1174758031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

#### **FRANCIS, LARRY N**

*Provider ID:* 290292  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN

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## D. Directorio de proveedores de atención especializada

<p>CALIFORNIA 1000 VALE TERRACE DR VISTA, CA 92084-5218 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Provider Gender: Male License number: A34827 NPI: 1215008552 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Southwest Healthcare System Murrieta, Sharp Memorial Hospital, Pomona Valley Hosp Med Ctr Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California</p>	<p>CALIFORNIA 1000 VALE TERRACE DR VISTA, CA 92084-5218 Phone: (760) 631-5000 Fax: (760) 414-3755 After Hours Phone: (760) 631-5000 Provider Gender: Female License number: A62780 NPI: 1851620447 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-F 8AM-5PM, SA 9AM-5PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California</p>	<p>VISTA, CA 92084-5218 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Provider Gender: Male License number: 20A9149 NPI: 1235192691 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Greek, Spanish Cultural Competency: No Hospital Affiliation: Tri City Medical Ctr, Palomar Medical Center Medi-Cal Open Panel: Yes Min/Max Age: 16/999 American Sign Language (ASL): No ♿ Accessibility: Hours: M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM Website: Email: Medical Group(s): IPA: Ihp Of Southern California</p>
<p><b>HAWKINS, MELISSA A</b> Provider ID: 290596 Board Certified Specialty: No IHP OF SOUTHERN</p>	<p><b>KARANIKKIS, CHRISTOS A</b> Provider ID: 290583 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1000 VALE TERRACE DR</p>	<p><b>LEONARD, LISA A</b> Provider ID: 290710 Board Certified Specialty: No IHP OF SOUTHERN CALIFORNIA 1000 VALE TERRACE DR VISTA, CA 92084-5218</p>

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## D. Directorio de proveedores de atención especializada

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: G79676  
 NPI: 1477588598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### LEON, JOSUE D

Provider ID: 290729  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Male  
 License number: A80635  
 NPI: 1497799092  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California, Rady Childrens Health Network

### LOPEZ, SANDRA

Provider ID: 290610  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

Phone: (760) 631-5000  
 Fax: (760) 414-3763  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: A73316  
 NPI: 1962421651  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### MOVAHHEDIAN, HAMID R

Provider ID: 290297  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

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## D. Directorio de proveedores de atención especializada

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Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Male  
 License number: A49253  
 NPI: 1619920816  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ihp Of Southern California

### **POUNTNEY, MARLENE E**

Provider ID: 290190  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 161 THUNDER DR STE 210 VISTA, CA 92083-6052

Phone: (760) 757-5841  
 Fax: (619) 736-8740  
 After Hours Phone: (760) 757-5841  
 Provider Gender: Female  
 License number: A93248  
 NPI: 1174703680  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Ihp Of Southern California

### **QUAN, MARIA C**

Provider ID: 290608  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR VISTA, CA 92084-5218

Phone: (760) 631-5000  
 Fax: (760) 414-3763  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: C143703  
 NPI: 1043281405  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Saddleback Memorial Med Ctr, Hoag Memorial Hospital Presbyterian  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp Of Southern California

### **SCHWEIKERT, SUZANNE M**

Provider ID: 290423  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 161 THUNDER DR STE 210 VISTA, CA 92083-6052

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## D. Directorio de proveedores de atención especializada

<p>Phone: (760) 757-5841          Fax: (619) 736-8740          After Hours Phone: (760) 757-5841          Provider Gender: Female          License number: A60958          NPI: 1477560142          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: No          Hospital Affiliation: Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL): No          No          ♿ Accessibility:          Hours: M-SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>	<p>1000 VALE TERRACE DR          VISTA, CA 92084-5218          Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760) 631-5000          Provider Gender: Female          License number: A56214          NPI: 1063438166          Provider English Spoken: Yes          Provider Language(s) Spoken: Farsi          Cultural Competency: No          Hospital Affiliation: Rady Childrens Hospital San Diego          Medi-Cal Open Panel: Yes          Min/Max Age: 0/18          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM          Website:          Email:          Medical Group(s):          IPA: Blue Shield Promise Health Plan Direct</p>	<p>CALIFORNIA          1000 VALE TERRACE DR          VISTA, CA 92084-5218          Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760) 631-5000          Provider Gender: Male          License number: PA58266          NPI: 1285676353          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: No          Hospital Affiliation:          Medi-Cal Open Panel: Yes          Min/Max Age: 16/999          American Sign Language (ASL): No          ♿ Accessibility:          Hours: M-F 8AM-5PM, SA 9AM-5PM          Website:          Email:          Medical Group(s):          IPA: Ihp Of Southern California</p>
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### PEDIATRICS

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#### **RAHIMI, NASSRIN**

Provider ID: 257581  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT

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### PHYSICIANS ASSISTANT

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#### **KUPIS, ROBERT J**

Provider ID: 291281  
 Board Certified Specialty: No  
 IHP OF SOUTHERN

#### **WALLACE, STEPHANIE C , NPA**

Provider ID: 239770  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

<p>Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (888) 216-8482            Provider Gender: Female            License number: PA19629            NPI: 1518104942            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: No            Hospital Affiliation: Palomar Medical Center            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M,F 8AM-5PM, TU-TH 8AM-8PM, SA 9AM-4PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>	<p>Phone: (760) 631-5000            Fax: (760) 414-3763            After Hours Phone: (760) 631-5000            Provider Gender: Female            License number: DPM3999            NPI: 1619115664            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM            Website:            Email:            Medical Group(s):            IPA: Ihp Of Southern California</p>	<p>Phone: (858) 888-4444            Fax: (866) 558-4329            After Hours Phone: (858) 888-4444            Provider Gender: Male            License number: A69840            NPI: 1215982970            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: No            Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista            Medi-Cal Open Panel: Yes            Min/Max Age: 0/999            American Sign Language (ASL): No            ♿ Accessibility:            Hours: M-F 8AM-5PM, SA 9AM-5PM            Website:            Email:            Medical Group(s):            IPA: Community Care Ipa Llc</p>
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### PODIATRIST

#### MILLER, JULIE A

Provider ID: 290666  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

### RADIOLOGY

#### ALLEN, DERRICK R , MD

Provider ID: 269616  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

### DOEMENY, JOHN M

Provider ID: 269754  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## D. Directorio de proveedores de atención especializada

Phone: (858) 888-4444  
 Fax: (866) 558-4329  
 After Hours Phone: (858) 888-4444  
 Provider Gender: Male  
 License number: G50925  
 NPI: 1841243912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### MOFFIT, BRIAN J

Provider ID: 269532  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (858) 888-4444  
 Fax: (866) 558-4329  
 After Hours Phone: (858) 888-4444

Provider Gender: Male  
 License number: G51551  
 NPI: 1508817305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **REGISTERED PHYSICAL THERAPIST**

### AMBROSE, CHRISTOPHER S

Provider ID: 248009  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2067 W VISTA WAY STE 185  
 VISTA, CA 92083-6033

Phone: (760) 631-5888  
 Fax: (760) 631-5880  
 After Hours Phone: (760) 591-7750  
 Provider Gender: Male  
 License number: PT26311  
 NPI: 1114977535  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 8/125  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M,W,F 7AM-7PM, TU,TH 7AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### JAIN, ALEXANDRA F

Provider ID: 295924  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CALIFORNIA  
 1840 WEST DR  
 VISTA, CA 92083-6115  
 Phone: (619) 662-4100  
 Fax: (619) 271-3183  
 After Hours Phone: (619) 662-4100

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## D. Directorio de proveedores de atención especializada

*Provider Gender:* Female  
*License number:* PT293092  
*NPI:* 1063170603  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ihp Of Southern California

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Medical Ctr  
*At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### SURGERY GENERAL

#### ARMANI, AVA

*Provider ID:* 282144  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 910 SYCAMORE AVE STE 102  
 VISTA, CA 92081-7833  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A118231  
*NPI:* 1861759383

#### FIERER, ADAM S

*Provider ID:* 86667  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2385 S MELROSE DR  
 VISTA, CA 92081-8788  
*Phone:* (760) 300-3647  
*Fax:* (760) 482-1316  
*After Hours Phone:* (760) 300-3647  
*Provider Gender:* Male  
*License number:* G69685  
*NPI:* 1205831161

#### GROVE, JAY R , MD

*Provider ID:* 245227  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2385 S MELROSE DR  
 VISTA, CA 92081-8788  
*Phone:* (760) 300-3647  
*Fax:* (760) 482-1316  
*After Hours Phone:* (760) 300-3647  
*Provider Gender:* Male  
*License number:* A60426  
*NPI:* 1912971334  
*Provider English Spoken:* Yes

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## D. Directorio de proveedores de atención especializada

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<i>Provider Language(s) Spoken:</i> Spanish	<i>NPI:</i> 1184687337
<i>Cultural Competency:</i> No	<i>Provider English Spoken:</i> Yes
<i>Hospital Affiliation:</i> Pomerado Hospital, Palomar Medical Center, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital	<i>Provider Language(s) Spoken:</i> Spanish
<i>Medi-Cal Open Panel:</i> Yes	<i>Cultural Competency:</i> No
<i>Min/Max Age:</i> 0/999	<i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Medical Center
<i>American Sign Language (ASL):</i> No	<i>Medi-Cal Open Panel:</i> Yes
<i>Accessibility:</i>	<i>Min/Max Age:</i> 13/100
<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM	<i>American Sign Language (ASL):</i> No
<i>Website:</i>	<i>Accessibility:</i>
<i>Email:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM
<i>Medical Group(s):</i>	<i>Website:</i>
<i>IPA:</i> Community Care Ipa Llc	<i>Email:</i>
	<i>Medical Group(s):</i>
	<i>IPA:</i> Community Care Ipa Llc

### **HANNA, KAREN J , MD**

*Provider ID:* 246422  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
2385 S MELROSE DR  
VISTA, CA 92081-8788  
*Phone:* (760) 300-3647  
*Fax:* (760) 482-1316  
*After Hours Phone:* (760) 300-3647  
*Provider Gender:* Female  
*License number:* G88851

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## E. Directorio de hospitales - Hospital general de atención aguda

### **ALVARADO HOSPITAL LLC**

Provider ID: 170056  
6655 ALVARADO RD  
SAN DIEGO, CA 92120-5208  
Phone: (619) 287-3270  
After Hours Phone: (619)  
287-3270

Accepting New Patients: No  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hospital Accreditation Status:  
JCAHO

Hours: M-F 8AM-4:30PM, SA  
9AM-5PM

License number:  
NPI: 1265468946

Website:

www.alvaradohospital.com  
American Sign Language (ASL):

No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes

### **GROSSMONT HOSPITAL**

Provider ID: 170046  
5555 GROSSMONT CENTER DR  
LA MESA, CA 91942-3019  
Phone: (619) 465-0711  
After Hours Phone: (619)  
465-0711

Accepting New Patients: No  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hospital Accreditation Status:  
JCAHO

Hours: M-SA 9AM-5PM  
License number: 080000006  
NPI: 1528041811

Website:

www.sharp.com/hospitals/gros  
smont/

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes

### **KINDRED HOSPITAL SAN DIEGO**

Provider ID: 169663  
1940 EL CAJON BLVD  
SAN DIEGO, CA 92104-1005  
Phone: (619) 543-4500  
After Hours Phone: (619)  
543-4500

Accepting New Patients: No  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hospital Accreditation Status:  
JCAHO

Hours: M-SA 9AM-5PM

License number:

NPI: 1992880512

Website:

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes

### **PALOMAR HEALTH**

Provider ID: 170052

15615 POMERADO RD  
POWAY, CA 92064-2405

Phone: (858) 613-4000

After Hours Phone: (858)

613-4000

Accepting New Patients: No

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hospital Accreditation Status:  
JCAHO

Hours: M-SA 9AM-5PM

License number: 080000127

NPI: 1376513754

Website:

www.palomarhealth.org/faciliti  
es/palomar-poway-outpatient

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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## E. Directorio de hospitales - Hospital general de atención aguda

Public transportation (within 1/2 mile from Site): Yes

### **PALOMAR MEDICAL CENTER**

Provider ID: 173011  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-5000  
 After Hours Phone: (442) 281-5000  
 Accepting New Patients: No  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Accreditation Status: JCAHO  
 Hours: M-SA 9AM-5PM  
 License number: 080000083  
 NPI: 1457321317  
 Website:  
[www.palomarhealth.org/facilities/palomar-medical-center](http://www.palomarhealth.org/facilities/palomar-medical-center)  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes

### **PARADISE VALLEY HOSPITAL**

Provider ID: 170057  
 2400 E 4TH ST  
 NATIONAL CITY, CA  
 91950-2026

Phone: (619) 470-4321  
 After Hours Phone: (619) 470-4321  
 Accepting New Patients: No  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Accreditation Status: JCAHO  
 Hours: M-SU 12AM-11PM  
 License number:  
 NPI: 1356410351  
 Website:  
[www.paradisevalleyhospital.net](http://www.paradisevalleyhospital.net)  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes

### **RADY CHILDRENS HOSPITAL SAN DIEGO**

Provider ID: 171083  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 After Hours Phone: (858) 576-1700  
 Accepting New Patients: No  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No

Hospital Accreditation Status: JCAHO  
 Hours: M-SA 9AM-5PM  
 License number:  
 NPI: 1710065933  
 Website: [www.rchsd.org](http://www.rchsd.org)  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes

### **SCRIPPS GREEN HOSPITAL**

Provider ID: 171084  
 10666 N TORREY PINES RD MS 220  
 LA JOLLA, CA 92037  
 Phone: (858) 455-9100  
 After Hours Phone: (858) 455-9100  
 Accepting New Patients: No  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Accreditation Status: JCAHO  
 Hours: M-SA 9AM-5PM  
 License number: 080000139  
 NPI: 1841233780  
 Website:  
[www.scripps.org/locations/hospitals\\_\\_scripps-green-hospital](http://www.scripps.org/locations/hospitals__scripps-green-hospital)  
 American Sign Language (ASL):

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## E. Directorio de hospitales - Hospital general de atención aguda

No	<b>ENCINITAS</b>	Accepting New Patients: No
Please contact provider for	Provider ID: 170305	Min/Max Age: None
Accessibility information	354 SANTA FE DR	Site English Spoken: Yes
Public transportation (within 1/2	ENCINITAS, CA 92024-5142	Site Language(s) Spoken:
mile from Site): Yes	Phone: (760) 753-6501	Cultural Competency: No
	After Hours Phone: (760)	Hospital Accreditation Status:
<b>SCRIPPS MEMORIAL HOSPITAL</b>	753-6501	JCAHO
Provider ID: 170045	Accepting New Patients: No	Hours: M-SA 9AM-5PM
9888 GENESEE AVE	Min/Max Age: None	License number:
LA JOLLA, CA 92037-1205	Site English Spoken: Yes	NPI: 1659359446
Phone: (858) 457-4123	Site Language(s) Spoken:	Website:
After Hours Phone: (858)	Cultural Competency: No	www.scripps.org/locations/hos
457-4123	Hospital Accreditation Status:	pitals__scripps-mercy-hospital
Accepting New Patients: No	JCAHO	__scripps-mercy-hospital-san-
Min/Max Age: None	Hours: M-SA 9AM-5PM	diego
Site English Spoken: Yes	License number: 080000148	American Sign Language (ASL):
Site Language(s) Spoken:	NPI: 1700829199	No
Cultural Competency: No	Website:	Please contact provider for
Hospital Accreditation Status:	www.scripps.org/locations/hos	Accessibility information
JCAHO	pitals__scripps-memorial-hospi	Public transportation (within 1/2
Hours: M-SA 9AM-5PM	tal-encinitas	mile from Site): Yes
License number: 080000050	American Sign Language (ASL):	
NPI: 1841277704	No	<b>SCRIPPS MERCY HOSPITAL</b>
Website:	Please contact provider for	<b>CHULA VISTA</b>
www.scripps.org/locations/hos	Accessibility information	Provider ID: 170256
pitals__scripps-memorial-hospi	Public transportation (within 1/2	435 H ST
tal-la-jolla	mile from Site): Yes	CHULA VISTA, CA 91910-4307
American Sign Language (ASL):		Phone: (619) 691-7000
No	<b>SCRIPPS MERCY HOSPITAL</b>	After Hours Phone: (619)
Please contact provider for	Provider ID: 170048	691-7000
Accessibility information	4077 5TH AVE	Accepting New Patients: No
Public transportation (within 1/2	SAN DIEGO, CA 92103-2105	Min/Max Age: None
mile from Site): Yes	Phone: (619) 294-8111	Site English Spoken: Yes
	After Hours Phone: (619)	Site Language(s) Spoken:
<b>SCRIPPS MEMORIAL HOSPITAL</b>	294-8111	Cultural Competency: No

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## E. Directorio de hospitales - Hospital general de atención aguda

<p><i>Hospital Accreditation Status:</i> JCAHO</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>License number:</i> 090000074</p> <p><i>NPI:</i> 1154308005</p> <p><i>Website:</i> <a href="http://www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista">www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista</a></p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p>	<p><i>Website:</i> <a href="http://www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista">www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista</a></p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p>	<p>Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p>
<p><b>SCRIPPS MERCY HOSPITAL CHULA VISTA</b></p> <p><i>Provider ID:</i> 170256</p> <p>435 H ST</p> <p>CHULA VISTA, CA 91910-4307</p> <p><i>Phone:</i> (619) 691-7000</p> <p><i>After Hours Phone:</i> (619) 691-7000</p> <p><i>Accepting New Patients:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Accreditation Status:</i> JCAHO</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>License number:</i> 090000074</p> <p><i>NPI:</i> 1659359446</p>	<p><b>SHARP CHULA VISTA MED CTR</b></p> <p><i>Provider ID:</i> 170251</p> <p>751 MEDICAL CENTER CT</p> <p>CHULA VISTA, CA 91911-6617</p> <p><i>Phone:</i> (619) 502-5800</p> <p><i>After Hours Phone:</i> (619) 502-5800</p> <p><i>Accepting New Patients:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Accreditation Status:</i> JCAHO</p> <p><i>Hours:</i> M-SU 12AM-11:59PM</p> <p><i>License number:</i> 090000008</p> <p><i>NPI:</i> 1396728630</p> <p><i>Website:</i> <a href="http://www.sharp.com/hospitals/chula-vista/">www.sharp.com/hospitals/chula-vista/</a></p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for</p>	<p><b>SHARP CORONADO HOSP AND HEALTHCARE CTR</b></p> <p><i>Provider ID:</i> 170252</p> <p>250 PROSPECT PL</p> <p>CORONADO, CA 92118-1943</p> <p><i>Phone:</i> (619) 522-3600</p> <p><i>After Hours Phone:</i> (619) 522-3600</p> <p><i>Accepting New Patients:</i> No</p> <p><i>Min/Max Age:</i> None</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Accreditation Status:</i> JCAHO</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>License number:</i></p> <p><i>NPI:</i> 1154304475</p> <p><i>Website:</i> <a href="http://www.sharp.com/hospitals/coronado/">www.sharp.com/hospitals/coronado/</a></p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p>
<p><b>SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS</b></p> <p><i>Provider ID:</i> 170054</p>	<p><b>SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS</b></p> <p><i>Provider ID:</i> 170054</p>	<p><b>SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS</b></p> <p><i>Provider ID:</i> 170054</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## E. Directorio de hospitales - Hospital general de atención aguda

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700

Phone: (858) 939-3400

After Hours Phone: (858)  
939-3400

Accepting New Patients: No

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hospital Accreditation Status:  
JCAHO

Hours: M-SU 12AM-11:59PM

License number: 080000039

NPI: 1407839921

Website: www.sharp.com

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Public transportation (within 1/2  
mile from Site): Yes

### SHARP MEMORIAL HOSPITAL

Provider ID: 170047

7901 FROST ST

SAN DIEGO, CA 92123-2701

Phone: (858) 939-3400

After Hours Phone: (858)

939-3400

Accepting New Patients: No

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hospital Accreditation Status:  
JCAHO

Hours: M-SA 9AM-5PM

License number:

NPI: 1407839921

Website:

www.sharp.com/hospitals/me  
morial/

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Public transportation (within 1/2  
mile from Site): Yes

### TRI CITY MEDICAL CTR

Provider ID: 170049

4002 VISTA WAY

OCEANSIDE, CA 92056-4506

Phone: (760) 724-8411

After Hours Phone: (760)

724-8411

Accepting New Patients: No

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hospital Accreditation Status:  
JCAHO

Hours: M-SA 9AM-5PM

License number:

NPI: 1801861190

Website: www.tricitymed.org

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes

### UCSD LA JOLLA JOHN SALLY THORNTON

Provider ID: 170053

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

After Hours Phone: (858)

657-7000

Accepting New Patients: No

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hospital Accreditation Status:  
JCAHO

Hours: M-SA 9AM-5PM

License number: 090000101

NPI: 1497021265

Website:

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Public transportation (within 1/2  
mile from Site): Yes

### UCSD MEDICAL CTR

Provider ID: 170051

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

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## **E. Directorio de hospitales - Hospital general de atención aguda**

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Phone: (619) 543-6222	Cultural Competency: No
After Hours Phone: (619) 543-6222	Hospital Accreditation Status: JCAHO
Accepting New Patients: No	Hours: M-SU 12AM-11:59PM
Min/Max Age: None	License number: 090000404
Site English Spoken: Yes	NPI: 1639172133
Site Language(s) Spoken:	Website:
Cultural Competency: No	American Sign Language (ASL): No
Hospital Accreditation Status: JCAHO	Please contact provider for Accessibility information
Hours: M-SA 9AM-5PM	Public transportation (within 1/2 mile from Site): Yes
License number: 090000101	
NPI: 1184722779	
Website:	
<a href="https://health.ucsd.edu/locations/pages/hillcrest.aspx">https://health.ucsd.edu/locations/pages/hillcrest.aspx</a>	
American Sign Language (ASL): No	
Please contact provider for Accessibility information	
Public transportation (within 1/2 mile from Site): Yes	

### **VIBRA HOSPITAL OF SAN DIEGO**

Provider ID: 170165  
555 WASHINGTON ST  
SAN DIEGO, CA 92103-2289  
Phone: (619) 260-8300  
After Hours Phone: (619) 260-8300  
Accepting New Patients: No  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## F. Centros de enfermería especializada

### CHULA VISTA

#### BIRCH PATRICK CONV CTR

Provider ID: 171998  
 751 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911-6617  
 Phone: (619) 502-3600  
 Fax: (619) 502-5835  
 After Hours Phone: (619)  
 502-3600  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number:  
 NPI: 1538142369  
 Website:  
[www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm)  
 Credentials and/or  
 certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Public transportation (within 1/2  
 mile from Site): Yes

#### SOUTH BAY POST ACUTE CARE

Provider ID: 394308  
 553 F ST  
 CHULA VISTA, CA 91910-3515

Phone: (619) 426-8611  
 Fax: (619) 427-0780  
 After Hours Phone: (619)  
 426-8611  
 Accepting New Patients: No  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 License number: 090000120  
 NPI: 1376946277  
 Website:  
<http://southbaypostacute.com>  
 Credentials and/or  
 certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Filipino, Pilipino  
 Cultural Competency: No  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Public transportation (within 1/2  
 mile from Site): Yes

### CORONADO

#### VILLA CORONADO

#### CONVALESCENT

Provider ID: 172644  
 233 PROSPECT PL  
 CORONADO, CA 92118-1967  
 Phone: (619) 552-3900  
 Fax: (619) 522-3939  
 After Hours Phone: (619)  
 552-3900

Accepting New Patients: No  
 Hours: M-SU 12AM-11:59PM  
 License number:  
 NPI: 1184607418  
 Website:  
[www.sharp.com/hospitals/coronado/departments/long-term-care.cfm](http://www.sharp.com/hospitals/coronado/departments/long-term-care.cfm)  
 Credentials and/or  
 certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Public transportation (within 1/2  
 mile from Site): Yes

### EL CAJON

#### AVOCADO POST ACUTE

Provider ID: 171985  
 510 E WASHINGTON AVE  
 EL CAJON, CA 92020-5324  
 Phone: (619) 440-1211  
 Fax: (619) 956-3929  
 After Hours Phone: (619)  
 440-1211  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number: 090000117  
 NPI: 1568484517

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## F. Centros de enfermería especializada

<p>Website: www.avocadopostacute.com</p> <p>Credentials and/or certifications:</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken:</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Public transportation (within 1/2 mile from Site): Yes</p>	<p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, R, W</p> <p>Public transportation (within 1/2 mile from Site): Yes</p>	<p><b>MAGNOLIA POST ACUTE CARE</b></p> <p>Provider ID: 380518</p> <p>635 S MAGNOLIA AVE EL CAJON, CA 92020-6012</p> <p>Phone: (616) 442-8826</p> <p>Fax: (619) 442-0288</p> <p>After Hours Phone: (616) 442-8826</p> <p>Accepting New Patients: No</p> <p>Hours: M-SU 12AM-11:59PM</p> <p>License number: 090000072</p> <p>NPI: 1316340227</p> <p>Website:</p> <p>Credentials and/or certifications:</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: P, R, W</p> <p>Public transportation (within 1/2 mile from Site): Yes</p>
<p><b>COTTONWOOD CANYON HEALTHCARE CENTER</b></p> <p>Provider ID: 171983</p> <p>1391 E MADISON AVE EL CAJON, CA 92021-8568</p> <p>Phone: (619) 444-1107</p> <p>Fax: (619) 444-1403</p> <p>After Hours Phone: (619) 444-1107</p> <p>Accepting New Patients: No</p> <p>Hours: M-SU 12AM-11:59PM</p> <p>License number: NPI: 1013953199</p> <p>Website: http://cottonwoodcanyonhc.com</p> <p>Credentials and/or certifications:</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken:</p> <p>Cultural Competency: No</p>	<p><b>COUNTRY HILLS HEALTH CARE CENTER</b></p> <p>Provider ID: 416853</p> <p>1580 BROADWAY EL CAJON, CA 92021-5124</p> <p>Phone: (619) 441-8745</p> <p>Fax: (619) 442-2553</p> <p>After Hours Phone: (619) 441-8745</p> <p>Accepting New Patients: No</p> <p>Hours: M-SU 12AM-11:59PM</p> <p>License number: 08000361</p> <p>NPI: 1700973963</p> <p>Website: www.countryhills.com</p> <p>Credentials and/or certifications:</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Arabic, Korean, Spanish, Tagalog, Farsi, Vietnamese, Mandarin</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): Yes</p> <p>♿ Accessibility: P, R, W</p> <p>Public transportation (within 1/2 mile from Site): Yes</p>	<p><b>PARKSIDE HEALTH AND WELLNESS CENTER</b></p> <p>Provider ID: 349923</p> <p>444 W LEXINGTON AVE EL CAJON, CA 92020-4416</p> <p>Phone: (619) 442-7744</p> <p>Fax: (619) 447-0641</p> <p>After Hours Phone: (619) 442-7744</p>

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## F. Centros de enfermería especializada

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number: 090000068

NPI: 1447653340

Website:

<http://parksidehealth.net>

Credentials and/or

certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T,

W

Public transportation (within 1/2

mile from Site): Yes

### **SAN DIEGO POST ACUTE CENTER**

Provider ID: 173508

1201 S ORANGE AVE

EL CAJON, CA 92020-7521

Phone: (619) 441-1988

Fax: (619) 441-7416

After Hours Phone: (619)

441-1988

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number:

NPI: 1285061085

Website:

<http://sdpostacute.com>

Credentials and/or

certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2

mile from Site): Yes

### **SOMERSET SUBACUTE AND CARE**

Provider ID: 348526

151 CLAYDELLE AVE

EL CAJON, CA 92020-4505

Phone: (619) 442-0245

Fax: (614) 423-3631

After Hours Phone: (619)

442-0245

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number: 090000027

NPI: 1073916987

Website:

<http://somensetsubacute.com>

Credentials and/or

certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2

mile from Site): Yes

### **THE BRADLEY COURT**

Provider ID: 419158

675 E BRADLEY AVE

EL CAJON, CA 92021-3110

Phone: (619) 448-6633

Fax: (619) 448-5462

After Hours Phone: (619)

448-6633

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number:

NPI: 1629129267

Website:

Credentials and/or

certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2

mile from Site): Yes

### **VICTORIA POST ACUTE CARE**

Provider ID: 387720

654 S ANZA ST

EL CAJON, CA 92020-6602

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## F. Centros de enfermería especializada

Phone: (619) 440-5005  
 Fax:  
 After Hours Phone: (619) 440-5005  
 Accepting New Patients: No  
 Hours: M-SU 12AM-11:59PM  
 License number: 090000025  
 NPI: 1326441239  
 Website:

www.victoriapostacute.com  
 Credentials and/or  
 certifications:

Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T,  
 W  
 Public transportation (within 1/2  
 mile from Site): Yes

### **VICTORIA POST ACUTE CARE**

Provider ID: 387720  
 654 S ANZA ST  
 EL CAJON, CA 92020-6602  
 Phone: (619) 440-5005  
 Fax:  
 After Hours Phone: (619) 440-5005  
 Accepting New Patients: No  
 Hours: M-SU 12AM-11:59PM  
 License number: 090000025  
 NPI: 1326441239

Website:  
<http://victoriapostacute.com>  
 Credentials and/or  
 certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T,  
 W  
 Public transportation (within 1/2  
 mile from Site): Yes

### **VILLA LAS PALMAS HEALTHCARE CTR**

Provider ID: 172020  
 622 S ANZA ST  
 EL CAJON, CA 92020-6602  
 Phone: (619) 442-0544  
 Fax: (619) 442-6177  
 After Hours Phone: (619) 442-0544  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number:  
 NPI: 1023048295  
 Website:  
<http://villalaspalmascares.com>  
 Credentials and/or  
 certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No

American Sign Language (ASL):  
 No  
 Accessibility: W  
 Public transportation (within 1/2  
 mile from Site): Yes

## **ENCINITAS**

### **AVIARA HEALTHCARE CENTER**

Provider ID: 171995  
 944 REGAL RD  
 ENCINITAS, CA 92024-4634  
 Phone: (760) 944-0331  
 Fax: (760) 634-1337  
 After Hours Phone: (760) 944-0331

Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number:  
 NPI: 1518146620  
 Website:

<http://aviarahealthcare.com>  
 Credentials and/or  
 certifications:

Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Tagalog, Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 No  
 Accessibility: P, R, W  
 Public transportation (within 1/2  
 mile from Site): Yes

### **ENCINITAS NURSING AND**

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## F. Centros de enfermería especializada

### REHAB CTR

Provider ID: 171977  
 900 SANTA FE DR  
 ENCINITAS, CA 92024-3919  
 Phone: (760) 753-6423  
 Fax: (760) 753-4979  
 After Hours Phone: (760) 753-6423  
 Accepting New Patients: No  
 Hours: M-SU 12AM-11:59PM  
 License number:  
 NPI: 1265415749  
 Website:  
<https://www.covenantcare.com/stores/encinitas-nursing-and-rehabilitation-center/>  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Russian, Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, W  
 Public transportation (within 1/2 mile from Site): Yes

### ESCONDIDO

#### ESCONDIDO CARE CENTER

Provider ID: 172027  
 421 E MISSION AVE  
 ESCONDIDO, CA 92025-1909

Phone: (760) 747-0430  
 Fax: (760) 747-0569  
 After Hours Phone: (760) 747-0430  
 Accepting New Patients: No  
 Hours: M-F 8AM-4:30PM, SA 9AM-5PM  
 License number:  
 NPI: 1588660765  
 Website:  
<http://escondidopostacute.com>  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Tagalog, Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: P, EB, R, W  
 Public transportation (within 1/2 mile from Site): Yes

#### LIFE CARE CENTER OF ESCONDIDO

Provider ID: 172010  
 1980 FELICITA RD  
 ESCONDIDO, CA 92025-5922  
 Phone: (760) 741-6109  
 Fax: (760) 741-5237  
 After Hours Phone: (760) 741-6109  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM

License number:  
 NPI: 1386681286  
 Website:  
<http://lifecarecenterofescondido.com>  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): No

#### PALOMAR HEIGHTS CARE CTR

Provider ID: 170055  
 1260 E OHIO AVE  
 ESCONDIDO, CA 92027-3054  
 Phone: (760) 746-1100  
 Fax: (760) 746-1201  
 After Hours Phone: (760) 746-1100  
 Accepting New Patients: No  
 Hours: M-SU 12AM-11:59PM  
 License number:  
 NPI: 1255337440  
 Website:  
<http://palomarheightsrehab.com>  
 Credentials and/or certifications:  
 Site English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## F. Centros de enfermería especializada

<p>Site Language(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): No</p> <p>♻️ Accessibility: P, EB, IB, R, W</p> <p>Public transportation (within 1/2 mile from Site): Yes</p>	<p>mile from Site): Yes</p> <p><b>VALLE VISTA POST ACUTE</b></p> <p>Provider ID: 171968</p> <p>1025 W 2ND AVE</p> <p>ESCONDIDO, CA 92025-3839</p> <p>Phone: (760) 745-1842</p> <p>Fax: (760) 745-4346</p> <p>After Hours Phone: (760) 745-1842</p> <p>Accepting New Patients: No</p> <p>Hours: M-SU 12AM-11:59PM</p> <p>License number:</p> <p>NPI: 1659369262</p> <p>Website: <a href="https://www.covenantcare.com/stores/valle-vista-convalescent-hospital/">https://www.covenantcare.com/stores/valle-vista-convalescent-hospital/</a></p> <p>Credentials and/or certifications:</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Tagalog, Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): No</p> <p>♻️ Accessibility: P, EB, IB, R, T, W</p> <p>Public transportation (within 1/2 mile from Site): Yes</p>	<p>2552 TORREY PINES RD</p> <p>LA JOLLA, CA 92037-3432</p> <p>Phone: (858) 453-5810</p> <p>Fax: (858) 452-4301</p> <p>After Hours Phone: (858) 453-5810</p> <p>Accepting New Patients: No</p> <p>Hours: M-SA 9AM-5PM</p> <p>License number:</p> <p>NPI: 1457486078</p> <p>Website: <a href="https://www.covenantcare.com/stores/la-jolla-nursing-and-rehabilitation-center/Credentials-and/or-certifications/">https://www.covenantcare.com/stores/la-jolla-nursing-and-rehabilitation-center/Credentials and/or certifications:</a></p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Cultural Competency: No</p> <p>American Sign Language (ASL): No</p> <p>♻️ Accessibility: W</p> <p>Public transportation (within 1/2 mile from Site): Yes</p>
<p><b>PALOMAR VISTA HEALTHCARE CTR</b></p> <p>Provider ID: 171988</p> <p>201 N FIG ST</p> <p>ESCONDIDO, CA 92025-3416</p> <p>Phone: (760) 746-0303</p> <p>Fax: (760) 738-1749</p> <p>After Hours Phone: (760) 746-0303</p> <p>Accepting New Patients: No</p> <p>Hours: M-F,SU 12AM-11:59PM, SA 9AM-5PM</p> <p>License number:</p> <p>NPI: 1861491490</p> <p>Website: <a href="http://palomarvista.com">http://palomarvista.com</a></p> <p>Credentials and/or certifications:</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Cultural Competency: No</p> <p>American Sign Language (ASL): No</p> <p>♻️ Accessibility: W</p> <p>Public transportation (within 1/2</p>	<p><b>LA JOLLA</b></p> <p><b>LA JOLLA NURSING AND REHAB CTR</b></p> <p>Provider ID: 171975</p>	<p><b>LA MESA</b></p> <p><b>ARBOR HILLS NURSING CENTER</b></p> <p>Provider ID: 172007</p> <p>7800 PARKWAY DR</p> <p>LA MESA, CA 91942-2001</p>

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## F. Centros de enfermería especializada

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Phone: (619) 460-2330  
Fax: (619) 460-5821  
After Hours Phone: (619)  
460-2330  
Accepting New Patients: No  
Hours: M-SU 12AM-11:59PM  
License number: 080000066  
NPI: 1356345706  
Website:

[www.lifegen.net/arborhills/](http://www.lifegen.net/arborhills/)  
Credentials and/or  
certifications:

Site English Spoken: Yes  
Site Language(s) Spoken:  
Tagalog, Spanish, Russian  
Cultural Competency: No  
American Sign Language (ASL):  
No

♿ Accessibility: W  
Public transportation (within 1/2  
mile from Site): Yes

### **CARE MERIDIAN LA MESA**

Provider ID: 173379  
5640 AZTEC DR  
LA MESA, CA 91942-1948  
Phone: (949) 263-6632  
Fax: (619) 465-0019  
After Hours Phone: (949)  
263-6632  
Accepting New Patients: No  
Hours: M-SU 12PM-11:59PM  
License number:  
NPI: 1235404674

Website:  
[www.neurorestorative.com](http://www.neurorestorative.com)  
Credentials and/or  
certifications:  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Public transportation (within 1/2  
mile from Site): Yes

### **COUNTRY MANOR LA MESA HEALTHCARE CENTER**

Provider ID: 172023  
5696 LAKE MURRAY BLVD  
LA MESA, CA 91942-1929  
Phone: (619) 460-7871  
Fax:  
After Hours Phone: (619)  
460-7871  
Accepting New Patients: No  
Hours: M-SA 9AM-5PM  
License number: 080000020  
NPI: 1457345001  
Website:  
Credentials and/or  
certifications:  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
American Sign Language (ASL):  
No

♿ Accessibility: W  
Public transportation (within 1/2  
mile from Site): Yes

### **GROSSMONT HOSPITAL DP SNF**

Provider ID: 172643  
5555 GROSSMONT CENTER DR  
LA MESA, CA 91942-3019  
Phone: (619) 740-4110  
Fax:  
After Hours Phone: (619)  
740-4110

Accepting New Patients: No  
Hours: M-SU 12AM-11:59PM  
License number:  
NPI: 1417930249  
Website:  
[www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm)  
Credentials and/or  
certifications:

Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Public transportation (within 1/2  
mile from Site): Yes

### **GROSSMONT POST ACUTE CARE**

Provider ID: 310488

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## F. Centros de enfermería especializada

8787 CENTER DR  
 LA MESA, CA 91942-3034  
 Phone: (619) 460-4444  
 Fax: (619) 713-5116  
 After Hours Phone: (619) 460-4444  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number: 080000024  
 NPI: 1689077588  
 Website:  
<http://grossmontpostacute.com>  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): Yes

### LA MESA HEALTHCARE CTR

Provider ID: 172022  
 3780 MASSACHUSETTS AVE  
 LA MESA, CA 91941-7638  
 Phone: (619) 465-1313  
 Fax: (619) 465-8429  
 After Hours Phone: (619) 465-1313  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number:

NPI: 1003852666  
 Website:  
<http://lamesahealthcare.com>  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): Yes

### PARKWAY HILLS NURSING & REHAB

Provider ID: 417047  
 7760 PARKWAY DR  
 LA MESA, CA 91942-2028  
 Phone: (619) 469-0124  
 Fax: (619) 828-7654  
 After Hours Phone: (619) 469-0124  
 Accepting New Patients: No  
 Hours: M-TH 9AM-5PM, F 5AM-5PM, SA 9AM-5PM  
 License number: 080000053  
 NPI: 1174926448  
 Website:  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Farsi, Spanish, Tagalog

Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, R, W  
 Public transportation (within 1/2 mile from Site): Yes

## LEMON GROVE

### BELLA VISTA HEALTH CENTER

Provider ID: 419062  
 7922 PALM ST  
 LEMON GROVE, CA 91945-2956  
 Phone: (619) 644-1000  
 Fax: (619) 797-2920  
 After Hours Phone: (619) 644-1000  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number: 090000142  
 NPI: 1760709687  
 Website:  
[www.bellavistahealth.com](http://www.bellavistahealth.com)  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): Yes

### LEMON GROVE CARE AND

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## F. Centros de enfermería especializada

### REHAB CTR

Provider ID: 172013  
 8351 BROADWAY  
 LEMON GROVE, CA  
 91945-2009  
 Phone: (619) 463-0294  
 Fax: (619) 461-1064  
 After Hours Phone: (619)  
 463-0294  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number:  
 NPI: 1336134204  
 Website:  
<http://lemongrovecare.com>  
 Credentials and/or  
 certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Public transportation (within 1/2  
 mile from Site): Yes

### NATIONAL CITY

### CASTLE MANOR NURSING AND REHABILITATION CTR

Provider ID: 171978  
 541 S V AVE  
 NATIONAL CITY, CA  
 91950-2828

Phone: (619) 791-7900  
 Fax: (619) 791-7980  
 After Hours Phone: (619)  
 791-7900  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number: 090000294  
 NPI: 1497759856  
 Website:  
[www.lifegen.net/castlemanor/index.html](http://www.lifegen.net/castlemanor/index.html)  
 Credentials and/or  
 certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Public transportation (within 1/2  
 mile from Site): Yes

### FRIENDSHIP MANOR NURSING AND REHABILITATION CTR

Provider ID: 171973  
 902 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3808  
 Phone: (619) 791-7700  
 Fax: (619) 791-7791  
 After Hours Phone: (619)  
 791-7700  
 Accepting New Patients: No  
 Hours: M-F 9AM-5PM, SA

9AM-5PM  
 License number: 090000049  
 NPI: 1235133687  
 Website:  
[www.lifegen.net/friendshipmanor/](http://www.lifegen.net/friendshipmanor/)  
 Credentials and/or  
 certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Public transportation (within 1/2  
 mile from Site): Yes

### PARADISE VALLEY HEALTH CARE CENTER

Provider ID: 171106  
 2575 E 8TH ST  
 NATIONAL CITY, CA 91950-2913  
 Phone: (619) 470-6700  
 Fax: (619) 470-0404  
 After Hours Phone: (619)  
 470-6700  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number: 090000141  
 NPI: 1275513293  
 Website: <http://pvhcc.com>  
 Credentials and/or  
 certifications:  
 Site English Spoken: Yes

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## F. Centros de enfermería especializada

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

### WINDSOR GARDENS CONV

#### CTR OF SAN DIEGO

Provider ID: 172011

220 E 24TH ST

NATIONAL CITY, CA

91950-6705

Phone: (619) 474-6741

Fax: (619) 474-1925

After Hours Phone: (619) 474-6741

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number: 090000035

NPI: 1730176538

Website: [www.windsorcare.com](http://www.windsorcare.com)

Credentials and/or

certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: P, R, W

Public transportation (within 1/2 mile from Site): Yes

### OCEANSIDE

#### LA PALOMA HEALTHCARE CTR

Provider ID: 172021

3232 THUNDER DR

OCEANSIDE, CA 92056-4447

Phone: (760) 724-2193

Fax:

After Hours Phone: (760)

724-2193

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number:

NPI: 1265462436

Website:

[www.lapalomahhealthcare.com](http://www.lapalomahhealthcare.com)

Credentials and/or

certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Armenian, Korean,

Tagalog

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: P, R, W

Public transportation (within 1/2 mile from Site): Yes

### POWAY

#### BOULDER CREEK POST ACUTE

Provider ID: 276987

12696 MONTE VISTA RD

POWAY, CA 92064-2500

Phone: (858) 487-6242

Fax: (858) 487-4282

After Hours Phone: (858)

487-6242

Accepting New Patients: No

Hours: M-F 8AM-5:30PM, SA 9AM-5PM

License number: 080000251

NPI: 1073902672

Website:

<http://bouldercreekpa.com>

Credentials and/or

certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

#### POWAY HEALTHCARE CENTER

Provider ID: 171989

15632 POMERADO RD

POWAY, CA 92064-2406

Phone: (858) 485-5153

Fax: (858) 485-7694

After Hours Phone: (858)

485-5153

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number:

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## F. Centros de enfermería especializada

<p>NPI: 1407035512          Website: <a href="http://powaycare.com">http://powaycare.com</a>          Credentials and/or certifications:          Site English Spoken: Yes          Site Language(s) Spoken:          Cultural Competency: No          American Sign Language (ASL): No          Accessibility: P, R, W          Public transportation (within 1/2 mile from Site): Yes</p>	<p>No          Accessibility: W          Public transportation (within 1/2 mile from Site): Yes</p>	<p>3022 45TH ST          SAN DIEGO, CA 92105-4302          Phone: (619) 283-5855          Fax: (619) 284-6327          After Hours Phone: (619) 283-5855          Accepting New Patients: No          Hours: M-SU 9AM-5PM          License number:          NPI: 1487640066          Website:  <a href="http://arroyovistacare.com">http://arroyovistacare.com</a>          Credentials and/or certifications:          Site English Spoken: Yes          Site Language(s) Spoken: Mandarin, Spanish, Vietnamese, Arabic, Tagalog          Cultural Competency: No          American Sign Language (ASL): No          Accessibility: P, R, W          Public transportation (within 1/2 mile from Site): Yes</p>
<b>SAN DIEGO</b>		
<p><b>THE VILLAS AT POWAY</b>          Provider ID: 172642          15615 POMERADO RD          POWAY, CA 92064-2405          Phone: (858) 613-4545          Fax:          After Hours Phone: (858) 613-4545          Accepting New Patients: No          Hours: M-SA 9AM-5PM          License number:          NPI: 1619947090          Website:  <a href="http://www.palomarhealth.org/skilled-nursing/villa-pomerado">www.palomarhealth.org/skilled-nursing/villa-pomerado</a>          Credentials and/or certifications:          Site English Spoken: Yes          Site Language(s) Spoken:          Cultural Competency: No          American Sign Language (ASL):</p>	<p><b>ACCESS TO INDEPENDENCE</b>          Provider ID: 417267          8885 RIO SAN DIEGO DR STE 131          SAN DIEGO, CA 92108-1625          Phone: (619) 293-3500          Fax: (619) 704-2054          After Hours Phone: (619) 293-3500          Accepting New Patients: No          Hours: M-F 8AM-5PM, SA 9AM-5PM          License number:          NPI: 1083039861          Website:          Credentials and/or certifications:          Site English Spoken: Yes          Site Language(s) Spoken:          Cultural Competency: No          American Sign Language (ASL): No          Accessibility: W          Public transportation (within 1/2 mile from Site): Yes</p>	<p><b>CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR</b>          Provider ID: 171971          11895 AVENUE OF INDUSTRY          SAN DIEGO, CA 92128-3423          Phone: (858) 673-0101          Fax: (858) 673-8320          After Hours Phone: (858) 673-0101          Accepting New Patients: No</p>
<p><b>ARROYO VISTA NURSING CTR</b>          Provider ID: 172028</p>		

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## F. Centros de enfermería especializada

Hours: M-SA 9AM-5PM	Credentials and/or certifications:	Public transportation (within 1/2 mile from Site): Yes
License number:	Site English Spoken: Yes	
NPI: 1083727093	Site Language(s) Spoken:	<b>JACOB HEALTH CARE CENTER LLC</b>
Website:	Cultural Competency: No	Provider ID: 172617
http://carmelmountain.net	American Sign Language (ASL): No	4075 54TH ST
Credentials and/or certifications:	♿ Accessibility: W	SAN DIEGO, CA 92105-2301
Site English Spoken: Yes	Public transportation (within 1/2 mile from Site): Yes	Phone: (619) 582-5168
Site Language(s) Spoken:		Fax: (619) 325-0194
Tagalog, Armenian, Mandarin, Spanish, Russian, Korean, Vietnamese		After Hours Phone: (619) 582-5168
Cultural Competency: No	<b>HILLCREST HEIGHTS HEALTHCARE CENTER</b>	Accepting New Patients: No
American Sign Language (ASL): No	Provider ID: 509489	Hours: M-SU 12AM-11:59PM
♿ Accessibility: P, EB, IB, R, T, W	4033 6TH AVE	License number: 090000093
Public transportation (within 1/2 mile from Site): Yes	SAN DIEGO, CA 92103-2202	NPI: 1881684900
	Phone: (619) 297-4086	Website:
	Fax: (619) 297-9238	www.jacobhealthcare.com
	After Hours Phone: (619) 297-4086	Credentials and/or certifications:
<b>HILLCREST HEIGHTS HEALTHCARE CENTER</b>	Accepting New Patients: No	Site English Spoken: Yes
Provider ID: 509489	Hours: M-F 8AM-5PM, SA 9AM-5PM	Site Language(s) Spoken:
4033 6TH AVE	License number: 090000077	Tagalog, Spanish
SAN DIEGO, CA 92103-2202	NPI: 1558825067	Cultural Competency: No
Phone: (619) 297-4086	Website:	American Sign Language (ASL): No
Fax: (619) 297-9238	Credentials and/or certifications:	♿ Accessibility: P, EB, IB, R, W
After Hours Phone: (619) 297-4086	Site English Spoken: Yes	Public transportation (within 1/2 mile from Site): Yes
Accepting New Patients: No	Site Language(s) Spoken:	
Hours: M-F 8AM-5PM, SA 9AM-5PM	Cultural Competency: No	<b>MISSION HILLS POST ACUTE CARE</b>
License number: 0900000777	American Sign Language (ASL): No	Provider ID: 339053
NPI: 1558825067	♿ Accessibility: W	3680 REYNARD WAY
Website:		SAN DIEGO, CA 92103-3847

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## F. Centros de enfermería especializada

Phone: (619) 297-4484	License number:	No
Fax: (855) 214-6992	NPI: 1992881478	♿ Accessibility: P, R, W
After Hours Phone: (619) 297-4484	Website: www.rchsd.org	Public transportation (within 1/2 mile from Site): Yes
Accepting New Patients: No	Credentials and/or certifications:	
Hours: M-SU 12AM-11:59PM	Site English Spoken: Yes	<b>ST PAULS HEALTH CARE CENTER</b>
License number: 090000032	Site Language(s) Spoken:	Provider ID: 288531
NPI: 1669875563	Cultural Competency: No	235 NUTMEG ST
Website:	American Sign Language (ASL):	SAN DIEGO, CA 92103-6201
http://missionhillspostacute.com	No	Phone: (619) 677-3895
Credentials and/or certifications:	♿ Accessibility: W	Fax:
Site English Spoken: Yes	Public transportation (within 1/2 mile from Site): Yes	After Hours Phone: (619) 677-3895
Site Language(s) Spoken:		Accepting New Patients: No
Tagalog, Spanish	<b>REO VISTA HEALTHCARE CTR</b>	Hours: M-SA 9AM-5PM
Cultural Competency: No	Provider ID: 171993	License number: 090000181
American Sign Language (ASL):	6061 BANBURY ST	NPI: 1972619104
No	SAN DIEGO, CA 92139-3624	Website:
♿ Accessibility: P, E, R, T, W	Phone: (619) 475-2211	Credentials and/or certifications: CMS
Public transportation (within 1/2 mile from Site): Yes	Fax: (619) 479-9126	Site English Spoken: Yes
	After Hours Phone: (619) 475-2211	Site Language(s) Spoken:
<b>RADY CHILDRENS CONVALESCENT HOSPITAL</b>	Accepting New Patients: No	Cultural Competency: No
Provider ID: 172200	Hours: M-SA 9AM-5PM	American Sign Language (ASL):
8022 BIRMINGHAM DR	License number:	No
SAN DIEGO, CA 92123-2707	NPI: 1255499174	♿ Accessibility: W
Phone: (858) 966-5833	Website: http://reovista.com	Public transportation (within 1/2 mile from Site): Yes
Fax: (858) 966-8558	Credentials and/or certifications:	
After Hours Phone: (858) 966-5833	Site English Spoken: Yes	<b>UNIVERSITY CARE CENTER</b>
Accepting New Patients: No	Site Language(s) Spoken:	Provider ID: 172024
Hours: M-SA 9AM-5PM	Tagalog, Spanish	5602 UNIVERSITY AVE
	Cultural Competency: No	SAN DIEGO, CA 92105-2308
	American Sign Language (ASL):	

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## F. Centros de enfermería especializada

Phone: (619) 583-1993  
 Fax: (619) 501-3559  
 After Hours Phone: (619) 583-1993  
 Accepting New Patients: No  
 Hours: M-SU 12AM-11:59PM  
 License number:  
 NPI: 1871522672  
 Website:  
<http://universitycarecenter.com>  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Tagalog, Mandarin, Russian, Vietnamese, Farsi, Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: P, R, W  
 Public transportation (within 1/2 mile from Site): Yes

### VILLA RANCHO BERNARDO CARE CENTER

Provider ID: 172009  
 15720 BERNARDO CENTER DR  
 SAN DIEGO, CA 92127-5861  
 Phone: (858) 672-3900  
 Fax: (858) 672-9247  
 After Hours Phone: (858) 672-3900  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM

License number:  
 NPI: 1518063437  
 Website:  
[www.villaranchobernardo.com](http://www.villaranchobernardo.com)  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: P, R, W  
 Public transportation (within 1/2 mile from Site): Yes

### WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL

Provider ID: 172012  
 1201 34TH ST  
 SAN DIEGO, CA 92102-2416  
 Phone: (619) 232-2946  
 Fax: (310) 595-3529  
 After Hours Phone: (619) 232-2946  
 Accepting New Patients: No  
 Hours: M-SU 12AM-11:59PM  
 License number: 090000052  
 NPI: 1811963028  
 Website:  
<https://windsorgoldenhill.com>  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, R, W  
 Public transportation (within 1/2 mile from Site): Yes

### SANTEE

### STANFORD COURT SKILLED NURSING AND REHAB CENTER

Provider ID: 171994  
 8778 CUYAMACA ST  
 SANTEE, CA 92071-4255  
 Phone: (619) 449-5555  
 Fax: (619) 449-4948  
 After Hours Phone: (619) 449-5555  
 Accepting New Patients: No  
 Hours: M-SU 8AM-5PM  
 License number: 080000299  
 NPI: 1184628554  
 Website:  
[www.lifegen.net/stanfordcourt/](http://www.lifegen.net/stanfordcourt/)  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Tagalog, Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T,

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## F. Centros de enfermería especializada

<p>W Public transportation (within 1/2 mile from Site): Yes</p>	<p>SPRING VALLEY, CA 91977-5810 Phone: (619) 931-1151 Fax: (224) 233-1397 After Hours Phone: (619) 931-1151</p>	<p>License number: NPI: 1366802696 Website: Credentials and/or certifications:</p>
<b>SPRING VALLEY</b>		
<p><b>MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC</b></p>	<p>Accepting New Patients: No Hours: M-SU 12AM-11:59PM License number: NPI: 1649375403 Website: www.mountmiguelcovenantvillage.org</p>	<p>Site English Spoken: Yes Site Language(s) Spoken: Cultural Competency: No American Sign Language (ASL): No</p>
<p>Provider ID: 171969 325 KEMPTON ST SPRING VALLEY, CA 91977-5810 Phone: (619) 931-1151 Fax: (224) 233-1397 After Hours Phone: (619) 931-1151 Accepting New Patients: No Hours: M-SU 12AM-11:59PM License number: NPI: 1649375403 Website: covivingmountmiguel.org Credentials and/or certifications:</p>	<p>Credentials and/or certifications: Site English Spoken: Yes Site Language(s) Spoken: Cultural Competency: No American Sign Language (ASL): No ♿ Accessibility: W Public transportation (within 1/2 mile from Site): Yes</p>	<p>Site English Spoken: Yes Site Language(s) Spoken: Cultural Competency: No American Sign Language (ASL): No ♿ Accessibility: W Public transportation (within 1/2 mile from Site): Yes</p>
<b>VISTA</b>		
<p><b>MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC</b></p>	<p><b>LA FUENTE POST ACUTE</b> Provider ID: 429590 247 E BOBIER DR VISTA, CA 92084-3026 Phone: (760) 945-3033 Fax: After Hours Phone: (760) 945-3033</p>	<p><b>LIFE CARE CENTER OF VISTA</b> Provider ID: 171970 304 N MELROSE DR VISTA, CA 92083-4814 Phone: (760) 724-8222 Fax: (760) 941-4870 After Hours Phone: (760) 724-8222</p>
<p>Accepting New Patients: No Hours: M-SU 12AM-11:59PM License number: NPI: 1811942063 Website: www.lcca.com Credentials and/or certifications: Site English Spoken: Yes Site Language(s) Spoken: Tagalog Cultural Competency: No American Sign Language (ASL):</p>	<p>Accepting New Patients: No Hours: M-SU 8:30AM-5PM</p>	<p>Accepting New Patients: No Hours: M-SU 9AM-5PM License number: NPI: 1811942063 Website: www.lcca.com Credentials and/or certifications: Site English Spoken: Yes Site Language(s) Spoken: Tagalog Cultural Competency: No American Sign Language (ASL):</p>
<p>Provider ID: 171969 325 KEMPTON ST</p>	<p>Accepting New Patients: No Hours: M-SU 8:30AM-5PM</p>	<p>Accepting New Patients: No Hours: M-SU 9AM-5PM License number: NPI: 1811942063 Website: www.lcca.com Credentials and/or certifications: Site English Spoken: Yes Site Language(s) Spoken: Tagalog Cultural Competency: No American Sign Language (ASL):</p>

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## F. Centros de enfermería especializada

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No	2000 WESTWOOD RD
♿ Accessibility: W	VISTA, CA 92083-5123
Public transportation (within 1/2 mile from Site): Yes	Phone: (760) 630-2273
	Fax: (760) 630-0913
	After Hours Phone: (760) 630-2273
<b>VISTA HEALTHCARE CENTER</b>	Accepting New Patients: No
Provider ID: 171990	Hours: M-SU 8:30AM-5PM
247 E BOBIER DR	License number:
VISTA, CA 92084-3026	NPI: 1275533929
Phone: (760) 945-3033	Website: <a href="http://vistaknoll.com">http://vistaknoll.com</a>
Fax: (760) 724-3169	Credentials and/or certifications:
After Hours Phone: (760) 945-3033	Site English Spoken: Yes
Accepting New Patients: No	Site Language(s) Spoken:
Hours: M-F 8AM-5PM, SA 9AM-5PM	Korean, Tagalog, Vietnamese, Spanish
License number:	Cultural Competency: No
NPI: 1912189812	American Sign Language (ASL):
Website:	No
<a href="http://astorhealth.com">http://astorhealth.com</a>	♿ Accessibility: W
Credentials and/or certifications:	Public transportation (within 1/2 mile from Site): Yes
Site English Spoken: Yes	
Site Language(s) Spoken:	
Spanish, Tagalog	
Cultural Competency: No	
American Sign Language (ASL):	
No	
♿ Accessibility: P, R, W	
Public transportation (within 1/2 mile from Site): Yes	

### **VISTA KNOLL SPECIALIZED CARE FACILITY**

Provider ID: 172017

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## G. Servicios Comunitarios para Adultos (CBAS, por sus siglas en inglés)

<p><b>CHULA VISTA</b></p> <p><b>OPEN ARMS ADHC</b></p> <p>Provider ID: 417307</p> <p>301 E J ST</p> <p>CHULA VISTA, CA 91910-6223</p> <p>Phone: (619) 420-1404</p> <p>Fax: (619) 420-1408</p> <p>After Hours Phone: (619) 420-1404</p> <p>Accepting New Patients: No</p> <p>Site Language(s) Spoken:</p> <p>Hours: M-SA 9AM-5PM</p> <p>License number:</p> <p>NPI: 1598882169</p> <p>Accommodations for those with physical disabilities:</p> <p>Public transportation (within 1/2 mile from Site): No</p> <p>American Sign Language (ASL): No</p> <p>Language Line interpreter services: No</p> <p>If Facility has completed cultural competence training?: No</p> <p>Facility has access to skilled medical interpreters on site?: No</p> <p>Interpreter Non-English Languages: N</p> <p>Medi-Cal: Y</p> <p>Special Expertise:</p> <ul style="list-style-type: none"> <li>- Physical Disabilities?:</li> <li>- Chronic Illness?:</li> </ul>	<ul style="list-style-type: none"> <li>- HIV/AIDS?:</li> <li>- Serious Mental Illness?:</li> <li>- Homelessness?:</li> <li>- Deaf or Hard-of-Hearing?:</li> <li>- Blindness or Visual Impairment?:</li> <li>- Co-occurring Disorders?:</li> </ul> <p>If any other, please indicate:</p> <p>Website:</p> <p><a href="http://openarmsadhc.com">http://openarmsadhc.com</a></p>	<p>services: No</p> <p>If Facility has completed cultural competence training?: No</p> <p>Facility has access to skilled medical interpreters on site?: No</p> <p>Interpreter Non-English Languages: N</p> <p>Medi-Cal: Y</p> <p>Special Expertise:</p> <ul style="list-style-type: none"> <li>- Physical Disabilities?:</li> <li>- Chronic Illness?:</li> <li>- HIV/AIDS?:</li> <li>- Serious Mental Illness?:</li> <li>- Homelessness?:</li> <li>- Deaf or Hard-of-Hearing?:</li> <li>- Blindness or Visual Impairment?:</li> <li>- Co-occurring Disorders?:</li> </ul> <p>If any other, please indicate:</p> <p>Website:</p> <p><a href="https://sites.google.com/site/westernadhc/contact-us">https://sites.google.com/site/westernadhc/contact-us</a></p>
	<p><b>EL CAJON</b></p> <p><b>WESTERN ADHC</b></p> <p>Provider ID: 417305</p> <p>240 S MAGNOLIA AVE</p> <p>EL CAJON, CA 92020-4524</p> <p>Phone: (619) 631-7222</p> <p>Fax: (619) 631-9228</p> <p>After Hours Phone: (619) 631-7222</p> <p>Accepting New Patients: No</p> <p>Site Language(s) Spoken:</p> <p>Hours: M-F 8AM-3:30PM, SA 9AM-5PM</p> <p>License number:</p> <p>NPI: 1821125550</p> <p>Accommodations for those with physical disabilities:</p> <p>Public transportation (within 1/2 mile from Site): Yes</p> <p>American Sign Language (ASL): No</p> <p>Language Line interpreter</p>	
		<p><b>NATIONAL CITY</b></p> <p><b>HORIZONS ADHC</b></p> <p>Provider ID: 417295</p> <p>1035 HARBISON AVE</p> <p>NATIONAL CITY, CA 91950-3919</p> <p>Phone: (619) 474-1822</p> <p>Fax: (619) 474-1826</p> <p>After Hours Phone: (619) 474-1822</p> <p>Accepting New Patients: No</p>

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## G. Servicios Comunitarios para Adultos (CBAS, por sus siglas en inglés)

<p>Site Language(s) Spoken: Hours: M-SA 9AM-5PM License number: 060000582 NPI: 1528107273 Accommodations for those with physical disabilities: Public transportation (within 1/2 mile from Site): Yes American Sign Language (ASL): No Language Line interpreter services: No If Facility has completed cultural competence training?: No Facility has access to skilled medical interpreters on site?: No Interpreter Non-English Languages: N Medi-Cal: Y Special Expertise: - Physical Disabilities?: - Chronic Illness?: - HIV/AIDS?: - Serious Mental Illness?: - Homelessness?: - Deaf or Hard-of-Hearing?: - Blindness or Visual Impairment?: - Co-occurring Disorders?: If any other, please indicate: Website: www.horizonsadhcc.com</p>	<p><b>SAN DIEGO</b></p>	<p>- HIV/AIDS?: - Serious Mental Illness?: - Homelessness?: - Deaf or Hard-of-Hearing?: - Blindness or Visual Impairment?: - Co-occurring Disorders?: If any other, please indicate: Website: www.casa-pacifica.com</p>
<p><b>CASA PACIFICA ADHCC</b> Provider ID: 417303 1424 30TH ST STE C SAN DIEGO, CA 92154-3417 Phone: (619) 424-8181 Fax: (619) 424-8151 After Hours Phone: (619) 424-8181 Accepting New Patients: No Site Language(s) Spoken: Hours: M-SA 9AM-5PM License number: NPI: 1609920305 Accommodations for those with physical disabilities: Public transportation (within 1/2 mile from Site): Yes American Sign Language (ASL): No Language Line interpreter services: No If Facility has completed cultural competence training?: No Facility has access to skilled medical interpreters on site?: No Interpreter Non-English Languages: N Medi-Cal: Y Special Expertise: - Physical Disabilities?: - Chronic Illness?:</p>	<p><b>LOVING CARE ADHC</b> Provider ID: 419961 2565 CAMINO DEL RIO S STE 201 SAN DIEGO, CA 92108-3789 Phone: (619) 718-9777 Fax: (619) 569-2855 After Hours Phone: (619) 718-9777 Accepting New Patients: No Site Language(s) Spoken: Hours: M-SU 8:30AM-4PM License number: NPI: 1346455961 Accommodations for those with physical disabilities: W Public transportation (within 1/2 mile from Site): Yes American Sign Language (ASL): No Language Line interpreter services: No If Facility has completed</p>	

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## G. Servicios Comunitarios para Adultos (CBAS, por sus siglas en inglés)

<p><i>cultural competence training?:</i> No</p> <p><i>Facility has access to skilled medical interpreters on site?:</i> No</p> <p><i>Interpreter Non-English Languages:</i> N</p> <p><i>Medi-Cal:</i> Y</p> <p><i>Special Expertise:</i></p> <ul style="list-style-type: none"> <li>- <i>Physical Disabilities?:</i></li> <li>- <i>Chronic Illness?:</i></li> <li>- <i>HIV/AIDS?:</i></li> <li>- <i>Serious Mental Illness?:</i></li> <li>- <i>Homelessness?:</i></li> <li>- <i>Deaf or Hard-of-Hearing?:</i></li> <li>- <i>Blindness or Visual Impairment?:</i></li> <li>- <i>Co-occurring Disorders?:</i></li> </ul> <p><i>If any other, please indicate:</i></p> <p><i>Website:</i></p> <p>www.lovingcareadhc.com</p>	<p><i>License number:</i></p> <p>NPI: 1669690921</p> <p><i>Accommodations for those with physical disabilities:</i> W</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Language Line interpreter services:</i> No</p> <p><i>If Facility has completed cultural competence training?:</i> No</p> <p><i>Facility has access to skilled medical interpreters on site?:</i> No</p> <p><i>Interpreter Non-English Languages:</i> N</p> <p><i>Medi-Cal:</i> Y</p> <p><i>Special Expertise:</i></p> <ul style="list-style-type: none"> <li>- <i>Physical Disabilities?:</i></li> <li>- <i>Chronic Illness?:</i></li> <li>- <i>HIV/AIDS?:</i></li> <li>- <i>Serious Mental Illness?:</i></li> <li>- <i>Homelessness?:</i></li> <li>- <i>Deaf or Hard-of-Hearing?:</i></li> <li>- <i>Blindness or Visual Impairment?:</i></li> <li>- <i>Co-occurring Disorders?:</i></li> </ul> <p><i>If any other, please indicate:</i></p> <p><i>Website:</i></p> <p>www.neighborhoodhouse.org/nha-programs/adult-day-health-care-center/</p>	<p><b>SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE</b></p> <p><i>Provider ID:</i> 539018</p> <p>4428 CONVOY ST STE 288 SAN DIEGO, CA 92111-3761</p> <p><i>Phone:</i> (858) 244-4555</p> <p><i>Fax:</i> (858) 724-3302</p> <p><i>After Hours Phone:</i> (858) 244-4555</p> <p><i>Accepting New Patients:</i> No</p> <p><i>Site Language(s) Spoken:</i> Vietnamese, Mandarin, Spanish</p> <p><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><i>License number:</i> 550005837</p> <p><i>NPI:</i> 1396201828</p> <p><i>Accommodations for those with physical disabilities:</i> W</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>Language Line interpreter services:</i> Yes</p> <p><i>If Facility has completed cultural competence training?:</i> No</p> <p><i>Facility has access to skilled medical interpreters on site?:</i> No</p> <p><i>Interpreter Non-English Languages:</i> Y</p> <p><i>Medi-Cal:</i> Y</p> <p><i>Special Expertise:</i></p> <ul style="list-style-type: none"> <li>- <i>Physical Disabilities?:</i></li> </ul>
<p><b>NEIGHBORHOOD HOUSE ASSOC ADHC</b></p> <p><i>Provider ID:</i> 417306</p> <p>851 S 35TH ST SAN DIEGO, CA 92113-2701</p> <p><i>Phone:</i> (619) 233-6691</p> <p><i>Fax:</i> (619) 233-6693</p> <p><i>After Hours Phone:</i> (619) 233-6691</p> <p><i>Accepting New Patients:</i> No</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Hours:</i> M-F 8AM-4:30PM, SA 9AM-5PM</p>		

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## G. Servicios Comunitarios para Adultos (CBAS, por sus siglas en inglés)

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- Chronic Illness?:	services: No
- HIV/AIDS?:	If Facility has completed
- Serious Mental Illness?:	cultural competence training?:
- Homelessness?:	No
- Deaf or Hard-of-Hearing?:	Facility has access to skilled
- Blindness or Visual	medical interpreters on site?: No
Impairment?:	Interpreter Non-English
- Co-occurring Disorders?:	Languages: N
If any other, please indicate:	Medi-Cal: Y
Website:	Special Expertise:
sandiegofamilycircle.com	- Physical Disabilities?:

### SAN MARCOS

#### AMERICARE ADHC

Provider ID: 420060	- Chronic Illness?:
340 RANCHEROS DR STE 196	- HIV/AIDS?:
SAN MARCOS, CA 92069-2980	- Serious Mental Illness?:
Phone: (760) 682-2424	- Homelessness?:
Fax: (760) 471-5104	- Deaf or Hard-of-Hearing?:
After Hours Phone: (760)	- Blindness or Visual
682-2424	Impairment?:
Accepting New Patients: No	- Co-occurring Disorders?:
Site Language(s) Spoken:	If any other, please indicate:
Hours: M-SA 9AM-5PM	Website:
License number: 060000832	www.americareadhc.com
NPI: 1528271186	
Accommodations for those with	
physical disabilities: W	
Public transportation (within 1/2	
mile from Site): Yes	
American Sign Language (ASL):	
No	
Language Line interpreter	

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## H. Servicios de Apoyo en el Hogar (IHSS, por sus siglas en inglés) en el condado

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### **AGING & INDEPENDENCE SERVICES**

Specialty: Case Management

Provider ID: 94605

AGING & INDEPENDENCE SERVICES

5560 OVERLAND AVE

SAN DIEGO, CA 92123

Phone: (858) 495-5885

Fax: (858) 495-5080

After Hours Phone:

License number: 1710308986

NPI: 1710308986

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency:

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

Website: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome\\_supportive\\_services.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html)

Medical Group(s):

IPA:

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# I. Autoridad pública

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## **COUNTY OF SAN DIEGO**

### **IHSS PUBLIC AUTHORITY**

401 MILE OF CARS WAY, STE 200

NATIONAL CITY, CA 91950

Phone: (866) 351-7722

After Hours Phone:

Site English Spoken:

Site Language(s) Spoken:

Cultural Competency:

American Sign Language (ASL):

Hours: M-F 8AM-5PM

Website: <https://www.sdihsdpa.com/>

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## J. Directorio de proveedores de salud mental

### ALPINE

#### **JOHNSON, ANNA RITA, CSW**

*Provider Gender:* Female  
*License number:* 92930  
*NPI:* 1427323179  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FUSION CARE GROUP A  
 PSYCHOLOGICAL  
 PROFESSIONAL  
 CORPORATION  
 2271 ALPINE BLVD STE A  
 ALPINE, CA 91901-1101  
*Phone:* (619) 448-1216  
*Fax:* (888) 291-4799  
*After Hours Phone:* (619)  
 448-1216  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5:30PM

#### **MUIR, KATHLEEN G , MFT**

*Provider Gender:* Female  
*License number:* 52081  
*NPI:* 1093009334  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MUIR, KATHLEEN  
 2165 ARNOLD WAY  
 ALPINE, CA 91901-2157  
*Phone:* (619) 873-7738  
*Fax:* (619) 324-4154  
*After Hours Phone:* (619)  
 873-7738  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M 6PM-9PM, TU,TH  
 10AM-9PM, F 10AM-1:30PM, SA  
 10AM-3PM

*Provider Gender:* Female  
*License number:* PSY10150  
*NPI:* 1043231715  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 INTEGRATED HEALTH  
 PARTNERS- BORREGO  
 COMMUNITY HEALTH  
 FOUNDAT  
 4343 YAQUI PASS ROAD  
 BORREGO SPRINGS, CA 92004  
*Phone:* (760) 767-5051  
*Fax:* (760) 767-4552  
*After Hours Phone:* (760)  
 767-5051  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### BORREGO SPRINGS

#### **MCEVOY, PAMELA T , PSY**

### BONITA

#### **GALLEGOS SKOMAL, MARIA,**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

### **MFT**

*Provider Gender:* Female  
*License number:* 43149  
*NPI:* 1235294992  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 GALLEGOS SKOMAL, MARIA  
 4045 BONITA RD STE 107  
 BONITA, CA 91902-1300  
*Phone:* (619) 843-0242  
*Fax:* (619) 470-4711  
*After Hours Phone:* (619)  
 843-0242  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:* 0/64  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*

**CORONADO**

**BETTENHAUSEN-BUBULKA,**

### **CRYSTAL M , CSW**

*Provider Gender:* Female  
*License number:* 100639  
*NPI:* 1790377067  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 THROUGHT THE  
 KALEIDOSCOPE WELLNESS,  
 CRYSTAL  
 BETTENHAUSEN-BUB  
 VIRTUAL VISITS ONLY  
 CORONADO, CA 92118  
*Phone:* (808) 319-7896  
*Fax:*  
*After Hours Phone:* (808)  
 319-7896  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-10PM

**CARDIFF**

### **RIVERA, DEA R , MFT**

*Provider Gender:* Female  
*License number:* 39066  
*NPI:* 1992967533  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 RIVERA, DEA DBA  
 BMINDFULNOW LLC  
 2047 SAN ELIJO AVE STE J  
 CARDIFF, CA 92007-1726  
*Phone:* (760) 334-3077  
*Fax:*  
*After Hours Phone:* (760)  
 334-3077  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:* 0/12  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M 12PM-8PM, TU  
 8AM-8PM, SA 8AM-4PM

**CARLSBAD**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

### **AGUILAR, JACQUELINE A , CSW**

*Provider Gender:* Female  
*License number:* 98686  
*NPI:* 1790119931  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **AKANDE, ADERONKE, NPA**

*Provider Gender:* Female  
*License number:* 21597  
*NPI:* 1083980247  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 COGNITIVE HEALTH  
 SOLUTIONS INC  
 2292 FARADAY AVE  
 CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858)  
 227-0887  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Russian, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 9AM-5PM  
**ALLEN, MARK H , PSY**  
*Provider Gender:* Male  
*License number:* 11665

*NPI:* 1922042886  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 ALLEN, MARK  
 1207 CARLSBAD VILLAGE DR  
 STE R  
 CARLSBAD, CA 92008-1958  
*Phone:* (760) 846-1945  
*Fax:* (760) 434-3557  
*After Hours Phone:* (760)  
 846-1945  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* TU,TH 9AM-7PM, F  
 12PM-5PM

### **ALTAMIRANO, LEON, PSY**

*Provider Gender:* Male  
*License number:* 23734  
*NPI:* 1619271517  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Directorio de proveedores de salud mental

Spanish	COGNITIVE HEALTH SOLUTIONS INC	CARLSBAD, CA 92008-5520
<i>Cultural Competency:</i>	2292 FARADAY AVE	<i>Phone:</i> (800) 275-3243
NORTH COUNTY HEALTH SERVICES	CARLSBAD, CA 92008-7238	<i>Fax:</i> (760) 444-2211
1295 CARLSBAD VILLAGE DR	<i>Phone:</i> (858) 227-0887	<i>After Hours Phone:</i> (800) 275-3243
STE 100	<i>Fax:</i> (858) 430-9611	<i>Website:</i>
CARLSBAD, CA 92008-1950	<i>After Hours Phone:</i> (858) 227-0887	www.beaconhealthoptions.com
<i>Phone:</i> (760) 736-6767	<i>Website:</i>	<i>Accepting New Patients:</i> Yes
<i>Fax:</i> (760) 720-7204	www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes
<i>After Hours Phone:</i> (760) 736-6767	<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Website:</i>	<i>Site English Spoken:</i> Yes	Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi
www.beaconhealthoptions.com	<i>Site Language(s) Spoken:</i>	TDD: No
<i>Accepting New Patients:</i> Yes	Russian, Vietnamese	<i>Min/Max Age:</i> 0/99
<i>Site English Spoken:</i> Yes	TDD: No	<i>Gender Restriction:</i> No Gender Restrictions
<i>Site Language(s) Spoken:</i>	<i>Min/Max Age:</i> 0/99	<i>American Sign Language (ASL):</i>
Spanish, Chinese	<i>Gender Restriction:</i> No Gender Restrictions	No
TDD: No	<i>American Sign Language (ASL):</i>	Please contact provider for Accessibility information
<i>Min/Max Age:</i> 0/99	No	<i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM
<i>Gender Restriction:</i> No Gender Restrictions	Please contact provider for Accessibility information	
<i>American Sign Language (ASL):</i>	<i>Hours:</i> M-F 9AM-5PM	
No		
Please contact provider for Accessibility information	<b>ANDRADE, GENEVIEVE, PSY</b>	<b>AVILA, FERNANDO M, PSY</b>
<i>Hours:</i> M-F 8AM-5PM	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Male
	<i>License number:</i> 29019	<i>License number:</i> 31410
<b>AMERI, GINA, NPA</b>	<i>NPI:</i> 1124158027	<i>NPI:</i> 1962783464
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>License number:</i> 95014769	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>NPI:</i> 1750994323	<i>Cultural Competency:</i>	Spanish
<i>Provider English Spoken:</i> Yes	MEMORY CHECK	<i>Cultural Competency:</i>
<i>Provider Language(s) Spoken:</i>	PSYCHOLOGICAL SERVICES	MEMORY CHECK
<i>Cultural Competency:</i>	5838 EDISON PL STE 100	PSYCHOLOGICAL SERVICES

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BAGNOL, VALERIE L , CSW**

*Provider Gender:* Female  
*License number:* 68694  
*NPI:* 1003167404  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BAHADOR, ALBORZ, PSY**

*Provider Gender:* Male  
*License number:* 27236  
*NPI:* 1659678068  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:*  
 MEMORY CHECK

PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BALCITA, GEMMA D , NPA**

*Provider Gender:* Female  
*License number:* 604911  
*NPI:* 1750033155  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Tagalog  
*Cultural Competency:*

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## J. Directorio de proveedores de salud mental

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BARNETT, CHALON, CSW**

Provider Gender: Female  
 License number: 87431  
 NPI: 1144657537  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BARRETT, ANN, PSY**

Provider Gender: Female  
 License number: 28146  
 NPI: 1205380706  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BARRIOS, SANDRA L, CSW**

Provider Gender: Female  
 License number: 87975  
 NPI: 1821632670  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:

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## J. Directorio de proveedores de salud mental

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BARTLETT, SARA P , CSW**

Provider Gender: Female  
 License number: 25746  
 NPI: 1780060574  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BAUTISTA-SANTANA, YUBITZA, CSW**

Provider Gender: Female  
 License number: 76685  
 NPI: 1427203744  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BENDER, MARGARET H , CSW**

Provider Gender: Female  
 License number: 101346  
 NPI: 1326622812  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>            MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800)            275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German,            Modern Greek, Farsi, French,            Hindi, Korean, Panjabi, Punjabi            TDD: No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for            Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F            8AM-5PM</p>	<p><i>Cultural Competency:</i>            MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800)            275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German,            Modern Greek, Farsi, French,            Hindi, Korean, Panjabi, Punjabi            TDD: No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for            Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F            8AM-5PM</p>	<p><i>Cultural Competency:</i>            MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800)            275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German,            Modern Greek, Farsi, French,            Hindi, Korean, Panjabi, Punjabi            TDD: No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for            Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F            8AM-5PM</p>
<p><b>BENNET, MELANIE, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 30334  <i>NPI:</i> 1639516602  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>BEYAOJU, ANDREA L , NPA</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 95005365  <i>NPI:</i> 1720520182  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>BIRDSALL, JENNIFER A , PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 26694  <i>NPI:</i> 1871844084  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BLUMENSTEIN, ROSALYNE, CSW**

*Provider Gender:* Female  
*License number:* 24228  
*NPI:* 1750675542  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BUGAS, JOHN S , PSY**

*Provider Gender:* Male  
*License number:* 10562  
*NPI:* 1811285356  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BURRELL, TRACEY, PSY**

*Provider Gender:* Female  
*License number:* 16091  
*NPI:* 1811079809  
*Provider English Spoken:* Yes

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> Chinese</p> <p><i>Cultural Competency:</i> NORTH COUNTY HEALTH SERVICES</p> <p>5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520</p> <p><i>Phone:</i> (800) 275-3243</p> <p><i>Fax:</i> (760) 444-2211</p> <p><i>After Hours Phone:</i> (800) 275-3243</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>CAI, SHEILA X , MD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> C149845</p> <p><i>NPI:</i> 1780625012</p> <p><i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Chinese</p> <p><i>Cultural Competency:</i> NORTH COUNTY HEALTH SERVICES</p> <p>1295 CARLSBAD VILLAGE DR STE 100 CARLSBAD, CA 92008-1950</p> <p><i>Phone:</i> (760) 736-6767</p> <p><i>Fax:</i> (760) 720-7204</p> <p><i>After Hours Phone:</i> (760) 736-6767</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish, Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8AM-5PM</p> <p><b>CAMBRONNE, MARIE-ADDLY, MD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> C171240</p> <p><i>NPI:</i> 1639372543</p> <p><i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> French</p> <p><i>Cultural Competency:</i> NORTH COUNTY HEALTH SERVICES</p> <p>5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520</p> <p><i>Phone:</i> (800) 275-3243</p> <p><i>Fax:</i> (760) 444-2211</p> <p><i>After Hours Phone:</i> (800) 275-3243</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>CARROLL, MICHAEL C , PSY</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 24334</p> <p><i>NPI:</i> 1578731303</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **CASPI, HEN, PSY**

*Provider Gender:* Female  
*License number:* 32520  
*NPI:* 1568844207

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **CEDILLO, PAULA, PSY**

*Provider Gender:* Female  
*License number:* 31658  
*NPI:* 1275168536

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **CHALMERS, VIRGINIA, CSW**

*Provider Gender:* Female  
*License number:* 28053

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## J. Directorio de proveedores de salud mental

NPI: 1265613715  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NORTH COUNTY HEALTH SERVICES  
 1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008-1950  
 Phone: (760) 736-6767  
 Fax: (760) 720-7204  
 After Hours Phone: (760) 736-6767  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CHANG, GRACE, PSY**

Provider Gender: Female  
 License number: 31147  
 NPI: 1871074997

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Korean  
 Cultural Competency: MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

### **CHEN, SHARON, PSY**

Provider Gender: Female  
 License number: 21946

NPI: 1376674036  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

### **COLERIDGE, CAROLYN B, CSW**

Provider Gender: Female

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## J. Directorio de proveedores de salud mental

License number: 25626  
 NPI: 1275743569  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **CORTIZO, ROSA, PSY**

Provider Gender: Female

License number: 22278  
 NPI: 1952316648  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH  
 SERVICES  
 1295 CARLSBAD VILLAGE DR  
 STE 100  
 CARLSBAD, CA 92008-1950  
 Phone: (760) 736-6767  
 Fax: (760) 720-7204  
 After Hours Phone: (760)  
 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **COSTELLO, MARIELA M , PSY**

Provider Gender: Female

License number: 23277

NPI: 1801145727  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **DALE, MARIAN, PSY**

Provider Gender: Female

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## J. Directorio de proveedores de salud mental

<p>License number: 18257  NPI: 1821370941  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  MEMORY CHECK  PSYCHOLOGICAL SERVICES  5838 EDISON PL STE 100  CARLSBAD, CA 92008-5520  Phone: (800) 275-3243  Fax: (760) 444-2211  After Hours Phone: (800)  275-3243  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Amharic, Mandarin, German,  Modern Greek, Farsi, French,  Hindi, Korean, Panjabi, Punjabi  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: SA,SU 7AM-7PM, M-F  8AM-5PM</p> <p><b>DAVIS, REDD E , CSW</b>  Provider Gender: Female</p>	<p>License number: 99230  NPI: 1629418710  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  MEMORY CHECK  PSYCHOLOGICAL SERVICES  5838 EDISON PL STE 100  CARLSBAD, CA 92008-5520  Phone: (800) 275-3243  Fax: (760) 444-2211  After Hours Phone: (800)  275-3243  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Amharic, Mandarin, German,  Modern Greek, Farsi, French,  Hindi, Korean, Panjabi, Punjabi  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: SA,SU 7AM-7PM, M-F  8AM-5PM</p> <p><b>DOYLE, TERI L , PSY</b>  Provider Gender: Female</p>	<p>License number: 19065  NPI: 1568003820  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  MEMORY CHECK  PSYCHOLOGICAL SERVICES  5838 EDISON PL STE 100  CARLSBAD, CA 92008-5520  Phone: (800) 275-3243  Fax: (760) 444-2211  After Hours Phone: (800)  275-3243  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Amharic, Mandarin, German,  Modern Greek, Farsi, French,  Hindi, Korean, Panjabi, Punjabi  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: SA,SU 7AM-7PM, M-F  8AM-5PM</p> <p><b>DUARTE, ERIKA G , CSW</b>  Provider Gender: Female</p>
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## J. Directorio de proveedores de salud mental

*License number:* 81234  
*NPI:* 1508334632  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**DUNN, REBECCA K , PSY**

*Provider Gender:* Female  
*License number:* 32472  
*NPI:* 1922478361  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**DUVVURI, VIKAS, MD**

*Provider Gender:* Male  
*License number:* A99706  
*NPI:* 1255470480  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Telugu  
*Cultural Competency:* MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

### **ETTELSON, RICHARD, PSY**

*Provider Gender:* Male  
*License number:* 18953  
*NPI:* 1174569453  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **FERRARO, PIA, NPA**

*Provider Gender:* Female  
*License number:* 766694  
*NPI:* 1700203361  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 COGNITIVE HEALTH  
 SOLUTIONS INC  
 2292 FARADAY AVE  
 CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858)  
 227-0887  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Russian, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 9AM-5PM  
**FERRARO, PIA, NPA**  
*Provider Gender:* Female  
*License number:* 766694

*NPI:* 1700203361  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 COGNITIVE HEALTH  
 SOLUTIONS INC  
 3146 TIGER RUN CT STE 105  
 CARLSBAD, CA 92010-6696  
*Phone:* (858) 227-0887  
*Fax:*  
*After Hours Phone:* (858)  
 227-0887  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 9AM-6PM

### **FISHER, MELISSA A , NPA**

*Provider Gender:* Female  
*License number:* 620421  
*NPI:* 1316108616  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**FLEISHMAN, SCOTT A , PSY**  
*Provider Gender:* Male  
*License number:* 18011  
*NPI:* 1942411343  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**FLYNN (NEWMAN), DANIELLE I , PSY**  
*Provider Gender:* U  
*License number:* 26184  
*NPI:* 1477785137  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
 NORTH COUNTY HEALTH SERVICES  
 1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760) 736-6767  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
 TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**FOSTER, RHYAN N , PSY**  
*Provider Gender:* Female  
*License number:* PSY30106  
*NPI:* 1447617519  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)  
275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Mandarin, German,  
Modern Greek, Farsi, French,

Hindi, Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **FOWLER, BROCK L , PSY**

Provider Gender: Male

License number: 20528

NPI: 1841408127

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)  
275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Mandarin, German,  
Modern Greek, Farsi, French,

Hindi, Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **FRANCE, SHADAVIA C , PSY**

Provider Gender: Female

License number: 31452

NPI: 1003122854

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)  
275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Mandarin, German,  
Modern Greek, Farsi, French,

Hindi, Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **FREEMAN, WANDA, NPA**

Provider Gender: Female

License number: 95003903

NPI: 1659504264

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH

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## J. Directorio de proveedores de salud mental

SERVICES  
 1295 CARLSBAD VILLAGE DR  
 STE 100  
 CARLSBAD, CA 92008-1950  
*Phone: (760) 736-6767*  
*Fax: (760) 720-7204*  
*After Hours Phone: (760) 736-6767*  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**GENGENBACHER, MARIA A ,  
 PSY**

*Provider Gender: Female*  
*License number: 21014*  
*NPI: 1508098021*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 MEMORY CHECK

PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone: (800) 275-3243*  
*Fax: (760) 444-2211*  
*After Hours Phone: (800) 275-3243*  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

**GEORGIEV, MARY JO C , PSY**

*Provider Gender: Female*  
*License number: 17954*  
*NPI: 1518996875*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 NORTH COUNTY HEALTH

SERVICES  
 1295 CARLSBAD VILLAGE DR  
 STE 100  
 CARLSBAD, CA 92008-1950  
*Phone: (760) 736-6767*  
*Fax: (760) 720-7204*  
*After Hours Phone: (760) 736-6767*  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**GHEYTANCHI, ANAHITA, PSY**

*Provider Gender: Female*  
*License number: 25467*  
*NPI: 1538466800*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES

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## J. Directorio de proveedores de salud mental

5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 Phone: (800) 275-3243 Fax: (760) 444-2211 After Hours Phone: (800) 275-3243 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: SA,SU 7AM-7PM, M-F 8AM-5PM	8019 PASEO ALISO CARLSBAD, CA 92009-9026 Phone: (760) 519-5409 Fax: (760) 635-0852 After Hours Phone: (760) 519-5409 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: TU,TH 9AM-5PM, W 9AM-12PM	Phone: (800) 275-3243 Fax: (760) 444-2211 After Hours Phone: (800) 275-3243 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: SA,SU 7AM-7PM, M-F 8AM-5PM
<b>GIRALDO, FIORELLA P , CSW</b> Provider Gender: Female License number: 13315 NPI: 1932235611 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FIORELLA GIRALDO	<b>GIVEN, JEANNETTE E , PSY</b> Provider Gender: Female License number: 12040 NPI: 1952529422 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520	<b>GLOOR MAUNG, PRISCA, PSY</b> Provider Gender: Female License number: 21864 NPI: 1699809251 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520

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## J. Directorio de proveedores de salud mental

Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **GONZALEZ, JOSE, CSW**

Provider Gender: Male  
 License number: 80920  
 NPI: 1689844847  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH  
 SERVICES  
 1295 CARLSBAD VILLAGE DR  
 STE 100

CARLSBAD, CA 92008-1950  
 Phone: (760) 736-6767  
 Fax: (760) 720-7204  
 After Hours Phone: (760)  
 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **GOREWITZ, JANET F , PSY**

Provider Gender: Female  
 License number: 12213  
 NPI: 1952742306  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520

Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **HALL, KIMBERLY A , PSY**

Provider Gender: Female  
 License number: PSY19448  
 NPI: 1730232356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520

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## J. Directorio de proveedores de salud mental

<p>Phone: (800) 275-3243            Fax: (760) 444-2211            After Hours Phone: (800) 275-3243            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>HANSEN, JULIE H , CSW</b>            Provider Gender: Female            License number: 23641            NPI: 1366576886            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100</p>	<p>CARLSBAD, CA 92008-5520            Phone: (800) 275-3243            Fax: (760) 444-2211            After Hours Phone: (800) 275-3243            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>HARRIS, CATHERINE G , PSY</b>            Provider Gender: Female            License number: 22197            NPI: 1871743880            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100</p>	<p>CARLSBAD, CA 92008-5520            Phone: (800) 275-3243            Fax: (760) 444-2211            After Hours Phone: (800) 275-3243            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>HARRIS, SUSAN A , MD</b>            Provider Gender: Female            License number: C50886            NPI: 1982700365            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800) 275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p>	<p>CARLSBAD, CA 92008-1662  <i>Phone:</i> (760) 805-4740  <i>Fax:</i> (760) 407-6099  <i>After Hours Phone:</i> (760) 805-4740  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Russian  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Hours:</i> M-F 10AM-8PM</p>	<p><i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800) 275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p>
<p><b>HEICKLEN, OKSANA, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 43656  <i>NPI:</i> 1093938664  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Russian  <i>Cultural Competency:</i>            HEICKLEN, OKSANA            2564 STATE ST STE B</p>	<p><b>HIRSCH, NORMA J , PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 15140  <i>NPI:</i> 1073706982  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520</p>	<p><b>HOANG, HANNAH, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW95198  <i>NPI:</i> 1760615348  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            CULTURAL COMPETENCY:            COGNITIVE HEALTH SOLUTIONS INC            2292 FARADAY AVE            CARLSBAD, CA 92008-7238</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (858) 227-0887	Phone: (800) 275-3243	Phone: (800) 275-3243
Fax: (858) 430-9611	Fax: (760) 444-2211	Fax: (760) 444-2211
After Hours Phone: (858) 227-0887	After Hours Phone: (800) 275-3243	After Hours Phone: (800) 275-3243
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Russian, Vietnamese	Site Language(s) Spoken: Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi	Site Language(s) Spoken: Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 9AM-5PM	Hours: SA,SU 7AM-7PM, M-F 8AM-5PM	Hours: SA,SU 7AM-7PM, M-F 8AM-5PM
<b>HURST, SUSAN I, PSY</b>	<b>IZBICKI, KRISTEN, PSY</b>	<b>JARAMILLO, CARLA, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 14337	License number: 28924	License number: 27512
NPI: 1336157379	NPI: 1528327350	NPI: 1689823627
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: MEMORY CHECK PSYCHOLOGICAL SERVICES	Provider Language(s) Spoken: Cultural Competency: MEMORY CHECK PSYCHOLOGICAL SERVICES	Provider Language(s) Spoken: Cultural Competency: MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520	5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520	5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520

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## J. Directorio de proveedores de salud mental

Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **JENSEN, BRIAN M , PSY**

Provider Gender: Male  
 License number: 26041  
 NPI: 1518138049  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH  
 SERVICES  
 1295 CARLSBAD VILLAGE DR  
 STE 100

CARLSBAD, CA 92008-1950  
 Phone: (760) 736-6767  
 Fax: (760) 720-7204  
 After Hours Phone: (760)  
 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **JONES, ALYCIA S , CSW**

Provider Gender: Female  
 License number: 94372  
 NPI: 1942815550  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520

Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **KANG, DIANA C , PSY**

Provider Gender: Female  
 License number: 27101  
 NPI: 1215016985  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100

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## J. Directorio de proveedores de salud mental

CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

**KEATS, LAUREN B , PSY**  
 Provider Gender: Female  
 License number: 29411  
 NPI: 1356699342  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100

**KELSON, MONICA B , PSY**  
 Provider Gender: Female  
 License number: 13224  
 NPI: 1922184803  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100

**KHALITCHI, MARJANEH, PSY**  
 Provider Gender: Female  
 License number: 32068  
 NPI: 1558962324  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES

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## J. Directorio de proveedores de salud mental

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **KO ROBERSON, CELINE M , PSY**

*Provider Gender:* Female  
*License number:* 23670  
*NPI:* 1700015997  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog  
*Cultural Competency:*

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **KOGOUT, OXANA A , NPA**

*Provider Gender:* Female  
*License number:* 95004052  
*NPI:* 1477910214  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian

*Cultural Competency:*  
 COGNITIVE HEALTH  
 SOLUTIONS INC  
 2292 FARADAY AVE  
 CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858)  
 227-0887  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Russian, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 9AM-5PM

### **KOOZEKANANI, ROSHAN S , MD**

*Provider Gender:* Female  
*License number:* C171720  
*NPI:* 1407878515  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK

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## J. Directorio de proveedores de salud mental

PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

**KRAETZ, FRANK A , PSY**  
*Provider Gender:* Male  
*License number:* 30944  
*NPI:* 1366787764  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK

PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

**KRAPES, MICHAEL B , PSY**  
*Provider Gender:* Male  
*License number:* 25077  
*NPI:* 1215233028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NORTH COUNTY HEALTH

SERVICES  
 1295 CARLSBAD VILLAGE DR  
 STE 100  
 CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760)  
 736-6767  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**KRUEGER, BONNIE, PSY**  
*Provider Gender:* Female  
*License number:* 16400  
*NPI:* 1144425935  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100

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## J. Directorio de proveedores de salud mental

---

CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Mandarin, German,  
Modern Greek, Farsi, French,  
Hindi, Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **KU, WENDY, PSY**

Provider Gender: Female  
License number: 24640  
NPI: 1932242716  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Mandarin, German,  
Modern Greek, Farsi, French,  
Hindi, Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **LI, TORNA, PSY**

Provider Gender: Female  
License number: 25938  
NPI: 1154579431  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Mandarin, German,  
Modern Greek, Farsi, French,  
Hindi, Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **LOPEZ, FREDERICK, PSY**

Provider Gender: Male  
License number: 32140  
NPI: 1669671699  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES

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## J. Directorio de proveedores de salud mental

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
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*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **LUDWICK, ANDREA P , NPA**

*Provider Gender:* Female  
*License number:* 95019543  
*NPI:* 1962079624  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **LYNN, BRIAN W , PSY**

*Provider Gender:* Male  
*License number:* 19295  
*NPI:* 1972046423  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **MACKIE, MICHAEL W , PSY**

*Provider Gender:* Male  
*License number:* 30000  
*NPI:* 1851881379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **MANN, PAVANINDER S , PSY**

*Provider Gender:* Male  
*License number:* 18296  
*NPI:* 1306931167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Panjabi, Punjabi  
*Cultural Competency:*  
 MEMORY CHECK

PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **MCKOWN, JULIE, NPA**

*Provider Gender:* Female  
*License number:* 95010619  
*NPI:* 1205393964  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 MEMORY CHECK

PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **MEISENHEIMER, DANIEL, CSW**

*Provider Gender:* Male  
*License number:* 74848  
*NPI:* 1073875548  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*

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## J. Directorio de proveedores de salud mental

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **MENDONSA, ANDREW D , PSY**

Provider Gender: Male  
 License number: 23208  
 NPI: 1760530117  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **MESGARHA, EIMA, PSY**

Provider Gender: Female  
 License number: 29797  
 NPI: 1518335017  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi

*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **MISCHKA, MELISSA F , PSY**

Provider Gender: Female  
 License number: 28982  
 NPI: 1730496183  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p>	<p><i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p>	<p><i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p>
<p><b>MOON, MALLORY L , PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 31108 <i>NPI:</i> 1205496932 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p><b>NEVITT, JENNIFER A , PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 15338 <i>NPI:</i> 1790267292 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p><b>NGUYEN, CHINH, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW91337 <i>NPI:</i> 1679717045 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>

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## J. Directorio de proveedores de salud mental

<p>Vietnamese  <i>Cultural Competency:</i>            COGNITIVE HEALTH SOLUTIONS INC            2292 FARADAY AVE            CARLSBAD, CA 92008-7238  <i>Phone:</i> (858) 227-0887  <i>Fax:</i> (858) 430-9611  <i>After Hours Phone:</i> (858) 227-0887  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Russian, Vietnamese            TDD: No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for Accessibility information  <i>Hours:</i> M-F 9AM-5PM</p>	<p>MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800) 275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi            TDD: No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p>	<p>MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800) 275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi            TDD: No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p>
<p><b>NGUYEN, LILI K , PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 28728  <i>NPI:</i> 1881967123  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Vietnamese  <i>Cultural Competency:</i></p>	<p><b>OBI, RACHAEL I , NRS</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 95011263  <i>NPI:</i> 1760940001  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>OKORONKWO, NNENNAYA, NPA</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 95010504  <i>NPI:</i> 1710458096  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>

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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>OVERIN, FORREST M , MFT</b> <i>Provider Gender:</i> Male <i>License number:</i> 20617 <i>NPI:</i> 1952459398 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p><i>Cultural Competency:</i> FORREST M OVERIN, LMFT 2945 HARDING ST STE 105 CARLSBAD, CA 92008-1818 <i>Phone:</i> (760) 434-1941 <i>Fax:</i> (760) 433-1941 <i>After Hours Phone:</i> (760) 434-1941 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> W,F 10AM-6PM, SA 8AM-2PM</p> <p><b>PARK, RUSSELL D , PSY</b> <i>Provider Gender:</i> Male <i>License number:</i> 14275 <i>NPI:</i> 1326020710 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100</p>	<p>CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>PATEL ESCAMILLA, SHIVANI, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 23884 <i>NPI:</i> 1558555862 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES</p>
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## J. Directorio de proveedores de salud mental

5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Mandarin, German,  
Modern Greek, Farsi, French,  
Hindi, Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **PEARL, ROBYN, PSY**

Provider Gender: Female

License number: 25174

NPI: 1770836603

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
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After Hours Phone: (800)  
275-3243  
Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Mandarin, German,  
Modern Greek, Farsi, French,  
Hindi, Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **PEER, LORNA K , PSY**

Provider Gender: Female

License number: 23958

NPI: 1922260561

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Mandarin, German,  
Modern Greek, Farsi, French,  
Hindi, Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **PHAM, LOAN V , NPA**

Provider Gender: Female

License number: 16368

NPI: 1053440065

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

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## J. Directorio de proveedores de salud mental

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
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 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **PHAM, TUYEN T , PSY**

*Provider Gender:* Female  
*License number:* 25400  
*NPI:* 1871746834  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
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 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **REININGA, ERIC J , PSY**

*Provider Gender:* Male  
*License number:* 18803  
*NPI:* 1710146816  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
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*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **ROSENBLUM-FISHMAN, SARA, PSY**

*Provider Gender:* Female  
*License number:* 29104  
*NPI:* 1982860706  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK

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## J. Directorio de proveedores de salud mental

PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
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*Site Language(s) Spoken:*  
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 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **ROTHSCHILD, DEBORAH C , CSW**

*Provider Gender:* Female  
*License number:* 16795  
*NPI:* 1437442167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **SAID, SARA, PSY**

*Provider Gender:* Female  
*License number:* 22653  
*NPI:* 1174654149  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Amharic, Tigrinya

*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Mandarin, German,  
 Modern Greek, Farsi, French,  
 Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **SAMUELS, DEANNE, PSY**

*Provider Gender:* Female  
*License number:* PSY18392  
*NPI:* 1144859836  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>SANCHEZ, JULIE, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 31013 <i>NPI:</i> 1013165836 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p>Spanish <i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>SCAGLIONE, CRIS, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 30718 <i>NPI:</i> 1770732927 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>SHAW, MELAUREE, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 27575 <i>NPI:</i> 1770728115 <i>Provider English Spoken:</i> Yes</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800)            275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German,            Modern Greek, Farsi, French,            Hindi, Korean, Panjabi, Punjabi  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for            Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F            8AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800)            275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German,            Modern Greek, Farsi, French,            Hindi, Korean, Panjabi, Punjabi  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for            Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F            8AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800)            275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German,            Modern Greek, Farsi, French,            Hindi, Korean, Panjabi, Punjabi  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for            Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F            8AM-5PM</p>
<p><b>SHIRINIAN, MOSES S , PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 23194  <i>NPI:</i> 1477902864  <i>Provider English Spoken:</i> Yes</p>	<p><b>SHIVER, SHEBA L , PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 27837  <i>NPI:</i> 1043344344  <i>Provider English Spoken:</i> Yes</p>	<p><b>SIEGMETH, YOLANDA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 105960  <i>NPI:</i> 1215307624  <i>Provider English Spoken:</i> Yes</p>

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> Cultural Competency: MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>SIMPSON, ERIC, PSY</b> <i>Provider Gender:</i> Male <i>License number:</i> 28885 <i>NPI:</i> 1710110416 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Cultural Competency: NORTH COUNTY HEALTH SERVICES 1295 CARLSBAD VILLAGE DR STE 100 CARLSBAD, CA 92008-1950 <i>Phone:</i> (760) 736-6767 <i>Fax:</i> (760) 720-7204 <i>After Hours Phone:</i> (760) 736-6767 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM</p> <p><b>SMITH, MARYAM, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 27252 <i>NPI:</i> 1396916169 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Farsi</p>	<p><i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>SONCRANT, SARAH C, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 30002 <i>NPI:</i> 1770066607 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p>	<p>Korean <i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> MEMORY CHECK PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p>
<p><b>SONG, NATALIE, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95011618 <i>NPI:</i> 1790207215 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p><b>SOUTH, LARA L , PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 31523 <i>NPI:</i> 1851652655 <i>Provider English Spoken:</i> Yes</p>	<p><b>SPEARS, KENNETH B , PSY</b> <i>Provider Gender:</i> Male <i>License number:</i> 29427 <i>NPI:</i> 1700390366 <i>Provider English Spoken:</i> Yes</p>

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> German  <i>Cultural Competency:</i> MEMORY CHECK  <b>PSYCHOLOGICAL SERVICES</b>            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800) 275-3243  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>STAEFFLER, IMME, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 29936  <i>NPI:</i> 1558875351  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> German  <i>Cultural Competency:</i> MEMORY CHECK  <b>PSYCHOLOGICAL SERVICES</b>            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800) 275-3243  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>STARK, ROHN, PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 26386  <i>NPI:</i> 1902219850</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> German  <i>Cultural Competency:</i> MEMORY CHECK  <b>PSYCHOLOGICAL SERVICES</b>            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800) 275-3243  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM</p> <p><b>SUEN, TIFFANY R , PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 31554  <i>NPI:</i> 1609152537</p>
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## J. Directorio de proveedores de salud mental

<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1669875373	<i>NPI:</i> 1164860458
<i>Provider Language(s) Spoken:</i> Mandarin	<i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i>	<i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i> MEMORY CHECK	<i>Cultural Competency:</i> MEMORY CHECK	<i>Cultural Competency:</i> MEMORY CHECK
PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com	PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com	PSYCHOLOGICAL SERVICES 5838 EDISON PL STE 100 CARLSBAD, CA 92008-5520 <i>Phone:</i> (800) 275-3243 <i>Fax:</i> (760) 444-2211 <i>After Hours Phone:</i> (800) 275-3243 <i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM	<i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM	<i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> SA,SU 7AM-7PM, M-F 8AM-5PM
<b>SWISTUN, DOMINIKA, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 30984	<b>TAKHER, ELLEN S , MD</b> <i>Provider Gender:</i> Female <i>License number:</i> A167681	<b>TAN, ALISON, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 32890

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## J. Directorio de proveedores de salud mental

<p>NPI: 1962172593  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800)            275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German,            Modern Greek, Farsi, French,            Hindi, Korean, Panjabi, Punjabi  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for            Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F            8AM-5PM</p>	<p>NPI: 1841541984  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            MEMORY CHECK            PSYCHOLOGICAL SERVICES            5838 EDISON PL STE 100            CARLSBAD, CA 92008-5520  <i>Phone:</i> (800) 275-3243  <i>Fax:</i> (760) 444-2211  <i>After Hours Phone:</i> (800)            275-3243  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Amharic, Mandarin, German,            Modern Greek, Farsi, French,            Hindi, Korean, Panjabi, Punjabi  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for            Accessibility information  <i>Hours:</i> SA,SU 7AM-7PM, M-F            8AM-5PM</p>	<p>NPI: 1720265614  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i>            NORTH COUNTY HEALTH            SERVICES            1295 CARLSBAD VILLAGE DR            STE 100            CARLSBAD, CA 92008-1950  <i>Phone:</i> (760) 736-6767  <i>Fax:</i> (760) 720-7204  <i>After Hours Phone:</i> (760)            736-6767  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Spanish, Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>
<p><b>THIESSEN, BRUCE L , PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 14259</p>	<p><b>TORRES, HECTOR M , PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 13309</p>	<p><b>WALKER, SHAYNA T , MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A107393  <i>NPI:</i> 1760688295</p>

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## J. Directorio de proveedores de salud mental

*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
 NORTH COUNTY HEALTH SERVICES  
 1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008-1950  
*Phone: (760) 736-6767*  
*Fax: (760) 720-7204*  
*After Hours Phone: (760) 736-6767*  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Spanish, Chinese*  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
 Please contact provider for Accessibility information  
*Hours: M-F 8AM-5PM*

### **WARD MCKINLAY, THOMAS, PSY**

*Provider Gender: Male*  
*License number: 7065*  
*NPI: 1346778081*  
*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone: (800) 275-3243*  
*Fax: (760) 444-2211*  
*After Hours Phone: (800) 275-3243*  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi*  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
 Please contact provider for Accessibility information  
*Hours: SA,SU 7AM-7PM, M-F 8AM-5PM*

### **WARD, ELIZABETH T , MFT**

*Provider Gender: Female*  
*License number: 29328*  
*NPI: 1487689725*  
*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Cultural Competency:*  
 COGNITIVE HEALTH SOLUTIONS INC  
 3146 TIGER RUN CT STE 105  
 CARLSBAD, CA 92010-6696  
*Phone: (858) 227-0887*  
*Fax:*  
*After Hours Phone: (858) 227-0887*  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
 Please contact provider for Accessibility information  
*Hours: M-F 9AM-6PM*

### **WARD, ELIZABETH T , MFT**

*Provider Gender: Female*  
*License number: 29328*  
*NPI: 1487689725*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
 COGNITIVE HEALTH SOLUTIONS INC

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

2292 FARADAY AVE  
CARLSBAD, CA 92008-7238  
Phone: (858) 227-0887  
Fax: (858) 430-9611  
After Hours Phone: (858)

227-0887  
Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 9AM-5PM

### **WELCH, MEGAN, MFT**

Provider Gender: Female

License number: 113763

NPI: 1689117400

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

Phone: (760) 736-6767

Fax: (760) 720-7204

After Hours Phone: (760)

736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **YANEZ-CRUZ, EVETTE, PSY**

Provider Gender: Female

License number: 23985

NPI: 1104969427

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)

275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Mandarin, German,

Modern Greek, Farsi, French,

Hindi, Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **ZALEWSKI ZARAGOZA,**

#### **ROBERT A, MD**

Provider Gender: Male

License number: A85005

NPI: 1720054133

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

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## J. Directorio de proveedores de salud mental

CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

### ZANOLINI, SHANNA, PSY

Provider Gender: Female  
 License number: 22836  
 NPI: 1194038265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

### ZAPATA, PARTHENA, MFT

Provider Gender: Female  
 License number: 116570  
 NPI: 1427484500  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Modern Greek  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800) 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Mandarin, German, Modern Greek, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

### CHULA VISTA

### ABDULLAH, KERI, PSY

Provider Gender: Female  
 License number: 29990  
 NPI: 1699840587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:

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## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>	<p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p>
<p><b>ABDULLAH, KERI, PSY</b> Provider Gender: Female License number: 29990 NPI: 1699840587 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p><b>ABDULLAH, KERI, PSY</b> Provider Gender: Female License number: 29990 NPI: 1699840587 Provider English Spoken: Yes</p>	<p><b>AGUAYO, SILVIA R , MFT</b> Provider Gender: Female License number: 45814 NPI: 1982927059 Provider English Spoken: Yes Provider Language(s) Spoken:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Spanish	SAN DIEGO	352 L ST
<i>Cultural Competency:</i>	251 LANDIS AVE	CHULA VISTA, CA 91911-1208
AGUAYO, SILVIA	CHULA VISTA, CA 91910-2628	<i>Phone:</i> (619) 515-2338
229 F ST STE A	<i>Phone:</i> (619) 515-2338	<i>Fax:</i> (619) 702-8536
CHULA VISTA, CA 91910-2822	<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)
<i>Phone:</i> (619) 454-0055	<i>After Hours Phone:</i> (619)	515-2338
<i>Fax:</i> (619) 432-0045	515-2338	<i>Website:</i>
<i>After Hours Phone:</i> (619)	<i>Website:</i>	www.beaconhealthoptions.com
454-0055	www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes
<i>Website:</i>	<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes
www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i>	American Sign Language,
<i>Site English Spoken:</i> Yes	American Sign Language, Farsi,	German, Farsi, Japanese,
<i>Site Language(s) Spoken:</i>	Portuguese, Russian, Spanish,	Portuguese, Russian, Spanish,
Spanish	Yue Chinese	Turkish, Vietnamese
<i>TDD:</i> Yes	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender	<i>Gender Restriction:</i> No Gender	<i>Gender Restriction:</i> No Gender
<i>Restrictions</i>	<i>Restrictions</i>	<i>Restrictions</i>
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
No	Yes	Yes
Please contact provider for	Please contact provider for	Please contact provider for
Accessibility information	Accessibility information	Accessibility information
<i>Hours:</i> M-F 9AM-8:30PM, SA	<i>Hours:</i>	<i>Hours:</i> M 8:30AM-5PM, TU
9AM-12PM		9AM-4:15PM, F
	<b>AGUIRRE, LEAH B , CSW</b>	8:30AM-12:30PM
<b>AGUIRRE, LEAH B , CSW</b>	<i>Provider Gender:</i> Female	
<i>Provider Gender:</i> Female	<i>License number:</i> 74440	<b>AGUIRRE, LEAH B , CSW</b>
<i>License number:</i> 74440	<i>NPI:</i> 1306151998	<i>Provider Gender:</i> Female
<i>NPI:</i> 1306151998	<i>Provider English Spoken:</i> Yes	<i>License number:</i> 74440
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>NPI:</i> 1306151998
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	<i>Provider English Spoken:</i> Yes
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF	<i>Provider Language(s) Spoken:</i>
FAMILY HEALTH CENTERS OF	SAN DIEGO	<i>Cultural Competency:</i>

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## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p>
<p><b>AGUIRRE, WENDY, CSW</b> Provider Gender: Female License number: 74219 NPI: 1205946282 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish</p>	<p><b>AGUIRRE, WENDY, CSW</b> Provider Gender: Female License number: 74219 NPI: 1205946282</p>	<p><b>AGUIRRE, WENDY, CSW</b> Provider Gender: Female License number: 74219 NPI: 1205946282</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>License number:</i> LCSW26063  <i>NPI:</i> 1932277597  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Portuguese, Spanish  <i>Cultural Competency:</i> AIDAR-CURRIER, RENATA            625 THIRD AVE            CHULA VISTA, CA 91910-5703  <i>Phone:</i> (619) 804-6918  <i>Fax:</i> (619) 476-7566  <i>After Hours Phone:</i> (619) 804-6918  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Portuguese, Spanish  <i>TDD:</i> No  <i>Min/Max Age:</i> 13/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Hours:</i> M 1PM-7PM, TU 3PM-8PM, W 10AM-8PM, SA 9AM-1PM</p>	<p><i>NPI:</i> 1356856694  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p>
<p><b>AIDAR-CURRIER, RENATA, CSW</b>  <i>Provider Gender:</i> Female</p>	<p><b>ALAVI, ALI S , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A163793</p>	<p><b>ALAVI, ALI S , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A163793  <i>NPI:</i> 1356856694</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>ALFARO, AMY, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 72874  <i>NPI:</i> 1609326859</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>ALFARO, AMY, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 72874</p>	<p><i>NPI:</i> 1609326859  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

### **ALFARO, AMY, CSW**

*Provider Gender:* Female  
*License number:* 72874  
*NPI:* 1609326859  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F  
 8:30AM-12:30PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
License number: G36206  
NPI: 1457371635  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours:

### **ARAGON, DARINKA M , MD**

Provider Gender: Female  
License number: A139241  
NPI: 1114347291  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **ARAGON, DARINKA M , MD**

Provider Gender: Female  
License number: A139241  
NPI: 1114347291  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

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## J. Directorio de proveedores de salud mental

Accessibility information

Hours:

### **ARAGON, DARINKA M , MD**

Provider Gender: Female

License number: A139241

NPI: 1114347291

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **ARIELLA, LYNDA R , PSY**

Provider Gender: Female

License number: 19450

NPI: 1073518965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **ARIELLA, LYNDA R , PSY**

Provider Gender: Female

License number: 19450

NPI: 1073518965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ARIELLA, LYNDAR, PSY**

Provider Gender: Female  
License number: 19450  
NPI: 1073518965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours:

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
License number: 14619  
NPI: 1033623293  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
License number: 14619  
NPI: 1033623293  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

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## J. Directorio de proveedores de salud mental

<p>Accessibility information Hours:</p> <p><b>ASH, VIVIAN, CSW</b> Provider Gender: Female License number: 14619 NPI: 1033623293 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for</p>	<p>Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>ASUNCION, JENNIFER, CSW</b> Provider Gender: Male License number: LCSW75956 NPI: 1083056279 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL):</p>	<p>Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>ASUNCION, JENNIFER, CSW</b> Provider Gender: Male License number: LCSW75956 NPI: 1083056279 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:*

### **ASUNCION, JENNIFER, CSW**

*Provider Gender:* Male  
*License number:* LCSW75956  
*NPI:* 1083056279  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions

### **AUCOIN, DOUGLAS, CSW**

*Provider Gender:* Male  
*License number:* 24707  
*NPI:* 1699007609  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions

### **AUCOIN, DOUGLAS, CSW**

*Provider Gender:* Male  
*License number:* 24707  
*NPI:* 1699007609  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p><i>American Sign Language (ASL):</i> Restrictions Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>AUCOIN, DOUGLAS, CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 24707 <i>NPI:</i> 1699007609 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender</p>	<p><i>Restrictions</i> <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p> <p><b>AVILA, RADOMIR M , CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 75520 <i>NPI:</i> 1487937330 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Portuguese, Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender</p>	<p><i>Restrictions</i> <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p> <p><b>AVILA, RADOMIR M , CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 75520 <i>NPI:</i> 1487937330 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Portuguese, Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

*Provider Gender:* Male  
*License number:* 75520  
*NPI:* 1487937330  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **BANZON, CHARLES, MFT**

*Provider Gender:* Male  
*License number:* 49126  
*NPI:* 1457422966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BANZON, CHARLES, MFT**

*Provider Gender:* Male  
*License number:* 49126  
*NPI:* 1457422966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **BANZON, CHARLES, MFT**

Provider Gender: Male  
 License number: 49126  
 NPI: 1457422966  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **BARCELOS ANTONIO, TIAGO, CSW**

Provider Gender: Male  
 License number: 90529  
 NPI: 1194159871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi,

Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **BARCELOS ANTONIO, TIAGO, CSW**

Provider Gender: Male  
 License number: 90529  
 NPI: 1194159871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language,

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## J. Directorio de proveedores de salud mental

German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

Provider Gender: Male  
 License number: 90529  
 NPI: 1194159871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **BARTHOLOMEW, SARAH C, CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **BARTHOLOMEW, SARAH C, CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com

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## J. Directorio de proveedores de salud mental

<p>Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Turkish, Vietnamese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M 8:30AM-5PM, TU  9AM-4:15PM, F  8:30AM-12:30PM</p>	<p>Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Turkish, Vietnamese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours:</p>
<p><b>BARTHOLOMEW, SARAH C ,  CSW</b>  Provider Gender: Female  License number: 86542  NPI: 1720339708  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  248 LANDIS AVE  CHULA VISTA, CA 91910-2609</p>	<p><b>BENNETT, RACHEL Q , CSW</b>  Provider Gender: Female  License number: 76466  NPI: 1558659797  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  251 LANDIS AVE  CHULA VISTA, CA 91910-2628</p>	<p><b>BENNETT, RACHEL Q , CSW</b>  Provider Gender: Female  License number: 76466  NPI: 1558659797  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  352 L ST  CHULA VISTA, CA 91911-1208</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	248 LANDIS AVE	251 LANDIS AVE
Fax: (619) 702-8536	CHULA VISTA, CA 91910-2609	CHULA VISTA, CA 91910-2628
After Hours Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Website:	Fax: (619) 702-8536	Fax: (619) 702-8536
www.beaconhealthoptions.com	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Accepting New Patients: Yes	Website:	Website:
Site English Spoken: Yes	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Site Language(s) Spoken:	Accepting New Patients: Yes	Accepting New Patients: Yes
American Sign Language,	Site English Spoken: Yes	Site English Spoken: Yes
German, Farsi, Japanese,	Site Language(s) Spoken:	Site Language(s) Spoken:
Portuguese, Russian, Spanish,	American Sign Language,	American Sign Language, Farsi,
Turkish, Vietnamese	German, Farsi, Japanese,	Portuguese, Russian, Spanish,
TDD: No	Portuguese, Russian, Spanish,	Yue Chinese
Min/Max Age:	Turkish, Vietnamese	TDD: No
Gender Restriction: No Gender Restrictions	TDD: No	Min/Max Age:
American Sign Language (ASL): Yes	Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions
Please contact provider for Accessibility information	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes
Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	American Sign Language (ASL): Yes	Please contact provider for Accessibility information
	Please contact provider for Accessibility information	Hours:
	Hours: M-F 8:30AM-5PM	
<b>BENNETT, RACHEL Q, CSW</b>	<b>BENZL, JERRY F, MD</b>	<b>BENZL, JERRY F, MD</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Male
License number: 76466	License number: A154471	License number: A154471
NPI: 1558659797	NPI: 1487032082	NPI: 1487032082
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
		248 LANDIS AVE

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p> <p><b>BERKSON, BARRIE, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 63313  <i>NPI:</i> 1922305465  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208</p>
<p><b>BERKSON, BARRIE, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 63313  <i>NPI:</i> 1922305465  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            248 LANDIS AVE</p>	<p><b>BERKSON, BARRIE, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 63313  <i>NPI:</i> 1922305465  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE</p>	

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p>	<p>248 LANDIS AVE            CHULA VISTA, CA 91910-2609            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>251 LANDIS AVE            CHULA VISTA, CA 91910-2628            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours:</p>
<p><b>BIRNBAUM, DEBORAH, MD</b>            Provider Gender: Female            License number: 20A11387            NPI: 1639308265            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO</p>	<p><b>BIRNBAUM, DEBORAH, MD</b>            Provider Gender: Female            License number: 20A11387            NPI: 1639308265            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO</p>	<p><b>BIRNBAUM, DEBORAH, MD</b>            Provider Gender: Female            License number: 20A11387            NPI: 1639308265            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST</p>

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## J. Directorio de proveedores de salud mental

<p>CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>	<p>SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>	<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>BOND, ALAN, PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> PSY25805  <i>NPI:</i> 1881927184  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF</p>	<p><b>BORREGO, DIANA E , NPA</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 95005019  <i>NPI:</i> 1184012866  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>BORREGO, DIANA E , NPA</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 95005019  <i>NPI:</i> 1184012866  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p>	<p><i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>BORREGO, DIANA E , NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95005019 <i>NPI:</i> 1184012866</p>	<p><b>BUBY, MYRA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 23172 <i>NPI:</i> 1093747511 <i>Provider English Spoken:</i> Yes</p>	<p><b>BUBY, MYRA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 23172 <i>NPI:</i> 1093747511</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>352 L ST CHULA VISTA, CA 91911-1208</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>BUBY, MYRA, CSW</b></p>	<p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 23172</p> <p><i>NPI:</i> 1093747511</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>251 LANDIS AVE CHULA VISTA, CA 91910-2628</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i></p> <p><b>BUI, ANTHONY, MD</b></p>	<p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A146965</p> <p><i>NPI:</i> 1346628880</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Vietnamese</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>248 LANDIS AVE CHULA VISTA, CA 91910-2609</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>
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## J. Directorio de proveedores de salud mental

<p><b>BUI, ANTHONY, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A146965  <i>NPI:</i> 1346628880  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Vietnamese  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information</p>	<p><i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM  <b>BURGOS, EDNA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 85597  <i>NPI:</i> 1134591167  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i></p>	<p>Yes            Please contact provider for Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM  <b>BURGOS, EDNA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 85597  <i>NPI:</i> 1134591167  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Restrictions	<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>
<i>American Sign Language (ASL):</i>	Restrictions	Restrictions
Yes	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
Please contact provider for	Yes	Yes
Accessibility information	Please contact provider for	Please contact provider for
<i>Hours:</i>	Accessibility information	Accessibility information
	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-F 8:30AM-5PM</i>

### **BURGOS, EDNA, CSW**

*Provider Gender: Female*  
*License number: 85597*  
*NPI: 1134591167*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619)*  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99

### **BURNS, PETER B , MD**

*Provider Gender: Male*  
*License number: G145142*  
*NPI: 1891727533*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619)*  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99

### **BURNS, PETER B , MD**

*Provider Gender: Male*  
*License number: G145142*  
*NPI: 1891727533*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619)*  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<p>Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p> <p><b>BURNS, PETER B , MD</b> Provider Gender: Male License number: G145142 NPI: 1891727533 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender</p>	<p>Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>BUTERBAUGH, KRISTY L , CSW</b> Provider Gender: Female License number: 65477 NPI: 1346615838 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No</p>	<p>Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>BUTERBAUGH, KRISTY L , CSW</b> Provider Gender: Female License number: 65477 NPI: 1346615838 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: <b>CABREJOS, CLAUDIO, MD</b> Provider Gender: Male License number: A71653 NPI: 1033133483 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,	Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM <b>CABREJOS, CLAUDIO, MD</b> Provider Gender: Male License number: A71653 NPI: 1033133483 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken:
<b>BUTERBAUGH, KRISTY L , CSW</b> Provider Gender: Female License number: 65477 NPI: 1346615838 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM
<b>CABREJOS, CLAUDIO, MD</b> Provider Gender: Male License number: A71653 NPI: 1033133483 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes	<b>CAIN, RUTH A , MFT</b> Provider Gender: Female License number: 106368 NPI: 1205248317 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken:	<b>CAIN, RUTH A , MFT</b> Provider Gender: Female License number: 106368 NPI: 1205248317 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes

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## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male  
*License number:* A137940  
*NPI:* 1811212145  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male  
*License number:* A137940  
*NPI:* 1811212145  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male  
*License number:* A137940  
*NPI:* 1811212145  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>	<p><i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>
<p><b>CARINO DIOKNO, RHODA, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 28073 <i>NPI:</i> 1629109483 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com</p>	<p><b>CARINO DIOKNO, RHODA, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 28073 <i>NPI:</i> 1629109483 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com</p>	<p><b>CARINO DIOKNO, RHODA, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 28073 <i>NPI:</i> 1629109483 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p> <p><b>CASTELLANOS, TERESITA D , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 82782 <i>NPI:</i> 1598165441 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338</p>	<p><i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p> <p><b>CASTELLANOS, TERESITA D , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 82782 <i>NPI:</i> 1598165441 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338</p>	<p><i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>CASTELLANOS, TERESITA D , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 82782 <i>NPI:</i> 1598165441 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	CHULA VISTA, CA 91910-2609	352 L ST
Fax: (619) 702-8536	Phone: (619) 515-2338	CHULA VISTA, CA 91911-1208
After Hours Phone: (619) 515-2338	Fax: (619) 702-8536	Phone: (619) 515-2338
Website:	After Hours Phone: (619) 515-2338	Fax: (619) 702-8536
www.beaconhealthoptions.com	Website:	After Hours Phone: (619) 515-2338
Accepting New Patients: Yes	www.beaconhealthoptions.com	Website:
Site English Spoken: Yes	Accepting New Patients: Yes	www.beaconhealthoptions.com
Site Language(s) Spoken:	Site English Spoken: Yes	Accepting New Patients: Yes
American Sign Language,	Site Language(s) Spoken:	Site English Spoken: Yes
German, Farsi, Japanese,	American Sign Language,	Site Language(s) Spoken:
Portuguese, Russian, Spanish,	German, Farsi, Japanese,	American Sign Language,
Turkish, Vietnamese	Portuguese, Russian, Spanish,	German, Farsi, Japanese,
TDD: No	Turkish, Vietnamese	Portuguese, Russian, Spanish,
Min/Max Age: 0/99	TDD: No	Turkish, Vietnamese
Gender Restriction: No Gender Restrictions	Min/Max Age: 0/99	TDD: No
American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions	Min/Max Age:
Please contact provider for Accessibility information	American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions
Hours: M-F 8:30AM-5PM	Please contact provider for Accessibility information	American Sign Language (ASL): Yes
	Hours: M-F 8:30AM-5PM	Please contact provider for Accessibility information
<b>CAYIROGLU, MENTIN, MD</b>		Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM
Provider Gender: Male	<b>CAYIROGLU, MENTIN, MD</b>	
License number: A163349	Provider Gender: Male	
NPI: 1649633710	License number: A163349	
Provider English Spoken: Yes	NPI: 1649633710	
Provider Language(s) Spoken:	Provider English Spoken: Yes	<b>CHEN, ANGELA, MFT</b>
Turkish	Provider Language(s) Spoken:	Provider Gender: Female
Cultural Competency:	Turkish	License number: LMFT40923
FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency:	NPI: 1811027956
248 LANDIS AVE	FAMILY HEALTH CENTERS OF SAN DIEGO	Provider English Spoken: Yes
		Provider Language(s) Spoken:
		Cultural Competency:

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## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p>	<p>SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>
<p><b>CHEN, ANGELA, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LMFT40923  <i>NPI:</i> 1811027956  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>CHEN, ANGELA, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LMFT40923  <i>NPI:</i> 1811027956  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>CHRISTENSEN, MELISSA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 69616  <i>NPI:</i> 1922313394  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>
<p>FAMILY HEALTH CENTERS OF</p>	<p>FAMILY HEALTH CENTERS OF</p>	<p>FAMILY HEALTH CENTERS OF</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            American Sign Language, Farsi,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>            Gender Restriction: No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i></p>	<p>FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99            Gender Restriction: No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>            Gender Restriction: No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p>
<p><b>CHRISTENSEN, MELISSA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 69616  <i>NPI:</i> 1922313394  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>CHRISTENSEN, MELISSA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 69616  <i>NPI:</i> 1922313394  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>CLONTS, PAUL A, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 87259  <i>NPI:</i> 1467808568  <i>Provider English Spoken:</i> Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> NPI: 1467808568  <i>Cultural Competency:</i> <i>Provider English Spoken:</i> Yes            FAMILY HEALTH CENTERS OF <i>Provider Language(s) Spoken:</i>            SAN DIEGO <i>Cultural Competency:</i>            352 L ST FAMILY HEALTH CENTERS OF            CHULA VISTA, CA 91911-1208 SAN DIEGO  <i>Phone:</i> (619) 515-2338 251 LANDIS AVE  <i>Fax:</i> (619) 702-8536 CHULA VISTA, CA 91910-2628  <i>After Hours Phone:</i> (619) <i>Phone:</i> (619) 515-2338            515-2338 <i>Fax:</i> (619) 702-8536  <i>Website:</i> <i>After Hours Phone:</i> (619)            www.beaconhealthoptions.com 515-2338  <i>Accepting New Patients:</i> Yes <i>Website:</i>  <i>Site English Spoken:</i> Yes www.beaconhealthoptions.com  <i>Site Language(s) Spoken:</i> <i>Accepting New Patients:</i> Yes            American Sign Language, <i>Site English Spoken:</i> Yes            German, Farsi, Japanese, <i>Site Language(s) Spoken:</i>            Portuguese, Russian, Spanish, American Sign Language, Farsi,            Turkish, Vietnamese Portuguese, Russian, Spanish,  <i>TDD:</i> No Yue Chinese  <i>Min/Max Age:</i> <i>TDD:</i> No  <i>Gender Restriction:</i> No Gender <i>Min/Max Age:</i>            Restrictions <i>Gender Restriction:</i> No Gender  <i>American Sign Language (ASL):</i> Restrictions <i>American Sign Language (ASL):</i>            Yes Yes            Please contact provider for Please contact provider for            Accessibility information Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU <i>Hours:</i>            9AM-4:15PM, F            8:30AM-12:30PM</p>	<p><b>CLONTS, PAUL A , CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 87259  <i>NPI:</i> 1467808568</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>CLONTS, PAUL A , CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 87259</p>	<p><b>CROCKFORD, DANE, PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 28313  <i>NPI:</i> 1780031831</p>	

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## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            American Sign Language, Farsi,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i></p> <p><b>CROCKFORD, DANE, PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 28313  <i>NPI:</i> 1780031831  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>CROCKFORD, DANE, PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 28313  <i>NPI:</i> 1780031831  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p> <p><b>CRUZ ARAUJO, ANDREA L , MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A160789</p>
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## J. Directorio de proveedores de salud mental

NPI: 1124401435	NPI: 1124401435	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider Language(s) Spoken:
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Cultural Competency:
Cultural Competency:	Cultural Competency:	FAMILY HEALTH CENTERS OF
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	SAN DIEGO
SAN DIEGO	SAN DIEGO	352 L ST
248 LANDIS AVE	251 LANDIS AVE	CHULA VISTA, CA 91911-1208
CHULA VISTA, CA 91910-2609	CHULA VISTA, CA 91910-2628	Phone: (619) 515-2338
Phone: (619) 515-2338	Phone: (619) 515-2338	Fax: (619) 702-8536
Fax: (619) 702-8536	Fax: (619) 702-8536	After Hours Phone: (619)
After Hours Phone: (619)	After Hours Phone: (619)	515-2338
515-2338	515-2338	Website:
Website:	Website:	www.beaconhealthoptions.com
www.beaconhealthoptions.com	www.beaconhealthoptions.com	Accepting New Patients: Yes
Accepting New Patients: Yes	Accepting New Patients: Yes	Site English Spoken: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site Language(s) Spoken:
Site Language(s) Spoken:	Site Language(s) Spoken:	American Sign Language,
American Sign Language,	American Sign Language, Farsi,	German, Farsi, Japanese,
German, Farsi, Japanese,	Portuguese, Russian, Spanish,	Portuguese, Russian, Spanish,
Portuguese, Russian, Spanish,	Yue Chinese	Turkish, Vietnamese
Turkish, Vietnamese	TDD: No	TDD: No
TDD: No	Min/Max Age:	Min/Max Age:
Min/Max Age: 0/99	Gender Restriction: No Gender	Gender Restriction: No Gender
Gender Restriction: No Gender	Restrictions	Restrictions
Restrictions	American Sign Language (ASL):	American Sign Language (ASL):
American Sign Language (ASL):	Yes	Yes
Yes	Please contact provider for	Please contact provider for
Please contact provider for	Accessibility information	Accessibility information
Accessibility information	Hours:	Hours: M 8:30AM-5PM, TU
Hours: M-F 8:30AM-5PM		9AM-4:15PM, F
	<b>CRUZ ARAUJO, ANDREA L , MD</b>	8:30AM-12:30PM
<b>CRUZ ARAUJO, ANDREA L , MD</b>	Provider Gender: Female	
Provider Gender: Female	License number: A160789	<b>DALONSO, SANDRA L , CSW</b>
License number: A160789	NPI: 1124401435	Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>License number: 82240  NPI: 1841797644  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  251 LANDIS AVE  CHULA VISTA, CA 91910-2628  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  American Sign Language, Farsi,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours:</p> <p><b>DALONSO, SANDRA L , CSW</b>  Provider Gender: Female  License number: 82240</p>	<p>NPI: 1841797644  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  248 LANDIS AVE  CHULA VISTA, CA 91910-2609  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Turkish, Vietnamese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>DALONSO, SANDRA L , CSW</b>  Provider Gender: Female  License number: 82240</p>	<p>NPI: 1841797644  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  352 L ST  CHULA VISTA, CA 91911-1208  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Turkish, Vietnamese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M 8:30AM-5PM, TU  9AM-4:15PM, F  8:30AM-12:30PM</p> <p><b>DAN, WENDY L , CSW</b></p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

*Provider Gender:* Female

*License number:* 26015

*NPI:* 1700224037

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

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

**DAN, WENDY L , CSW**

*Provider Gender:* Female

*License number:* 26015

*NPI:* 1700224037

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:*

**DAN, WENDY L , CSW**

*Provider Gender:* Female

*License number:* 26015

*NPI:* 1700224037

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **DE LA ROSA, LORDES, MFT**

*Provider Gender:* Female

*License number:* 85375

*NPI:* 1821424623

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F

8:30AM-12:30PM

### **DE LA ROSA, LORDES, MFT**

*Provider Gender:* Female

*License number:* 85375

*NPI:* 1821424623

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

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

### **DE LLANO, CARMEN, PSY**

*Provider Gender:* Female

*License number:* PSY11154

*NPI:* 1992752406

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

DR. CARMEN DE LLANO, PH.D.

815 THIRD AVE STE 107

CHULA VISTA, CA 91911-1308

*Phone:* (619) 584-6299

*Fax:*

*After Hours Phone:* (619)

584-6299

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

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Accessibility information

Hours:

### **DEBBOLD, ERIC M , MD**

Provider Gender: Male

License number: 164068

NPI: 1144726415

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **DEBBOLD, ERIC M , MD**

Provider Gender: Male

License number: 164068

NPI: 1144726415

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours:

### **DIAZ, LIZETH, CSW**

Provider Gender: Female

License number: 97277

NPI: 1124457023

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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## J. Directorio de proveedores de salud mental

---

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

### **DIAZ, LIZETH, CSW**

Provider Gender: Female

License number: 97277

NPI: 1124457023

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female

License number: 97277

NPI: 1124457023

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours:

### **DOBOS, DAVID, MD**

Provider Gender: Male

License number: G57276

NPI: 1548318348

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

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## J. Directorio de proveedores de salud mental

<p><i>Hours:</i></p> <p><b>DOBOS, DAVID, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G57276</p> <p><i>NPI:</i> 1548318348</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>352 L ST</p> <p>CHULA VISTA, CA 91911-1208</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p>	<p><i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>DOBOS, DAVID, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G57276</p> <p><i>NPI:</i> 1548318348</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>248 LANDIS AVE</p> <p>CHULA VISTA, CA 91910-2609</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p>	<p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>DRISCOLL, MICHAEL S , CSW</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 93951</p> <p><i>NPI:</i> 1659761880</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>352 L ST</p> <p>CHULA VISTA, CA 91911-1208</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Yes Please contact provider for Accessibility information <i>Hours:</i>	Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM
<b>DUNFORD, KATELYN C , MFT</b> <i>Provider Gender:</i> Female <i>License number:</i> 126626 <i>NPI:</i> 1437517497 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i>	<b>DUNFORD, KATELYN C , MFT</b> <i>Provider Gender:</i> Female <i>License number:</i> 126626 <i>NPI:</i> 1437517497 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i>	<b>DUNFORD, KATELYN C , MFT</b> <i>Provider Gender:</i> Female <i>License number:</i> 126626 <i>NPI:</i> 1437517497 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:
<b>DWYER, GEORGE, CSW</b> Provider Gender: Male License number: 70988 NPI: 1437606126 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender	<b>DWYER, GEORGE, CSW</b> Provider Gender: Male License number: 70988 NPI: 1437606126 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age:	<b>DWYER, GEORGE, CSW</b> Provider Gender: Male License number: 70988 NPI: 1437606126 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ESTAVILLO, SAUL J , MFT**

Provider Gender: Male  
 License number: 86534  
 NPI: 1528330073  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ESTAVILLO, SAUL J , MFT**

Provider Gender: Male  
 License number: 86534  
 NPI: 1528330073  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **FAJARDO, JACQUELINE M , CSW**

Provider Gender: Female  
 License number: 87322  
 NPI: 1215342118  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language,

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## J. Directorio de proveedores de salud mental

German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **FEDEROFF, MONICA, MD**

Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **FEDEROFF, MONICA, MD**

Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **FEDEROFF, MONICA, MD**

Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes

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## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FERRER, ADAREZZA I, MD**

*Provider Gender:* Female  
*License number:* A123390  
*NPI:* 1316175524  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 835 THIRD AVE  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 427-4661  
*Fax:* (619) 426-7849  
*After Hours Phone:* (619)  
 427-4661  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Farsi,  
 Spanish  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M 9AM-8PM, TU,W,F  
 9AM-5PM, TH 12PM-8PM

### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener  
 información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de  
 Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **FLORES, MARY LUPE, CSW**

Provider Gender: Female  
 License number: 19815  
 NPI: 1134147457  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,

German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **FLYNN CRUZ, MARY E , CSW**

Provider Gender: Female  
 License number: 92918  
 NPI: 1942814181  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **FLYNN CRUZ, MARY E , CSW**

Provider Gender: Female  
 License number: 92918  
 NPI: 1942814181  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com

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## J. Directorio de proveedores de salud mental

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **FLYNN CRUZ, MARY E, CSW**

Provider Gender: Female  
 License number: 92918  
 NPI: 1942814181  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male  
 License number: 71548  
 NPI: 1952736043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male  
 License number: 71548  
 NPI: 1952736043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i></p> <p><b>FREEMAN, KAY M, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 16284  <i>NPI:</i> 1588795298  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO  248 LANDIS AVE  CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338</p>	<p><i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>FREEMAN, KAY M, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 16284  <i>NPI:</i> 1588795298  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO  251 LANDIS AVE  CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338</p>
<p><b>FRANCO, RODRIGO, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 71548  <i>NPI:</i> 1952736043  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO  251 LANDIS AVE  CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338</p>		

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i></p>	<p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>TDD:</i> Yes</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 9AM-6PM</p>	<p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>FUENTES WEST, MARYSOL, MFT</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 39962</p> <p><i>NPI:</i> 1285770941</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> FUENTES WEST, MARYSOL 815 THIRD AVE STE 107 CHULA VISTA, CA 91911-1308 <i>Phone:</i> (619) 422-7216 <i>Fax:</i> (619) 426-1906 <i>After Hours Phone:</i> (619) 422-7216</p>	<p><b>FUKUI, TOMONORI, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 75713</p> <p><i>NPI:</i> 1366519670</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Japanese, Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com</p>	<p><b>GALAPON, DIXIE L, PSY</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 16711</p> <p><i>NPI:</i> 1174646301</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

### **GALAPON, DIXIE L , PSY**

Provider Gender: Female  
 License number: 16711  
 NPI: 1174646301  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **GALAPON, DIXIE L , PSY**

Provider Gender: Female  
 License number: 16711  
 NPI: 1174646301  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **GATTEY, JOEL A , MFT**

Provider Gender: Male  
 License number: 112422  
 NPI: 1487942488  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Website:</i>	<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 515-2338</i>
<i>www.beaconhealthoptions.com</i>	<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 702-8536</i>
<i>Accepting New Patients: Yes</i>	<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>
<i>Site English Spoken: Yes</i>	<i>515-2338</i>	<i>515-2338</i>
<i>Site Language(s) Spoken:</i>	<i>Website:</i>	<i>Website:</i>
<i>American Sign Language,</i>	<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>
<i>German, Farsi, Japanese,</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Portuguese, Russian, Spanish,</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Turkish, Vietnamese</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
<i>TDD: No</i>	<i>American Sign Language,</i>	<i>American Sign Language, Farsi,</i>
<i>Min/Max Age:</i>	<i>German, Farsi, Japanese,</i>	<i>Portuguese, Russian, Spanish,</i>
<i>Gender Restriction: No Gender</i>	<i>Portuguese, Russian, Spanish,</i>	<i>Yue Chinese</i>
<i>Restrictions</i>	<i>Turkish, Vietnamese</i>	<i>TDD: No</i>
<i>American Sign Language (ASL):</i>	<i>TDD: No</i>	<i>Min/Max Age:</i>
<i>Yes</i>	<i>Min/Max Age: 0/99</i>	<i>Gender Restriction: No Gender</i>
<i>Please contact provider for</i>	<i>Gender Restriction: No Gender</i>	<i>Restrictions</i>
<i>Accessibility information</i>	<i>Restrictions</i>	<i>American Sign Language (ASL):</i>
<i>Hours: M 8:30AM-5PM, TU</i>	<i>American Sign Language (ASL):</i>	<i>Yes</i>
<i>9AM-4:15PM, F</i>	<i>Yes</i>	<i>Please contact provider for</i>
<i>8:30AM-12:30PM</i>	<i>Please contact provider for</i>	<i>Accessibility information</i>
	<i>Accessibility information</i>	<i>Hours:</i>
	<i>Hours: M-F 8:30AM-5PM</i>	
<b>GATTEY, JOEL A , MFT</b>	<b>GAUD, KRISTINA G , MD</b>	<b>GERMANOS, THEODORE L , MD</b>
<i>Provider Gender: Male</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Male</i>
<i>License number: 112422</i>	<i>License number: 170667</i>	<i>License number: A174881</i>
<i>NPI: 1487942488</i>	<i>NPI: 1508151598</i>	<i>NPI: 1780046813</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
<i>FAMILY HEALTH CENTERS OF</i>	<i>FAMILY HEALTH CENTERS OF</i>	<i>FAMILY HEALTH CENTERS OF</i>
<i>SAN DIEGO</i>	<i>SAN DIEGO</i>	<i>SAN DIEGO</i>
<i>248 LANDIS AVE</i>	<i>251 LANDIS AVE</i>	<i>352 L ST</i>
<i>CHULA VISTA, CA 91910-2609</i>	<i>CHULA VISTA, CA 91910-2628</i>	<i>CHULA VISTA, CA 91911-1208</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	248 LANDIS AVE	251 LANDIS AVE
Fax: (619) 702-8536	CHULA VISTA, CA 91910-2609	CHULA VISTA, CA 91910-2628
After Hours Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Website:	Fax: (619) 702-8536	Fax: (619) 702-8536
www.beaconhealthoptions.com	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Accepting New Patients: Yes	Website:	Website:
Site English Spoken: Yes	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Site Language(s) Spoken:	Accepting New Patients: Yes	Accepting New Patients: Yes
American Sign Language,	Site English Spoken: Yes	Site English Spoken: Yes
German, Farsi, Japanese,	Site Language(s) Spoken:	Site Language(s) Spoken:
Portuguese, Russian, Spanish,	American Sign Language,	American Sign Language, Farsi,
Turkish, Vietnamese	German, Farsi, Japanese,	Portuguese, Russian, Spanish,
TDD: No	Portuguese, Russian, Spanish,	Yue Chinese
Min/Max Age:	Turkish, Vietnamese	TDD: No
Gender Restriction: No Gender Restrictions	TDD: No	Min/Max Age:
American Sign Language (ASL): Yes	Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions
Please contact provider for Accessibility information	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes
Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	American Sign Language (ASL): Yes	Please contact provider for Accessibility information
	Please contact provider for Accessibility information	Hours:
	Hours: M-F 8:30AM-5PM	
<b>GERMANOS, THEODORE L, MD</b>	<b>GILLIS, RUTH, MFT</b>	<b>GILLIS, RUTH, MFT</b>
Provider Gender: Male	Provider Gender: Female	Provider Gender: Female
License number: A174881	License number: 50313	License number: 50313
NPI: 1780046813	NPI: 1568588325	NPI: 1568588325
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
		352 L ST

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                      American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes                      Please contact provider for Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>	<p>SAN DIEGO                      248 LANDIS AVE                      CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                      American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes                      Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>SAN DIEGO                      251 LANDIS AVE                      CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                      American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes                      Please contact provider for Accessibility information  <i>Hours:</i></p>
<p><b>GILLIS, RUTH, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 50313  <i>NPI:</i> 1568588325  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>                      FAMILY HEALTH CENTERS OF</p>	<p><b>GLASSMAN, JAGA NATH, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> G55004  <i>NPI:</i> 1558409771  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>                      FAMILY HEALTH CENTERS OF</p>	<p><b>GLASSMAN, JAGA NATH, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> G55004  <i>NPI:</i> 1558409771  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>                      FAMILY HEALTH CENTERS OF SAN DIEGO</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GODDARD, NADINA, CSW**

*Provider Gender:* Female  
*License number:* 95217  
*NPI:* 1962048892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GODDARD, NADINA, CSW**

*Provider Gender:* Female  
*License number:* 95217  
*NPI:* 1962048892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>GONZALES, JULIANA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 83254 <i>NPI:</i> 1821487406</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>GONZALEZ, ANDREA, CSW</b></p>	<p><i>Provider Gender:</i> Female <i>License number:</i> 97593 <i>NPI:</i> 1326346198 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

8:30AM-12:30PM

### **GONZALEZ, ANDREA, CSW**

*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

*Accessibility information*  
*Hours:* M-F 8:30AM-5PM

### **GONZALEZ, ANDREA, CSW**

*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

*Accessibility information*  
*Hours:*

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female  
*License number:* 87716  
*NPI:* 1134597123  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for  
 Accessibility information

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Hours:

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

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

### **GOTTUNG, CHRISTINA, CSW**

Provider Gender: Female

License number: 87716

NPI: 1134597123

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

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## J. Directorio de proveedores de salud mental

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female  
License number: 86166  
NPI: 1356749949  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours:

### **HARRIMAN, CORAL, PSY**

Provider Gender: Female  
License number: 26098  
NPI: 1417373069  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours:

### **HAYDEN WADE, HELEN, PSY**

Provider Gender: Female  
License number: PSY19313  
NPI: 1366951105  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

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## J. Directorio de proveedores de salud mental

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **HAYDEN WADE, HELEN, PSY**

Provider Gender: Female  
License number: PSY19313  
NPI: 1366951105  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours:

### **HAYDEN WADE, HELEN, PSY**

Provider Gender: Female  
License number: PSY19313  
NPI: 1366951105  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

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

### **HEDMAN, TERI LEE, CSW**

Provider Gender: U  
License number: 74947  
NPI: 1154811636  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

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## J. Directorio de proveedores de salud mental

<p><i>Hours:</i></p> <p><b>HEDMAN, TERI LEE, CSW</b></p> <p><i>Provider Gender:</i> U</p> <p><i>License number:</i> 74947</p> <p><i>NPI:</i> 1154811636</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>352 L ST</p> <p>CHULA VISTA, CA 91911-1208</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p>	<p><i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>HEDMAN, TERI LEE, CSW</b></p> <p><i>Provider Gender:</i> U</p> <p><i>License number:</i> 74947</p> <p><i>NPI:</i> 1154811636</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>248 LANDIS AVE</p> <p>CHULA VISTA, CA 91910-2609</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p>	<p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>HORN BROOK, JESSICA, CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 26598</p> <p><i>NPI:</i> 1134401805</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>352 L ST</p> <p>CHULA VISTA, CA 91911-1208</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p>
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## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>HUDSON, KATE, CSW</b> Provider Gender: Female License number: 83712 NPI: 1194159384 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender	<b>ISHIDA, YO, CSW</b> Provider Gender: Female License number: 29526 NPI: 1225154081 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No	<b>ISHIDA, YO, CSW</b> Provider Gender: Female License number: 29526 NPI: 1225154081 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **JACKSON, TIENNA S , CSW**

*Provider Gender:* Female  
*License number:* 89122  
*NPI:* 1194976225  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **JACKSON, TIENNA S , CSW**

*Provider Gender:* Female  
*License number:* 89122  
*NPI:* 1194976225  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<i>Min/Max Age:</i>	Turkish, Vietnamese	<i>TDD:</i> No
<i>Gender Restriction:</i> No Gender Restrictions	<i>TDD:</i> No	<i>Min/Max Age:</i>
<i>American Sign Language (ASL):</i> Yes	<i>Min/Max Age:</i> 0/99	<i>Gender Restriction:</i> No Gender Restrictions
Please contact provider for Accessibility information	<i>Gender Restriction:</i> No Gender Restrictions	<i>American Sign Language (ASL):</i> Yes
<i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	<i>American Sign Language (ASL):</i> Yes	Please contact provider for Accessibility information
	Please contact provider for Accessibility information	<i>Hours:</i>
	<i>Hours:</i> M-F 8:30AM-5PM	
<b>JACKSON, TIENNA S , CSW</b>	<b>JALAN, DEVESH, MD</b>	<b>JALAN, DEVESH, MD</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male
<i>License number:</i> 89122	<i>License number:</i> A167754	<i>License number:</i> A167754
<i>NPI:</i> 1194976225	<i>NPI:</i> 1083092134	<i>NPI:</i> 1083092134
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> Cultural Competency:	<i>Provider Language(s) Spoken:</i> Cultural Competency:	<i>Provider Language(s) Spoken:</i> Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE	251 LANDIS AVE	352 L ST
CHULA VISTA, CA 91910-2609	CHULA VISTA, CA 91910-2628	CHULA VISTA, CA 91911-1208
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese

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## J. Directorio de proveedores de salud mental

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese,

Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish,

Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

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## J. Directorio de proveedores de salud mental

Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**JASSO-RAMIREZ, MARTHA, CSW**

Provider Gender: Female  
 License number: 26493  
 NPI: 1871772020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**JAUREGUI, CYNTHIA J , MFT**

Provider Gender: Female  
 License number: 46152  
 NPI: 1003953886  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338

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## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536	<i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536
<i>Accepting New Patients:</i> Yes	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Site English Spoken:</i> Yes	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	<i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese	<i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	<i>Hours:</i>	<i>Hours:</i> M-F 8:30AM-5PM
<b>JAUREGUI, CYNTHIA J , MFT</b>	<b>JAUREGUI, CYNTHIA J , MFT</b>	<b>JONES, ADELE, PSY</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> 46152	<i>License number:</i> 46152	<i>License number:</i> 25311
<i>NPI:</i> 1003953886	<i>NPI:</i> 1003953886	<i>NPI:</i> 1558602490
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Cultural Competency:
<i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE CHULA VISTA, CA 91910-2628	248 LANDIS AVE CHULA VISTA, CA 91910-2609	248 LANDIS AVE CHULA VISTA, CA 91910-2609

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	251 LANDIS AVE
Fax: (619) 702-8536	Fax: (619) 702-8536	CHULA VISTA, CA 91910-2628
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	Phone: (619) 515-2338
Website:	Website:	Fax: (619) 702-8536
www.beaconhealthoptions.com	www.beaconhealthoptions.com	After Hours Phone: (619) 515-2338
Accepting New Patients: Yes	Accepting New Patients: Yes	Website:
Site English Spoken: Yes	Site English Spoken: Yes	www.beaconhealthoptions.com
Site Language(s) Spoken:	Site Language(s) Spoken:	Accepting New Patients: Yes
American Sign Language,	American Sign Language,	Site English Spoken: Yes
German, Farsi, Japanese,	German, Farsi, Japanese,	Site Language(s) Spoken:
Portuguese, Russian, Spanish,	Portuguese, Russian, Spanish,	American Sign Language, Farsi,
Turkish, Vietnamese	Turkish, Vietnamese	Portuguese, Russian, Spanish,
TDD: No	TDD: No	Yue Chinese
Min/Max Age: 0/99	Min/Max Age:	TDD: No
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Min/Max Age:
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions
Please contact provider for Accessibility information	Please contact provider for Accessibility information	American Sign Language (ASL): Yes
Hours: M-F 8:30AM-5PM	Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Please contact provider for Accessibility information
<b>JONES, ADELE, PSY</b>	<b>JONES, ADELE, PSY</b>	Hours:
Provider Gender: Female	Provider Gender: Female	<b>JONES, ATAVIA L , CSW</b>
License number: 25311	License number: 25311	Provider Gender: Female
NPI: 1558602490	NPI: 1558602490	License number: LCSW76796
Provider English Spoken: Yes	Provider English Spoken: Yes	NPI: 1952734899
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider English Spoken: Yes
Cultural Competency:	Cultural Competency:	Provider Language(s) Spoken:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency:
352 L ST	352 L ST	FAMILY HEALTH CENTERS OF SAN DIEGO
CHULA VISTA, CA 91911-1208	CHULA VISTA, CA 91911-1208	248 LANDIS AVE

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p> <p><b>JONES, MICHAEL A , CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> LCS22452  <i>NPI:</i> 1548205719  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628</p>	<p><i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p> <p><b>JONES, MICHAEL A , CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> LCS22452  <i>NPI:</i> 1548205719  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p>	<p>248 LANDIS AVE            CHULA VISTA, CA 91910-2609            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>248 LANDIS AVE            CHULA VISTA, CA 91910-2609            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>JONES, MICHAEL A , CSW</b>            Provider Gender: Male            License number: LCS22452            NPI: 1548205719            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO</p>	<p><b>KAPPER, VICTORIA, CSW</b>            Provider Gender: Female            License number: 100449            NPI: 1801349014            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO</p>	<p><b>KAPPER, VICTORIA, CSW</b>            Provider Gender: Female            License number: 100449            NPI: 1801349014            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i>	SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i>
<b>KAPPER, VICTORIA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 100449 <i>NPI:</i> 1801349014 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i>	<b>KEI, JUSTIN, MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A138266 <i>NPI:</i> 1396150041 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF	<b>KEI, JUSTIN, MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A138266 <i>NPI:</i> 1396150041 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM	FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM
<b>KEI, JUSTIN, MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A138266 <i>NPI:</i> 1396150041 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i>	<b>KELLEY, KIMBERLY L , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 97888 <i>NPI:</i> 1326447897 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i>	<b>KELLEY, KIMBERLY L , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 97888 <i>NPI:</i> 1326447897 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p>	<p>SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>
<p><b>KHAN, MAYSUN, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 71910  <i>NPI:</i> 1033519632  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>KHAN, MAYSUN, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 71910  <i>NPI:</i> 1033519632  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>KHAN, MAYSUN, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 71910  <i>NPI:</i> 1033519632  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>
<p>FAMILY HEALTH CENTERS OF</p>	<p>FAMILY HEALTH CENTERS OF</p>	<p>FAMILY HEALTH CENTERS OF</p>

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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p> <p><b>KILBURN, STACY L , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 106433 <i>NPI:</i> 1942554951 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i></p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>KILBURN, STACY L , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 106433 <i>NPI:</i> 1942554951 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>KLOBERDANZ, KELSEY L , NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95005293 <i>NPI:</i> 1235672502 <i>Provider English Spoken:</i> Yes</p>
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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>KLOBERDANZ, KELSEY L , NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95005293 <i>NPI:</i> 1235672502 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p> <p><b>KLOBERDANZ, KELSEY L , NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95005293 <i>NPI:</i> 1235672502 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>KNIGHT, MARK A , MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A94460 <i>NPI:</i> 1851573554</p>
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## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>KNIGHT, MARK A , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A94460  <i>NPI:</i> 1851573554</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i></p> <p><b>KNIGHT, MARK A , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A94460  <i>NPI:</i> 1851573554  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p> <p><b>KOH, STEVE H , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A103468</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>NPI: 1467650473            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>NPI: 1174964399            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p>	<p>Provider Gender: Male            License number: PSY20233            NPI: 1174964399            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>KRITTMAN, STUART W , PSY</b>            Provider Gender: Male            License number: PSY20233</p>	<p><b>KRITTMAN, STUART W , PSY</b></p>	<p><b>KRITTMAN, STUART W , PSY</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Provider Gender:</i> Male	<i>License number:</i> LCSW78555	<i>NPI:</i> 1174981500
<i>License number:</i> PSY20233	<i>NPI:</i> 1174981500	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1174964399	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF	SAN DIEGO
FAMILY HEALTH CENTERS OF	SAN DIEGO	248 LANDIS AVE
SAN DIEGO	251 LANDIS AVE	CHULA VISTA, CA 91910-2609
251 LANDIS AVE	CHULA VISTA, CA 91910-2628	<i>Phone:</i> (619) 515-2338
CHULA VISTA, CA 91910-2628	<i>Phone:</i> (619) 515-2338	<i>Fax:</i> (619) 702-8536
<i>Phone:</i> (619) 515-2338	<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)
<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)	515-2338
<i>After Hours Phone:</i> (619)	515-2338	<i>Website:</i>
515-2338	<i>Website:</i>	www.beaconhealthoptions.com
<i>Website:</i>	www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>	American Sign Language,
<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,	German, Farsi, Japanese,
American Sign Language, Farsi,	Portuguese, Russian, Spanish,	Portuguese, Russian, Spanish,
Portuguese, Russian, Spanish,	Yue Chinese	Turkish, Vietnamese
Yue Chinese	<i>TDD:</i> No	<i>TDD:</i> No
<i>TDD:</i> No	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender	<i>Gender Restriction:</i> No Gender
<i>Gender Restriction:</i> No Gender	Restrictions	Restrictions
Restrictions	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>American Sign Language (ASL):</i>	Yes	Yes
Yes	Please contact provider for	Please contact provider for
Please contact provider for	Accessibility information	Accessibility information
Accessibility information	<i>Hours:</i>	<i>Hours:</i> M-F 8:30AM-5PM
<i>Hours:</i>		
	<b>KYLE, MARCIE, CSW</b>	<b>KYLE, MARCIE, CSW</b>
<b>KYLE, MARCIE, CSW</b>	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>Provider Gender:</i> Female	<i>License number:</i> LCSW78555	<i>License number:</i> LCSW78555

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

NPI: 1174981500  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338

Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

**LEBLANC, ASHLEY B , CSW**

Provider Gender: Female  
 License number: 83136  
 NPI: 1275905622  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338

Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

**LIDSTONE, PAVEN, MD**

**LIDSTONE, PAVEN, MD**

Provider Gender: Female  
 License number: 161149  
 NPI: 1942662093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338

Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**LIDSTONE, PAVEN, MD**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p><i>Provider Gender:</i> Female  <i>License number:</i> 161149  <i>NPI:</i> 1942662093  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>LIDSTONE, PAVEN, MD</b></p>	<p><i>Provider Gender:</i> Female  <i>License number:</i> 161149  <i>NPI:</i> 1942662093  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p>	<p><b>LIM, SANDRA S , MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 20A13075  <i>NPI:</i> 1083963094  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

9AM-4:15PM, F 8:30AM-12:30PM	Accessibility information Hours: M-F 8:30AM-5PM	Hours:
<b>LIM, SANDRA S , MD</b> Provider Gender: Female License number: 20A13075 NPI: 1083963094 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for	<b>LIM, SANDRA S , MD</b> Provider Gender: Female License number: 20A13075 NPI: 1083963094 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for	<b>LIPPERT, HEATHER M , CSW</b> Provider Gender: Female License number: 22526 NPI: 1093991663 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for
Please contact provider for Accessibility information	Accessibility information	Please contact provider for Accessibility information

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **LIPPERT, HEATHER M , CSW**

Provider Gender: Female  
License number: 22526  
NPI: 1093991663  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **LIPPERT, HEATHER M , CSW**

Provider Gender: Female  
License number: 22526  
NPI: 1093991663  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours:

### **LI, YUELING, MD**

Provider Gender: Female  
License number: A173698  
NPI: 1588157853  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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

### **LI, YUELING, MD**

Provider Gender: Female

License number: A173698

NPI: 1588157853

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **LLAMAS, SASHA G , CSW**

Provider Gender: Female

License number: 94249

NPI: 1356713739

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **LLAMAS, SASHA G , CSW**

Provider Gender: Female

License number: 94249

NPI: 1356713739

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Restrictions	<i>American Sign Language (ASL):</i> American Sign Language (ASL):	<i>American Sign Language (ASL):</i> American Sign Language (ASL):
<i>American Sign Language (ASL):</i> Yes	Yes	Yes
Yes	Please contact provider for	Please contact provider for
Please contact provider for	Accessibility information	Accessibility information
Accessibility information	<i>Hours:</i>	<i>Hours:</i> M-F 8:30AM-5PM
<i>Hours:</i> M-F 8:30AM-5PM		
<b>LLAMAS, SASHA G , CSW</b>	<b>LOEB, CINDY, CSW</b>	<b>LOEB, CINDY, CSW</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> 94249	<i>License number:</i> 75333	<i>License number:</i> 75333
<i>NPI:</i> 1356713739	<i>NPI:</i> 1619108511	<i>NPI:</i> 1619108511
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
251 LANDIS AVE	248 LANDIS AVE	352 L ST
CHULA VISTA, CA 91910-2628	CHULA VISTA, CA 91910-2609	CHULA VISTA, CA 91911-1208
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619)	<i>After Hours Phone:</i> (619)	<i>After Hours Phone:</i> (619)
515-2338	515-2338	515-2338
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi,	American Sign Language,	American Sign Language,
German, Farsi, Japanese,	German, Farsi, Japanese,	German, Farsi, Japanese,
Portuguese, Russian, Spanish,	Portuguese, Russian, Spanish,	Portuguese, Russian, Spanish,
Yue Chinese	Turkish, Vietnamese	Turkish, Vietnamese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender	<i>Gender Restriction:</i> No Gender	<i>Gender Restriction:</i> No Gender
Restrictions	Restrictions	Restrictions

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>American Sign Language (ASL):</i> Restrictions Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>LOEB, CINDY, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 75333 <i>NPI:</i> 1619108511 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender</p>	<p><i>American Sign Language (ASL):</i> Restrictions Yes Please contact provider for Accessibility information <i>Hours:</i></p> <p><b>LYDIARD, JESSICA, MD</b> <i>Provider Gender:</i> Female <i>License number:</i> A171775 <i>NPI:</i> 1841731296 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender</p>	<p><i>American Sign Language (ASL):</i> Restrictions Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>LYDIARD, JESSICA, MD</b> <i>Provider Gender:</i> Female <i>License number:</i> A171775 <i>NPI:</i> 1841731296 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p>	<p><i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>	<p><i>Restrictions</i> <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p>
<p><b>LYDIARD, JESSICA, MD</b> <i>Provider Gender:</i> Female <i>License number:</i> A171775 <i>NPI:</i> 1841731296 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions</p>	<p><b>LYONS, KEITH E , CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 92724 <i>NPI:</i> 1538704002 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender</p>	<p><b>LYONS, KEITH E , CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 92724 <i>NPI:</i> 1538704002 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>LYONS, KEITH E , CSW</b> Provider Gender: Male License number: 92724 NPI: 1538704002 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender	<b>MACMASTER, LINDSAY, PSY</b> Provider Gender: Female License number: 25570 NPI: 1659520179 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No	<b>MACMASTER, LINDSAY, PSY</b> Provider Gender: Female License number: 25570 NPI: 1659520179 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

**MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female  
*License number:* 25570  
*NPI:* 1659520179  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MAHONEY, PATRICIA A, CSW**

*Provider Gender:* Female  
*License number:* 22296  
*NPI:* 1700200888  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MALAK, LAWRENCE, MD**

*Provider Gender:* Male  
*License number:* A115345  
*NPI:* 1467773028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese,

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## J. Directorio de proveedores de salud mental

Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM
<b>MALAK, LAWRENCE, MD</b> Provider Gender: Male License number: A115345 NPI: 1467773028 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish,	<b>MALAK, LAWRENCE, MD</b> Provider Gender: Male License number: A115345 NPI: 1467773028 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,	<b>MARTINEZ, IVONNE B , CSW</b> Provider Gender: Female License number: 85604 NPI: 1225355498 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi,

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## J. Directorio de proveedores de salud mental

Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **MARTINEZ, IVONNE B , CSW**

Provider Gender: Female

License number: 85604

NPI: 1225355498

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,

Portuguese, Russian, Spanish,  
Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **MARTINEZ, IVONNE B , CSW**

Provider Gender: Female

License number: 85604

NPI: 1225355498

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,

Portuguese, Russian, Spanish,  
Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **MARTINEZ, STEPHANIE, MD**

Provider Gender: Female

License number: 152787

NPI: 1699126367

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

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## J. Directorio de proveedores de salud mental

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **MARTINEZ, STEPHANIE, MD**

Provider Gender: Female  
 License number: 152787  
 NPI: 1699126367  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language,

German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MARTINEZ, STEPHANIE, MD**

Provider Gender: Female  
 License number: 152787  
 NPI: 1699126367  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language,

German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **MARTIR, MICHEL, CSW**

Provider Gender: Female  
 License number: 73174  
 NPI: 1356528434  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes

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## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>MCADAMS, HILDA, NPA</b> Provider Gender: Female License number: 14201 NPI: 1396838082 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208	<b>MCADAMS, HILDA, NPA</b> Provider Gender: Female License number: 14201 NPI: 1396838082 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF	<b>MCDANIEL, REBECCA, CSW</b> Provider Gender: Female License number: 86534 NPI: 1518623818 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>MCDANIEL, REBECCA, CSW</b> Provider Gender: Female License number: 86534 NPI: 1518623818 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p><b>MCDANIEL, REBECCA, CSW</b> Provider Gender: Female License number: 86534 NPI: 1518623818 Provider English Spoken: Yes Provider Language(s) Spoken: <i>Cultural Competency:</i></p>	<p><b>MCGINLEY, NANCY R , MD</b> Provider Gender: Female License number: A167231 NPI: 1649765124 Provider English Spoken: Yes Provider Language(s) Spoken: <i>Cultural Competency:</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>	<p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p>
<p><b>MCGINLEY, NANCY R , MD</b> Provider Gender: Female License number: A167231 NPI: 1649765124 Provider English Spoken: Yes</p>	<p><b>MCGINLEY, NANCY R , MD</b> Provider Gender: Female License number: A167231 NPI: 1649765124 Provider English Spoken: Yes</p>	<p><b>MCHENRY, KELLY, CSW</b> Provider Gender: Female License number: 29689 NPI: 1851544340 Provider English Spoken: Yes Provider Language(s) Spoken:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>American Sign Language  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>            American Sign Language  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i></p>	<p><i>Provider Language(s) Spoken:</i>            American Sign Language  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p>
<p><b>MCHENRY, KELLY, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 29689  <i>NPI:</i> 1851544340  <i>Provider English Spoken:</i> Yes</p>	<p><b>MCHENRY, KELLY, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 29689  <i>NPI:</i> 1851544340  <i>Provider English Spoken:</i> Yes</p>	<p><b>MCMAHILL, JAMES V, MFT</b>  <i>Provider Gender:</i> Male</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

License number: 80506

NPI: 1053616961

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **MCMAHILL, JAMES V , MFT**

Provider Gender: Male

License number: 80506

NPI: 1053616961

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **MEJIA, RITA I , MFT**

Provider Gender: Female

License number: 99697

NPI: 1952741506

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **MEJIA, RITA I , MFT**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Provider Gender:* Female  
*License number:* 99697  
*NPI:* 1952741506  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female  
*License number:* 99697  
*NPI:* 1952741506  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **MENDEZ PEREZ, MARIA C , CSW**

*Provider Gender:* Female  
*License number:* 89151  
*NPI:* 1356902795  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><b>MENDEZ PEREZ, MARIA C , CSW</b>  <i>Provider Gender: Female</i>  <i>License number: 89151</i>  <i>NPI: 1356902795</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone: (619) 515-2338</i>  <i>Fax: (619) 702-8536</i>  <i>After Hours Phone: (619) 515-2338</i>  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i>  <i>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</i>  <i>TDD: No</i>  <i>Min/Max Age: 0/99</i>  <i>Gender Restriction: No Gender Restrictions</i>  <i>American Sign Language (ASL): Yes</i>            Please contact provider for Accessibility information</p>	<p><i>Hours: M-F 8:30AM-5PM</i></p> <p><b>MENDEZ, ANDRES G , PSY</b>  <i>Provider Gender: Male</i>  <i>License number: 28907</i>  <i>NPI: 1841482692</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone: (619) 515-2338</i>  <i>Fax: (619) 702-8536</i>  <i>After Hours Phone: (619) 515-2338</i>  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i>  <i>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</i>  <i>TDD: No</i>  <i>Min/Max Age:</i>  <i>Gender Restriction: No Gender Restrictions</i>  <i>American Sign Language (ASL): Yes</i>            Please contact provider for Accessibility information</p>	<p><i>Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</i></p> <p><b>MERRILL, SARAH M , CSW</b>  <i>Provider Gender: Female</i>  <i>License number: 79014</i>  <i>NPI: 1639403884</i>  <i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone: (619) 515-2338</i>  <i>Fax: (619) 702-8536</i>  <i>After Hours Phone: (619) 515-2338</i>  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i>  <i>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</i>  <i>TDD: No</i>  <i>Min/Max Age: 0/99</i>  <i>Gender Restriction: No Gender Restrictions</i>  <i>American Sign Language (ASL): Yes</i></p>
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## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
License number: 79014  
NPI: 1639403884  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours:

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
License number: 79014  
NPI: 1639403884  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **MICHAEL, KELSIE, CSW**

Provider Gender: Female  
License number: 24208  
NPI: 1306065032  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Yes	Yes	Hours: M 2PM-9PM, TU,W,F 12PM-9PM, TH 6PM-9PM, SA 12AM-5PM
Please contact provider for Accessibility information	Please contact provider for Accessibility information	
Hours: M-F 8:30AM-5PM	Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	
<b>MICHAEL, KELSIE, CSW</b>	<b>MILLER, DON E , PSY</b>	<b>MILLICAN, RUTH, PSY</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Female
License number: 24208	License number: 3155	License number: 25354
NPI: 1306065032	NPI: 1124068010	NPI: 1346472305
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	DON MILLER	FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST	815 THIRD AVE STE 307	251 LANDIS AVE
CHULA VISTA, CA 91911-1208	CHULA VISTA, CA 91911-1310	CHULA VISTA, CA 91910-2628
Phone: (619) 515-2338	Phone: (619) 422-2358	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 422-2358	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	TDD: No	American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	Min/Max Age: 0/99	TDD: No
Min/Max Age:	Gender Restriction: No Gender Restrictions	Min/Max Age:
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): No	Gender Restriction: No Gender Restrictions
American Sign Language (ASL):	Please contact provider for Accessibility information	American Sign Language (ASL): Yes
		Please contact provider for

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Accessibility information Hours:</p> <p><b>MILLICAN, RUTH, PSY</b> Provider Gender: Female License number: 25354 NPI: 1346472305 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for</p>	<p>Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>MILLICAN, RUTH, PSY</b> Provider Gender: Female License number: 25354 NPI: 1346472305 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL):</p>	<p>Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p> <p><b>MODAD, ALBERT, PSY</b> Provider Gender: Female License number: 29697 NPI: 1629453691 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL):</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **MODAD, ALBERT, PSY**

*Provider Gender:* Female  
*License number:* 29697  
*NPI:* 1629453691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **MODAD, ALBERT, PSY**

*Provider Gender:* Female  
*License number:* 29697  
*NPI:* 1629453691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MORALES MORENO, MINERVA, CSW**

*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:
<b>MORALES MORENO, MINERVA, CSW</b> Provider Gender: Female License number: 63550 NPI: 1841337565 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age:	<b>MORALES MORENO, MINERVA, CSW</b> Provider Gender: Female License number: 63550 NPI: 1841337565 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese	<b>MORRISON, TYLER E , MD</b> Provider Gender: Male License number: A144917 NPI: 1912391814 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

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## J. Directorio de proveedores de salud mental

Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **MUNOZ, VIVIANA, CSW**

Provider Gender: Female  
 License number: 66637  
 NPI: 1497987713  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language,

German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **MUNOZ, VIVIANA, CSW**

Provider Gender: Female  
 License number: 66637  
 NPI: 1497987713  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **NADEAU MANNING, JULIE, CSW**

Provider Gender: Female  
 License number: 25094  
 NPI: 1275609760  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes

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## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **NAFICY, MAJID, MD**

*Provider Gender:* Male  
*License number:* G70878  
*NPI:* 1265564553  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Spanish  
*Cultural Competency:*  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 835 THIRD AVE  
 CHULA VISTA, CA 91911-1352

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Phone: (619) 427-4661  
 Fax: (619) 426-7849  
 After Hours Phone: (619) 427-4661  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Farsi, Spanish  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M 9AM-8PM, TU,W,F 9AM-5PM, TH 12PM-8PM

### **NAZARIO, JACOBETH, PSY**

Provider Gender: Female  
 License number: PSY32092  
 NPI: 1326648684

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **NEWBERRY, LISA, CSW**

Provider Gender: Female  
 License number: 15615  
 NPI: 1578041083  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **NEWBERRY, LISA, CSW**

Provider Gender: Female  
 License number: 15615  
 NPI: 1578041083  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO

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## J. Directorio de proveedores de salud mental

352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>NGUYEN, MINH G , MD</b> Provider Gender: Female License number: 20A19170 NPI: 1720575566 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:	<b>NGUYEN, MINH G , MD</b> Provider Gender: Female License number: 20A19170 NPI: 1720575566 Provider English Spoken: Yes	<b>NICHOLLS, MELANIE J , CSW</b> Provider Gender: Female License number: 104819 NPI: 1922767581 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>NICHOLLS, MELANIE J , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 104819 <i>NPI:</i> 1922767581 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>NORTH, NANCY A , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCS19018</p>	<p><i>NPI:</i> 1053445213 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> German <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>
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## J. Directorio de proveedores de salud mental

### **NORTH, NANCY A , CSW**

*Provider Gender:* Female  
*License number:* LCS19018  
*NPI:* 1053445213  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information

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

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Accessibility information Hours:</p> <p><b>NOUHI, NUSHA, PSY</b> Provider Gender: Female License number: 27670 NPI: 1942433917 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes</p>	<p>Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>NWANGANGA, OKECHUKU R , CSW</b> Provider Gender: Male License number: 27072 NPI: 1285984450 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender</p>	<p>Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>OBESO, DENISSE P , PSY</b> Provider Gender: Female License number: 28337 NPI: 1881851384 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **OBESO, DENISSE P , PSY**

Provider Gender: Female  
 License number: 28337  
 NPI: 1881851384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **OBRYAN, KELLY, PSY**

Provider Gender: Female  
 License number: 24966  
 NPI: 1093882698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **OBRYAN, KELLY, PSY**

Provider Gender: Female  
 License number: 24966  
 NPI: 1093882698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

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## J. Directorio de proveedores de salud mental

Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>OBRYAN, KELLY, PSY</b> Provider Gender: Female License number: 24966 NPI: 1093882698 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi,	<b>OHARA, FELECIA, CSW</b> Provider Gender: Female License number: 73903 NPI: 1215015227 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese,	<b>OHARA, FELECIA, CSW</b> Provider Gender: Female License number: 73903 NPI: 1215015227 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese,

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## J. Directorio de proveedores de salud mental

Portuguese, Russian, Spanish,  
Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female

License number: 73903

NPI: 1215015227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **OJHA, PRITI, MD**

Provider Gender: Female

License number: A139807

NPI: 1760897284

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,  
Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **OJHA, PRITI, MD**

Provider Gender: Female

License number: A139807

NPI: 1760897284

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OJHA, PRITI, MD**

*Provider Gender:* Female  
*License number:* A139807  
*NPI:* 1760897284  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 66862  
*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **ORBE, KERIN, MD**

*Provider Gender:* Female  
*License number:* 20A17225  
*NPI:* 1114256690  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **ORBE, KERIN, MD**

*Provider Gender:* Female  
*License number:* 20A17225  
*NPI:* 1114256690  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **ORBE, KERIN, MD**

*Provider Gender:* Female  
*License number:* 20A17225  
*NPI:* 1114256690  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OSTEEN, VICTORIA G , CSW**

*Provider Gender:* Female  
*License number:* 69748  
*NPI:* 1033403027  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

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## J. Directorio de proveedores de salud mental

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OSTEEN, VICTORIA G , CSW**

*Provider Gender:* Female  
*License number:* 69748  
*NPI:* 1033403027  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **PALITZ, JEFF, MFT**

*Provider Gender:* Male  
*License number:* 41250  
*NPI:* 1275507626  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 PALITZ, JEFF  
 2400 FENTON ST STE 205  
 CHULA VISTA, CA 91914-4556  
*Phone:* (619) 271-8886  
*Fax:* (619) 414-1277  
*After Hours Phone:* (619)  
 271-8886

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,W,F 8AM-5PM, TU,TH  
 10:30AM-6:30PM

### **PERALTA, KUSI H , CSW**

*Provider Gender:* Female  
*License number:* 92052  
*NPI:* 1669856365  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

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## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PERALTA, KUSI H , CSW**

*Provider Gender:* Female  
*License number:* 92052  
*NPI:* 1669856365  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese
TDD: No	TDD: No	TDD: No
Min/Max Age: Gender Restriction: No Gender Restrictions	Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions	Min/Max Age: Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8:30AM-5PM	Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM
<b>PRASEK, LAUREN, NPA</b>	<b>PRASEK, LAUREN, NPA</b>	<b>PROCTOR, MELISSA S , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 95004145	License number: 95004145	License number: 62650
NPI: 1932566031	NPI: 1932566031	NPI: 1336188655
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE CHULA VISTA, CA 91910-2609	352 L ST CHULA VISTA, CA 91911-1208	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **PROOSASELTS, YULIYA, MD**

Provider Gender: Female  
 License number: A133675  
 NPI: 1952747875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **PROOSASELTS, YULIYA, MD**

Provider Gender: Female  
 License number: A133675  
 NPI: 1952747875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Russian  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **PROOSASELTS, YULIYA, MD**

Provider Gender: Female  
 License number: A133675

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

NPI: 1952747875	NPI: 1902945199	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider Language(s) Spoken:
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Cultural Competency:
Russian	Cultural Competency:	FAMILY HEALTH CENTERS OF
Cultural Competency:	FAMILY HEALTH CENTERS OF	SAN DIEGO
FAMILY HEALTH CENTERS OF	SAN DIEGO	248 LANDIS AVE
SAN DIEGO	251 LANDIS AVE	CHULA VISTA, CA 91910-2609
251 LANDIS AVE	CHULA VISTA, CA 91910-2628	Phone: (619) 515-2338
CHULA VISTA, CA 91910-2628	Phone: (619) 515-2338	Fax: (619) 702-8536
Phone: (619) 515-2338	Fax: (619) 702-8536	After Hours Phone: (619)
Fax: (619) 702-8536	After Hours Phone: (619)	515-2338
After Hours Phone: (619)	515-2338	Website:
515-2338	Website:	www.beaconhealthoptions.com
Website:	www.beaconhealthoptions.com	Accepting New Patients: Yes
www.beaconhealthoptions.com	Accepting New Patients: Yes	Site English Spoken: Yes
Accepting New Patients: Yes	Site English Spoken: Yes	Site Language(s) Spoken:
Site English Spoken: Yes	Site Language(s) Spoken:	American Sign Language,
Site Language(s) Spoken:	American Sign Language, Farsi,	German, Farsi, Japanese,
American Sign Language, Farsi,	Portuguese, Russian, Spanish,	Portuguese, Russian, Spanish,
Portuguese, Russian, Spanish,	Yue Chinese	Turkish, Vietnamese
Yue Chinese	TDD: No	TDD: No
TDD: No	Min/Max Age:	Min/Max Age: 0/99
Min/Max Age:	Gender Restriction: No Gender	Gender Restriction: No Gender
Gender Restriction: No Gender	Restrictions	Restrictions
Restrictions	American Sign Language (ASL):	American Sign Language (ASL):
American Sign Language (ASL):	Yes	Yes
Yes	Please contact provider for	Please contact provider for
Please contact provider for	Accessibility information	Accessibility information
Accessibility information	Hours:	Hours: M-F 8:30AM-5PM
Hours:	<b>RABBAN, DIANA, CSW</b>	<b>RABBAN, DIANA, CSW</b>
<b>QUIROZ, NORMA, MFT</b>	Provider Gender: Female	Provider Gender: Female
Provider Gender: Female	License number: 72987	License number: 72987
License number: 50504	NPI: 1033426374	NPI: 1033426374

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            Farsi, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i></p> <p><b>RABBAN, DIANA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 72987  <i>NPI:</i> 1033426374  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p> <p><b>RAMOS, ELIZABETH, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 73374</p>	<p><i>NPI:</i> 1992046890  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            Farsi, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i></p> <p><b>RAMOS, ELIZABETH, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 73374</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

NPI: 1992046890	License number: 73374	
Provider English Spoken: Yes	NPI: 1992046890	<b>REGHABI, NASEEM, PSY</b>
Provider Language(s) Spoken: Spanish	Provider English Spoken: Yes	Provider Gender: Female
Cultural Competency:	Provider Language(s) Spoken: Spanish	License number: 21940
FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency:	NPI: 1225573421
248 LANDIS AVE	FAMILY HEALTH CENTERS OF SAN DIEGO	Provider English Spoken: Yes
CHULA VISTA, CA 91910-2609	352 L ST	Provider Language(s) Spoken:
Phone: (619) 515-2338	CHULA VISTA, CA 91911-1208	Cultural Competency:
Fax: (619) 702-8536	Phone: (619) 515-2338	FAMILY HEALTH CENTERS OF SAN DIEGO
After Hours Phone: (619) 515-2338	Fax: (619) 702-8536	352 L ST
Website:	After Hours Phone: (619) 515-2338	CHULA VISTA, CA 91911-1208
www.beaconhealthoptions.com	Website:	Phone: (619) 515-2338
Accepting New Patients: Yes	www.beaconhealthoptions.com	Fax: (619) 702-8536
Site English Spoken: Yes	Accepting New Patients: Yes	After Hours Phone: (619) 515-2338
Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	Site English Spoken: Yes	Website:
TDD: No	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	www.beaconhealthoptions.com
Min/Max Age: 0/99	TDD: No	Accepting New Patients: Yes
Gender Restriction: No Gender Restrictions	Min/Max Age:	Site English Spoken: Yes
American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese
Please contact provider for Accessibility information	American Sign Language (ASL): Yes	TDD: No
Hours: M-F 8:30AM-5PM	Please contact provider for Accessibility information	Min/Max Age:
	Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Gender Restriction: No Gender Restrictions
<b>RAMOS, ELIZABETH, CSW</b>		American Sign Language (ASL): Yes
Provider Gender: Female		Please contact provider for Accessibility information
		Hours: M 8:30AM-5PM, TU

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

9AM-4:15PM, F  
8:30AM-12:30PM

### **REGHABI, NASEEM, PSY**

*Provider Gender:* Female  
*License number:* 21940  
*NPI:* 1225573421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

*Hours:*

### **REGHABI, NASEEM, PSY**

*Provider Gender:* Female  
*License number:* 21940  
*NPI:* 1225573421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

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

### **RENERIA, SABRINA, MD**

*Provider Gender:* Female  
*License number:* A145894  
*NPI:* 1285029421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

### **RENTERIA, SABRINA, MD**

*Provider Gender:* Female  
*License number:* A145894  
*NPI:* 1285029421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **RENTERIA, SABRINA, MD**

*Provider Gender:* Female  
*License number:* A145894  
*NPI:* 1285029421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F  
 8:30AM-12:30PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female  
*License number:* 30472  
*NPI:* 1568656619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **RODRIGUEZ, CHRISTINE, PSY**

Provider Gender: Female  
License number: 30472  
NPI: 1568656619  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours:

### **RODRIGUEZ, CHRISTINE, PSY**

Provider Gender: Female  
License number: 30472  
NPI: 1568656619  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
License number: 28590  
NPI: 1447477781  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Yes Please contact provider for Accessibility information <i>Hours:</i>	Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM
<b>ROSENFARB, BARBARA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 28590 <i>NPI:</i> 1447477781 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i>	<b>ROSENFARB, BARBARA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 28590 <i>NPI:</i> 1447477781 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i>	<b>ROZELL, KATHY, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 25068 <i>NPI:</i> 1578603973 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ROZELL, KATHY, CSW**

Provider Gender: Female  
License number: 25068  
NPI: 1578603973  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **ROZELL, KATHY, CSW**

Provider Gender: Female  
License number: 25068  
NPI: 1578603973  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **RYDALCH, JOANNA, CSW**

Provider Gender: Female  
License number: 904009322  
NPI: 1215256870  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Yes	Yes	Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i>	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM
<b>RYDALCH, JOANNA, CSW</b>	<b>RYDALCH, JOANNA, CSW</b>	<b>SABEN, LAURENCE R , MD</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Male
<i>License number:</i> 904009322	<i>License number:</i> 904009322	<i>License number:</i> G27446
<i>NPI:</i> 1215256870	<i>NPI:</i> 1215256870	<i>NPI:</i> 1669454898
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	SABEN, LAURENCE
248 LANDIS AVE	352 L ST	330 MOSS ST
CHULA VISTA, CA 91910-2609	CHULA VISTA, CA 91911-1208	CHULA VISTA, CA 91911-2005
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 440-7831
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 440-0540
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 440-7831
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	<i>TDD:</i> Yes
<i>TDD:</i> No	<i>TDD:</i> No	<i>Min/Max Age:</i> 0/99
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender Restrictions
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>American Sign Language (ASL):</i> No
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	Please contact provider for Accessibility information

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Hours: M-F 11AM-6PM

### **SACHS, MELISSA R , CSW**

Provider Gender: Female

License number: 76968

NPI: 1649760356

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **SANDERS, MARY, CSW**

Provider Gender: Female

License number: 68062

NPI: 1740529189

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours:

### **SATERA, ANDREW, NRS**

Provider Gender: Male

License number: 95018929

NPI: 1265861629

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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

### **SATERA, ANDREW, NRS**

Provider Gender: Male  
License number: 95018929  
NPI: 1265861629  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **SATERA, ANDREW, NRS**

Provider Gender: Male  
License number: 95018929  
NPI: 1265861629  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours:

### **SEPULVEDA, JOE, MD**

Provider Gender: Male  
License number: A113283  
NPI: 1306165402  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Please contact provider for Accessibility information <i>Hours:</i></p>	<p>Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p>
<p><b>SEPULVEDA, JOE, MD</b></p>	<p><b>SEPULVEDA, JOE, MD</b></p>	<p><b>SHEARED, JORDAN S , CSW</b></p>
<p><i>Provider Gender:</i> Male</p>	<p><i>Provider Gender:</i> Male</p>	<p><i>Provider Gender:</i> Female</p>
<p><i>License number:</i> A113283</p>	<p><i>License number:</i> A113283</p>	<p><i>License number:</i> ASW74739</p>
<p><i>NPI:</i> 1306165402</p>	<p><i>NPI:</i> 1306165402</p>	<p><i>NPI:</i> 1699121749</p>
<p><i>Provider English Spoken:</i> Yes</p>	<p><i>Provider English Spoken:</i> Yes</p>	<p><i>Provider English Spoken:</i> Yes</p>
<p><i>Provider Language(s) Spoken:</i> Spanish</p>	<p><i>Provider Language(s) Spoken:</i> Spanish</p>	<p><i>Provider Language(s) Spoken:</i> Cultural Competency:</p>
<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>
<p>248 LANDIS AVE</p>	<p>352 L ST</p>	<p>251 LANDIS AVE</p>
<p>CHULA VISTA, CA 91910-2609</p>	<p>CHULA VISTA, CA 91911-1208</p>	<p>CHULA VISTA, CA 91910-2628</p>
<p><i>Phone:</i> (619) 515-2338</p>	<p><i>Phone:</i> (619) 515-2338</p>	<p><i>Phone:</i> (619) 515-2338</p>
<p><i>Fax:</i> (619) 702-8536</p>	<p><i>Fax:</i> (619) 702-8536</p>	<p><i>Fax:</i> (619) 702-8536</p>
<p><i>After Hours Phone:</i> (619) 515-2338</p>	<p><i>After Hours Phone:</i> (619) 515-2338</p>	<p><i>After Hours Phone:</i> (619) 515-2338</p>
<p><i>Website:</i> www.beaconhealthoptions.com</p>	<p><i>Website:</i> www.beaconhealthoptions.com</p>	<p><i>Website:</i> www.beaconhealthoptions.com</p>
<p><i>Accepting New Patients:</i> Yes</p>	<p><i>Accepting New Patients:</i> Yes</p>	<p><i>Accepting New Patients:</i> Yes</p>
<p><i>Site English Spoken:</i> Yes</p>	<p><i>Site English Spoken:</i> Yes</p>	<p><i>Site English Spoken:</i> Yes</p>
<p><i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p>	<p><i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese</p>	<p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese</p>
<p><i>TDD:</i> No</p>	<p><i>TDD:</i> No</p>	<p><i>TDD:</i> No</p>
<p><i>Min/Max Age:</i> 0/99</p>	<p><i>Min/Max Age:</i></p>	<p><i>Min/Max Age:</i></p>
<p><i>Gender Restriction:</i> No Gender Restrictions</p>	<p><i>Gender Restriction:</i> No Gender Restrictions</p>	<p><i>Gender Restriction:</i> No Gender</p>
<p><i>American Sign Language (ASL):</i></p>	<p><i>American Sign Language (ASL):</i></p>	<p><i>American Sign Language (ASL):</i></p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i>	Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours: M-F 8:30AM-5PM</i>	Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours: M-F 8:30AM-5PM</i>
<b>SHEARED, JORDAN S , CSW</b> <i>Provider Gender: Female</i> <i>License number: ASW74739</i> <i>NPI: 1699121749</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone: (619) 515-2338</i> <i>Fax: (619) 702-8536</i> <i>After Hours Phone: (619)</i> 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Yes</i> <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD: No</i> <i>Min/Max Age: 0/99</i> <i>Gender Restriction: No Gender</i>	<b>SIMONENKO, IOURI I , MD</b> <i>Provider Gender: Male</i> <i>License number: A147937</i> <i>NPI: 1891956157</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone: (619) 515-2338</i> <i>Fax: (619) 702-8536</i> <i>After Hours Phone: (619)</i> 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Yes</i> <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD: No</i> <i>Min/Max Age: 0/99</i> <i>Gender Restriction: No Gender</i>	<b>SIMONENKO, IOURI I , MD</b> <i>Provider Gender: Male</i> <i>License number: A147937</i> <i>NPI: 1891956157</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone: (619) 515-2338</i> <i>Fax: (619) 702-8536</i> <i>After Hours Phone: (619)</i> 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Yes</i> <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD: No</i> <i>Min/Max Age:</i> <i>Gender Restriction: No Gender</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:
<b>SIMPSON, JENNIFER, CSW</b> Provider Gender: Female License number: 82678 NPI: 1740765866 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No	<b>SIMPSON, JENNIFER, CSW</b> Provider Gender: Female License number: 82678 NPI: 1740765866 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese	<b>SIMPSON, JENNIFER, CSW</b> Provider Gender: Female License number: 82678 NPI: 1740765866 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

TDD: No	Min/Max Age:	Min/Max Age: 0/99
Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
American Sign Language (ASL): Yes	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
Hours: M-F 8:30AM-5PM	<b>SIPIN, ELVIRA P , CSW</b>	<b>STEWART, ANDREA M , MFT</b>
<b>SIPIN, ELVIRA P , CSW</b>	Provider Gender: Female	Provider Gender: U
Provider Gender: Female	License number: LCS15308	License number: 45174
License number: LCS15308	NPI: 1477759892	NPI: 1508993122
NPI: 1477759892	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
Provider Language(s) Spoken: Cultural Competency:	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	248 LANDIS AVE	251 LANDIS AVE
FAMILY HEALTH CENTERS OF SAN DIEGO	CHULA VISTA, CA 91910-2609	CHULA VISTA, CA 91910-2628
251 LANDIS AVE	Phone: (619) 515-2338	Phone: (619) 515-2338
CHULA VISTA, CA 91910-2628	Fax: (619) 702-8536	Fax: (619) 702-8536
Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Fax: (619) 702-8536	Website: www.beaconhealthoptions.com	After Hours Phone: (619) 515-2338
After Hours Phone: (619) 515-2338	Accepting New Patients: Yes	Website: www.beaconhealthoptions.com
515-2338	Site English Spoken: Yes	Accepting New Patients: Yes
Website: www.beaconhealthoptions.com	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	Site English Spoken: Yes
www.beaconhealthoptions.com	TDD: No	Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
Accepting New Patients: Yes		TDD: No
Site English Spoken: Yes		Min/Max Age:
Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese		
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese		
TDD: No		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **STEWART, ANDREA M , MFT**

*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **STEWART, ANDREA M , MFT**

*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TAHBAZ, ASH, MFT**

*Provider Gender:* U  
*License number:* 87601  
*NPI:* 1205294543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	Turkish, Vietnamese
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>TDD:</i> No
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>Min/Max Age:</i> 0/99
Please contact provider for Accessibility information	Please contact provider for Accessibility information	<i>Gender Restriction:</i> No Gender Restrictions
<i>Hours:</i>	<i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	<i>American Sign Language (ASL):</i> Yes
<b>TAHBAZ, ASH, MFT</b>	<b>TAHBAZ, ASH, MFT</b>	<b>THICKSTUN, MARY SUSAN, CSW</b>
<i>Provider Gender:</i> U	<i>Provider Gender:</i> U	<i>Provider Gender:</i> Female
<i>License number:</i> 87601	<i>License number:</i> 87601	<i>License number:</i> 21573
<i>NPI:</i> 1205294543	<i>NPI:</i> 1205294543	<i>NPI:</i> 1437354875
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST	248 LANDIS AVE	352 L ST
CHULA VISTA, CA 91911-1208	CHULA VISTA, CA 91910-2609	CHULA VISTA, CA 91911-1208
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,	American Sign Language, German, Farsi, Japanese,
<i>TDD:</i> No		

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Portuguese, Russian, Spanish,  
Turkish, Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **THICKSTUN, MARY SUSAN, CSW**

Provider Gender: Female

License number: 21573

NPI: 1437354875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **THICKSTUN, MARY SUSAN, CSW**

Provider Gender: Female

License number: 21573

NPI: 1437354875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Turkish, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **THIESSEN, BRUCE L , PSY**

Provider Gender: Male

License number: 14259

NPI: 1841541984

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

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## J. Directorio de proveedores de salud mental

*Site Language(s) Spoken:*  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **THOUVENOT, CHELSA, MD**

*Provider Gender:* Female

*License number:* A173869

*NPI:* 1083076129

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

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

### **THOUVENOT, CHELSA, MD**

*Provider Gender:* Female

*License number:* A173869

*NPI:* 1083076129

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **THOUVENOT, CHELSA, MD**

*Provider Gender:* Female

*License number:* A173869

*NPI:* 1083076129

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Yue Chinese  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Yue Chinese  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Yue Chinese  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	352 L ST	FAMILY HEALTH CENTERS OF
Fax: (619) 702-8536	CHULA VISTA, CA 91911-1208	SAN DIEGO
After Hours Phone: (619)	Phone: (619) 515-2338	248 LANDIS AVE
515-2338	Fax: (619) 702-8536	CHULA VISTA, CA 91910-2609
Website:	After Hours Phone: (619)	Phone: (619) 515-2338
www.beaconhealthoptions.com	515-2338	Fax: (619) 702-8536
Accepting New Patients: Yes	Website:	After Hours Phone: (619)
Site English Spoken: Yes	www.beaconhealthoptions.com	515-2338
Site Language(s) Spoken:	Accepting New Patients: Yes	Website:
American Sign Language,	Site English Spoken: Yes	www.beaconhealthoptions.com
German, Farsi, Japanese,	Site Language(s) Spoken:	Accepting New Patients: Yes
Portuguese, Russian, Spanish,	American Sign Language,	Site English Spoken: Yes
Turkish, Vietnamese	German, Farsi, Japanese,	Site Language(s) Spoken:
TDD: No	Portuguese, Russian, Spanish,	American Sign Language,
Min/Max Age:	Turkish, Vietnamese	German, Farsi, Japanese,
Gender Restriction: No Gender	TDD: No	Portuguese, Russian, Spanish,
Restrictions	Min/Max Age:	Turkish, Vietnamese
American Sign Language (ASL):	Gender Restriction: No Gender	TDD: No
Yes	Restrictions	Min/Max Age: 0/99
Please contact provider for	American Sign Language (ASL):	Gender Restriction: No Gender
Accessibility information	Yes	Restrictions
Hours: M 8:30AM-5PM, TU	Please contact provider for	American Sign Language (ASL):
9AM-4:15PM, F	Accessibility information	Yes
8:30AM-12:30PM	Hours: M 8:30AM-5PM, TU	Please contact provider for
	9AM-4:15PM, F	Accessibility information
	8:30AM-12:30PM	Hours: M-F 8:30AM-5PM
<b>TORRES, LAURA, CSW</b>	<b>TORRES, LAURA, CSW</b>	<b>TORRES, LAURA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 65059	License number: 65059	License number: 65059
NPI: 1568612943	NPI: 1568612943	NPI: 1568612943
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF		
SAN DIEGO		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>TRIANA, JENNIFER, CSW</b> Provider Gender: Female License number: 88589 NPI: 1073844460 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency:</p>	<p><b>TRIANA, JENNIFER, CSW</b> Provider Gender: Female License number: 88589 NPI: 1073844460 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency:</p>	<p><b>TRIANA, JENNIFER, CSW</b> Provider Gender: Female License number: 88589 NPI: 1073844460 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **TROYER, EMILY, PSY**

*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female  
*License number:* A149101

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>NPI: 1326484437            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>NPI: 1073823829            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>NPI: 1073823829            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            352 L ST            CHULA VISTA, CA 91911-1208            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Turkish, Vietnamese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M 8:30AM-5PM, TU            9AM-4:15PM, F            8:30AM-12:30PM</p>
<p><b>WARREN, ANDREW, CSW</b>            Provider Gender: Male            License number: 99193</p>	<p><b>WARREN, ANDREW, CSW</b>            Provider Gender: Male            License number: 99193</p>	<p><b>WAUGH, BRANDON, CSW</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Provider Gender: Male  License number: 83457  NPI: 1619459187  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  352 L ST  CHULA VISTA, CA 91911-1208  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Turkish, Vietnamese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M 8:30AM-5PM, TU  9AM-4:15PM, F  8:30AM-12:30PM</p>	<p><b>WEAVER, JHOSMARA A , CSW</b>  Provider Gender: Female  License number: 77233  NPI: 1982848594  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  352 L ST  CHULA VISTA, CA 91911-1208  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Turkish, Vietnamese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M 8:30AM-5PM, TU</p>	<p>9AM-4:15PM, F  8:30AM-12:30PM  <b>WEBSTER, KRISTIN K , CSW</b>  Provider Gender: Female  License number: LCSW16118  NPI: 1902336837  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  352 L ST  CHULA VISTA, CA 91911-1208  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Turkish, Vietnamese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Accessibility information  <i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM</p> <p><b>WEBSTER, KRISTIN K , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW16118  <i>NPI:</i> 1902336837  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            248 LANDIS AVE            CHULA VISTA, CA 91910-2609  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes</p>	<p>Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>WEBSTER, KRISTIN K , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW16118  <i>NPI:</i> 1902336837  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            251 LANDIS AVE            CHULA VISTA, CA 91910-2628  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes</p>	<p>Please contact provider for Accessibility information  <i>Hours:</i></p> <p><b>WEISER, PENNY H , PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> PSY16796  <i>NPI:</i> 1518180330  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            WEISER, PENNY            815 THIRD AVE STE 107            CHULA VISTA, CA 91911-1308  <i>Phone:</i> (619) 615-9982  <i>Fax:</i> (619) 426-1906  <i>After Hours Phone:</i> (619) 615-9982  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  <i>TDD:</i> No  <i>Min/Max Age:</i> 13/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for Accessibility information  <i>Hours:</i> M,TH 10AM-7PM, W 12PM-8PM, F 9AM-3PM</p> <p><b>WIGLE, CHARLES E , MFT</b></p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Provider Gender:* Male  
*License number:* MFC29757  
*NPI:* 1407911878  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

**WIGLE, CHARLES E , MFT**  
*Provider Gender:* Male  
*License number:* MFC29757  
*NPI:* 1407911878  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*  
**WIGLE, CHARLES E , MFT**

*Provider Gender:* Male  
*License number:* MFC29757  
*NPI:* 1407911878  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**WINSHIP, KATHERINE L , CSW**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Provider Gender:* Female  
*License number:* LCSW69759  
*NPI:* 1124498043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

**WINSHIP, KATHERINE L , CSW**

*Provider Gender:* Female  
*License number:* LCSW69759  
*NPI:* 1124498043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**  
*Provider Gender:* Female  
*License number:* LCSW69759  
*NPI:* 1124498043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **WITKOWSKI, TARYN, CSW**

Provider Gender: Female  
License number: 103293  
NPI: 1407276694  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **WITKOWSKI, TARYN, CSW**

Provider Gender: Female  
License number: 103293  
NPI: 1407276694  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **WITT, ANNETTE, CSW**

Provider Gender: Female  
License number: 15770  
NPI: 1912263468  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Yes	Yes	Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i>	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM
<b>WITT, ANNETTE, CSW</b>	<b>WITT, ANNETTE, CSW</b>	<b>WOLF, CELIA C , NPA</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> 15770	<i>License number:</i> 15770	<i>License number:</i> 95001899
<i>NPI:</i> 1912263468	<i>NPI:</i> 1912263468	<i>NPI:</i> 1245635564
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE	352 L ST	352 L ST
CHULA VISTA, CA 91910-2609	CHULA VISTA, CA 91911-1208	CHULA VISTA, CA 91911-1208
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	<i>Gender Restriction:</i> No Gender Restrictions

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	<i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information Hours:	<i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>WOLF, CELIA C , NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95001899 <i>NPI:</i> 1245635564 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i>	<b>WOLF, CELIA C , NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95001899 <i>NPI:</i> 1245635564 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 248 LANDIS AVE CHULA VISTA, CA 91910-2609 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99	<b>WOOD, KEEGAN, NPA</b> <i>Provider Gender:</i> Male <i>License number:</i> NP95006887 <i>NPI:</i> 1417471459 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese <i>TDD:</i> No <i>Min/Max Age:</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **YSLA, FRANCIS M , MD**

*Provider Gender:* Male  
*License number:* A155712  
*NPI:* 1578978854  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **YSLA, FRANCIS M , MD**

*Provider Gender:* Male  
*License number:* A155712  
*NPI:* 1578978854  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language,

German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **YSLA, FRANCIS M , MD**

*Provider Gender:* Male  
*License number:* A155712  
*NPI:* 1578978854  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language,

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM	Site Language(s) Spoken: Farsi, Spanish TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M 9AM-8PM, TU,W,F 9AM-5PM, TH 12PM-8PM	American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:
<b>ZARANKOW, BEATA, MD</b> Provider Gender: Female License number: C53656 NPI: 1902995384 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC 835 THIRD AVE CHULA VISTA, CA 91911-1352 Phone: (619) 427-4661 Fax: (619) 426-7849 After Hours Phone: (619) 427-4661 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes	<b>ZAYAS, GILBERTO, MD</b> Provider Gender: Male License number: A136760 NPI: 1508174970 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 251 LANDIS AVE CHULA VISTA, CA 91910-2628 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken:	<b>ZAYAS, GILBERTO, MD</b> Provider Gender: Male License number: A136760 NPI: 1508174970 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 352 L ST CHULA VISTA, CA 91911-1208 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male  
License number: A136760  
NPI: 1508174970  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ZIMMERMAN, JENNIFER A , CSW**

Provider Gender: U  
License number: 28729  
NPI: 1811449077  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338

Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Turkish, Vietnamese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **ZIMMERMAN, JENNIFER A , CSW**

Provider Gender: U  
License number: 28729  
NPI: 1811449077  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338          Fax: (619) 702-8536          After Hours Phone: (619) 515-2338          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Turkish, Vietnamese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p>	<p>14034 BOQUITA DR          DEL MAR, CA 92014-2945          Phone: (619) 969-6790          Fax:          After Hours Phone: (619) 969-6790          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Farsi          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours:</p>	<p>ENCINITAS, CA 92024          Phone: (760) 753-2604          Fax:          After Hours Phone: (760) 753-2604          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: French          TDD: No          Min/Max Age: 19/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-TH 10AM-5PM</p>
	<b>ENCINITAS</b>	<b>EL CAJON</b>

<b>DEL MAR</b>	<p><b>BROAD RANSON, NICOLA M , CSW</b>          Provider Gender: Female          License number: 18469          NPI: 1326082165          Provider English Spoken: Yes          Provider Language(s) Spoken: French          Cultural Competency: RANSON, NICOLA LCSW          VIRTUAL VISITS ONLY</p>	<p><b>ABDULLAH, KERI, PSY</b>          Provider Gender: Female          License number: 29990          NPI: 1699840587          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          1111 W CHASE AVE          EL CAJON, CA 92020-5710</p>
<p><b>MOTAGHED, HENGAMEH, PSY</b>          Provider Gender: Female          License number: 12707          NPI: 1366550592          Provider English Spoken: Yes          Provider Language(s) Spoken: Farsi          Cultural Competency: MOTAGHED, HENGAMEH</p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2499	Phone: (619) 515-2300	Phone: (619) 515-2499
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2499	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM

### **ABDULLAH, KERI, PSY**

Provider Gender: Female  
License number: 29990  
NPI: 1699840587  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

### **AGUIRRE, LEAH B , CSW**

Provider Gender: Female  
License number: 74440  
NPI: 1306151998  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710

### **AGUIRRE, LEAH B , CSW**

Provider Gender: Female  
License number: 74440  
NPI: 1306151998  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2300	Phone: (619) 515-2300	Phone: (619) 515-2499
Fax:	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM
<b>AGUIRRE, WENDY, CSW</b>	<b>AGUIRRE, WENDY, CSW</b>	<b>ALAVI, ALI S, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Male
License number: 74219	License number: 74219	License number: A163793
NPI: 1205946282	NPI: 1205946282	NPI: 1356856694
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Spanish	Spanish	Cultural Competency:
Cultural Competency:	Cultural Competency:	FAMILY HEALTH CENTERS OF
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	SAN DIEGO
525 E MAIN ST	1111 W CHASE AVE	525 E MAIN ST
EL CAJON, CA 92020-4007	EL CAJON, CA 92020-5710	EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **ALAVI, ALI S , MD**

Provider Gender: Male

License number: A163793

NPI: 1356856694

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **ALFARO, AMY, CSW**

Provider Gender: Female

License number: 72874

NPI: 1609326859

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **ALLEN, JOHN W , MD**

Provider Gender: Male

License number: C37706

NPI: 1659382588

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

ALLEN, JOHN

225 W MADISON AVE STE 2  
EL CAJON, CA 92020-3454

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

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Phone: (619) 631-4505  
 Fax: (619) 713-6290  
 After Hours Phone: (619) 631-4505  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M,W 9AM-6PM, TU,TH,F 9AM-5PM

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
 License number: G36206  
 NPI: 1457371635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
 License number: G36206  
 NPI: 1457371635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ANDERSEN, CLAIRE, MD**

Provider Gender: Female  
 License number: 125942  
 NPI: 1831418664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 440-2751

Fax:

After Hours Phone: (619)  
440-2751

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Hindi, Nepali (Individual  
Language), Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M,W-F 8AM-5PM, TU  
8AM-8PM

### **ARAGON, DARINKA M , MD**

Provider Gender: Female

License number: A139241

NPI: 1114347291

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

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

### **ARAGON, DARINKA M , MD**

Provider Gender: Female

License number: A139241

NPI: 1114347291

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **ARIELLA, LYNDIA R , PSY**

Provider Gender: Female

License number: 19450

NPI: 1073518965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2300	<i>Phone:</i> (619) 440-2751
<i>Fax:</i> (619) 702-8536	<i>Fax:</i>	<i>Fax:</i>
<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2300	<i>After Hours Phone:</i> (619) 440-2751
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, Hindi, Nepali (Individual Language), Spanish
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M,W-F 8AM-5PM, TU 8AM-8PM

### **ARIELLA, LYNDA R , PSY**

*Provider Gender:* Female  
*License number:* 19450  
*NPI:* 1073518965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **ARNOLD, REBECCA L , MFT**

*Provider Gender:* Female  
*License number:* LMFT95778  
*NPI:* 1225580350  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619  
*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>ASH, VIVIAN, CSW</b>            Provider Gender: Female            License number: 14619            NPI: 1033623293            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>ASUNCION, JENNIFER, CSW</b>            Provider Gender: Male            License number: LCSW75956            NPI: 1083056279            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>ASUNCION, JENNIFER, CSW</b>            Provider Gender: Male            License number: LCSW75956            NPI: 1083056279            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>AUCOIN, DOUGLAS, CSW</b>            Provider Gender: Male            License number: 24707            NPI: 1699007609            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>AUCOIN, DOUGLAS, CSW</b>            Provider Gender: Male            License number: 24707            NPI: 1699007609            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>AVILA, RADOMIR M , CSW</b>            Provider Gender: Male            License number: 75520            NPI: 1487937330            Provider English Spoken: Yes            Provider Language(s) Spoken:            Portuguese, Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>AVILA, RADOMIR M , CSW</b>            Provider Gender: Male            License number: 75520            NPI: 1487937330            Provider English Spoken: Yes            Provider Language(s) Spoken: Portuguese, Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>BANZON, CHARLES, MFT</b>            Provider Gender: Male            License number: 49126            NPI: 1457422966            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>BANZON, CHARLES, MFT</b>            Provider Gender: Male            License number: 49126            NPI: 1457422966            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>BARCELOS ANTONIO, TIAGO, CSW</b>            Provider Gender: Male            License number: 90529            NPI: 1194159871            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>BARCELOS ANTONIO, TIAGO, CSW</b>            Provider Gender: Male            License number: 90529            NPI: 1194159871            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>BARTHOLOMEW, SARAH C, CSW</b>            Provider Gender: Female            License number: 86542            NPI: 1720339708            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 269-0598            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5:30PM</p>
<p><b>BARTHOLOMEW, SARAH C , CSW</b>            Provider Gender: Female            License number: 86542            NPI: 1720339708            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>BARTHOLOMEW, SARAH C , CSW</b>            Provider Gender: Female            License number: 86542            NPI: 1720339708            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            680 FLETCHER PKWY STE 200            EL CAJON, CA 92020-2500</p>	<p><b>BELINSKY, MARIA T , CSW</b>            Provider Gender: Female            License number: LCSW69175            NPI: 1760867824            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            855 E MADISON AVE            EL CAJON, CA 92020-3819</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

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Phone: (619) 440-2751

Fax:

After Hours Phone: (619)  
440-2751

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Hindi, Nepali (Individual  
Language), Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M,W-F 8AM-5PM, TU  
8AM-8PM

### **BENNETT, RACHEL Q, CSW**

Provider Gender: Female

License number: 76466

NPI: 1558659797

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

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

### **BENNETT, RACHEL Q, CSW**

Provider Gender: Female

License number: 76466

NPI: 1558659797

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **BENZL, JERRY F, MD**

Provider Gender: Male

License number: A154471

NPI: 1487032082

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **BENZL, JERRY F , MD**

Provider Gender: Male

License number: A154471

NPI: 1487032082

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **BERKSON, BARRIE, CSW**

Provider Gender: Female

License number: 63313

NPI: 1922305465

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **BERKSON, BARRIE, CSW**

Provider Gender: Female

License number: 63313

NPI: 1922305465

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	EL CAJON, CA 92020-3819	Phone: (619) 631-0128
Fax:	Phone: (619) 440-2751	Fax: (619) 631-0153
After Hours Phone: (619) 515-2300	Fax:	After Hours Phone: (619) 631-0128
Website:	After Hours Phone: (619) 440-2751	Website:
www.beaconhealthoptions.com	Website:	www.beaconhealthoptions.com
Accepting New Patients: Yes	www.beaconhealthoptions.com	Accepting New Patients: Yes
Site English Spoken: Yes	Accepting New Patients: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site English Spoken: Yes	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken:	TDD: No
TDD: No	Arabic, Hindi, Nepali (Individual Language), Spanish	Min/Max Age: 0/64
Min/Max Age:	TDD: No	Gender Restriction: No Gender Restrictions
Gender Restriction: No Gender Restrictions	Min/Max Age:	American Sign Language (ASL): No
American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information
Please contact provider for Accessibility information	American Sign Language (ASL): No	Hours: M,W 9AM-5PM, F 12:30PM-4PM
Hours: M-F 8AM-5PM	Please contact provider for Accessibility information	
	Hours: M,W-F 8AM-5PM, TU 8AM-8PM	
<b>BHAJU, JESHMIN, PSY</b>	<b>BHATIA, PRAKASH K , MD</b>	<b>BIRNBAUM, DEBORAH, MD</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Female
License number: 31625	License number: A74848	License number: 20A11387
NPI: 1497081566	NPI: 1164464137	NPI: 1639308265
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Hindi, Nepali (Individual Language)	Cultural Competency:	Cultural Competency:
Cultural Competency:	BHATIA HEALTH SERVICES A	FAMILY HEALTH CENTERS OF SAN DIEGO
NEIGHBORHOOD HEALTHCARE	MEDICAL CORPORATION	1111 W CHASE AVE
855 E MADISON AVE	161 E MAIN ST STE 100	EL CAJON, CA 92020-5710
	EL CAJON, CA 92020-3993	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2300	<i>Phone:</i> (619) 515-2499
<i>Fax:</i> (619) 702-8536	<i>Fax:</i>	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2300	<i>After Hours Phone:</i> (619) 515-2499
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **BIRNBAUM, DEBORAH, MD**

*Provider Gender:* Female  
*License number:* 20A11387  
*NPI:* 1639308265  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **BORREGO, DIANA E , NPA**

*Provider Gender:* Female  
*License number:* 95005019  
*NPI:* 1184012866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 401-6236            Fax: (619) 667-6036            After Hours Phone: (619) 401-6236            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M,W,F 4PM-7PM</p>
<p><b>BORREGO, DIANA E , NPA</b>            Provider Gender: Female            License number: 95005019            NPI: 1184012866            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>BRANNEN, MANDY, NPA</b>            Provider Gender: Female            License number: 95007286            NPI: 1891205159            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            215 W MADISON AVE            EL CAJON, CA 92020-3405</p>	<p><b>BUBY, MYRA, CSW</b>            Provider Gender: Female            License number: 23172            NPI: 1093747511            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2300	<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2499
<i>Fax:</i>	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2300	<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2499
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2300	Phone: (619) 515-2499
Fax:	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM

### **BURNS, PETER B , MD**

Provider Gender: Male  
 License number: G145142  
 NPI: 1891727533  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **BUTERBAUGH, KRISTY L , CSW**

Provider Gender: Female  
 License number: 65477  
 NPI: 1346615838  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **BUTERBAUGH, KRISTY L , CSW**

Provider Gender: Female  
 License number: 65477  
 NPI: 1346615838  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 573-0682            Fax: (619) 328-6591            After Hours Phone: (619) 573-0682            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M,TH 9AM-5PM, TU 9AM-8:30PM, W 9AM-9PM, F 1PM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>BYRNE, ANDREW L , MFT</b>            Provider Gender: Male            License number: 53477            NPI: 1912213331            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            BYRNE, ANDREW            127 E LEXINGTON AVE            EL CAJON, CA 92020-4511</p>	<p><b>CABREJOS, CLAUDIO, MD</b>            Provider Gender: Male            License number: A71653            NPI: 1033133483            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>CABREJOS, CLAUDIO, MD</b>            Provider Gender: Male            License number: A71653            NPI: 1033133483            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 440-2751            Fax:            After Hours Phone: (619) 440-2751            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M,W-F 8AM-5PM, TU 8AM-8PM</p>	<p>Phone: (619) 440-5133            Fax: (619) 440-8522            After Hours Phone: (619) 440-5133            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M,TU,TH,F 9AM-5PM, W 9AM-7PM</p>
<p><b>CALOCA, LAURA, PSY</b>            Provider Gender: Female            License number: 29757            NPI: 1134364698            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: NEIGHBORHOOD HEALTHCARE            855 E MADISON AVE            EL CAJON, CA 92020-3819</p>	<p><b>CANN, RONALD, MD</b>            Provider Gender: Male            License number: G83523            NPI: 1285941401            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC            460 N MAGNOLIA AVE STE 110            EL CAJON, CA 92020-3610</p>	<p><b>CARDENAS, ALONSO, MD</b>            Provider Gender: Male            License number: A137940            NPI: 1811212145            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2499	Phone: (619) 515-2300	Phone: (619) 515-2499
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2499	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

Provider Gender: Male  
 License number: A137940  
 NPI: 1811212145  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **CARINO DIOKNO, RHODA, PSY**

Provider Gender: Female  
 License number: 28073  
 NPI: 1629109483  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **CARINO DIOKNO, RHODA, PSY**

Provider Gender: Female  
 License number: 28073  
 NPI: 1629109483  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>CASEY, SHANNON, PSY</b>            Provider Gender: Female            License number: PSY31889            NPI: 1548873755            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            215 W MADISON AVE            EL CAJON, CA 92020-3405</p>	<p>Phone: (619) 401-6236            Fax: (619) 667-6036            After Hours Phone: (619) 401-6236            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M,W,F 4PM-7PM</p> <p><b>CASTELLANOS, TERESITA D , CSW</b>            Provider Gender: Female            License number: 82782            NPI: 1598165441            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>CASTELLANOS, TERESITA D , CSW</b>            Provider Gender: Female            License number: 82782            NPI: 1598165441            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2499	Phone: (619) 440-2751	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 269-0598
After Hours Phone: (619) 515-2499	After Hours Phone: (619) 440-2751	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Arabic, Hindi, Nepali (Individual Language), Spanish	Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M,W-F 8AM-5PM, TU 8AM-8PM	Hours: M-F 8:30AM-5:30PM
<b>CELAYA, MARY, NPA</b>	<b>CHEN, ANGELA, MFT</b>	<b>CHEN, ANGELA, MFT</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 11425	License number: LMFT40923	License number: LMFT40923
NPI: 1710060231	NPI: 1811027956	NPI: 1811027956
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
NEIGHBORHOOD HEALTHCARE	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
855 E MADISON AVE	680 FLETCHER PKWY STE 200	525 E MAIN ST
EL CAJON, CA 92020-3819	EL CAJON, CA 92020-2500	EL CAJON, CA 92020-4007

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2300	<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2300
<i>Fax:</i>	<i>Fax:</i> (619) 702-8536	<i>Fax:</i>
<i>After Hours Phone:</i> (619) 515-2300	<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2300
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **CHEN, ANGELA, MFT**

*Provider Gender:* Female  
*License number:* LMFT40923  
*NPI:* 1811027956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 440-2751            Fax:            After Hours Phone: (619) 440-2751            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M,W-F 8AM-5PM, TU 8AM-8PM</p>
<p><b>CLONTS, PAUL A , CSW</b>            Provider Gender: Male            License number: 87259            NPI: 1467808568            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>CORVINI, NICOLAS, NPA</b>            Provider Gender: Male            License number: 55107            NPI: 1194242461            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            855 E MADISON AVE            EL CAJON, CA 92020-3819</p>	<p><b>COSTELLO, JENNIFER R , CSW</b>            Provider Gender: Female            License number: 84174            NPI: 1619506250            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            855 E MADISON AVE            EL CAJON, CA 92020-3819</p>

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## J. Directorio de proveedores de salud mental

Phone: (619) 440-2751	Phone: (619) 515-2499	Phone: (619) 515-2300
Fax:	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 440-2751	After Hours Phone: (619) 515-2499	After Hours Phone: (619) 515-2300
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, Hindi, Nepali (Individual Language), Spanish	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M,W-F 8AM-5PM, TU 8AM-8PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM

### **CROCKFORD, DANE, PSY**

Provider Gender: Male  
 License number: 28313  
 NPI: 1780031831  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **CROCKFORD, DANE, PSY**

Provider Gender: Male  
 License number: 28313  
 NPI: 1780031831  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **CRUZ ARAUJO, ANDREA L , MD**

Provider Gender: Female  
 License number: A160789  
 NPI: 1124401435  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2300	<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2499
<i>Fax:</i>	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2300	<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2499
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **CRUZ ARAUJO, ANDREA L , MD**

*Provider Gender:* Female  
*License number:* A160789  
*NPI:* 1124401435  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>DAN, WENDY L , CSW</b>            Provider Gender: Female            License number: 26015            NPI: 1700224037            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>DAN, WENDY L , CSW</b>            Provider Gender: Female            License number: 26015            NPI: 1700224037            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>DE LA ROSA, LORDES, MFT</b>            Provider Gender: Female            License number: 85375            NPI: 1821424623            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>DEBBOLD, ERIC M , MD</b>            Provider Gender: Male            License number: 164068            NPI: 1144726415            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>DEBBOLD, ERIC M , MD</b>            Provider Gender: Male            License number: 164068            NPI: 1144726415            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>DIAZ, LIZETH, CSW</b>            Provider Gender: Female            License number: 97277            NPI: 1124457023            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2499	Phone: (619) 515-2300	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 269-0598
After Hours Phone: (619) 515-2499	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5:30PM
<b>DIAZ, LIZETH, CSW</b>	<b>DIAZ, LIZETH, CSW</b>	<b>DOBOS, DAVID, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Male
License number: 97277	License number: 97277	License number: G57276
NPI: 1124457023	NPI: 1124457023	NPI: 1548318348
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST EL CAJON, CA 92020-4007	680 FLETCHER PKWY STE 200 EL CAJON, CA 92020-2500	525 E MAIN ST EL CAJON, CA 92020-4007

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2499	Phone: (619) 515-2300
Fax:	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499	After Hours Phone: (619) 515-2300
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM

### **DOBOS, DAVID, MD**

Provider Gender: Male  
 License number: G57276  
 NPI: 1548318348  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **DUNFORD, KATELYN C , MFT**

Provider Gender: Female  
 License number: 126626  
 NPI: 1437517497  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **DUNFORD, KATELYN C , MFT**

Provider Gender: Female  
 License number: 126626  
 NPI: 1437517497  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 269-0598            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5:30PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>DUNFORD, KATELYN C , MFT</b>            Provider Gender: Female            License number: 126626            NPI: 1437517497            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>DWYER, GEORGE, CSW</b>            Provider Gender: Male            License number: 70988            NPI: 1437606126            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>DWYER, GEORGE, CSW</b>            Provider Gender: Male            License number: 70988            NPI: 1437606126            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 401-6236            Fax: (619) 667-6036            After Hours Phone: (619) 401-6236            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M,W,F 4PM-7PM</p>
<p><b>DYLAK, JASMINE C , CSW</b>            Provider Gender: Female            License number: 33-0743869            NPI: 1659782498            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>ECKL, CATHERINE, CSW</b>            Provider Gender: U            License number: 11004            NPI: 1841853322            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            215 W MADISON AVE            EL CAJON, CA 92020-3405</p>	<p><b>EDE, KEKOA, MD</b>            Provider Gender: Male            License number: A101211            NPI: 1134224843            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            855 E MADISON AVE            EL CAJON, CA 92020-3819            Phone: (619) 440-2751            Fax:            After Hours Phone: (619) 440-2751</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> Arabic, Hindi, Nepali (Individual Language), Spanish	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M,W-F 8AM-5PM, TU 8AM-8PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

**ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300

**ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499

**FEDEROFF, MONICA, MD**

*Provider Gender:* Female  
*License number:* A164677  
*NPI:* 1912404492  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>FEDEROFF, MONICA, MD</b></p> <p>Provider Gender: Female</p> <p>License number: A164677</p> <p>NPI: 1912404492</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>680 FLETCHER PKWY STE 200 EL CAJON, CA 92020-2500</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 269-0598</p> <p>After Hours Phone: (619) 515-2338</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5:30PM</p> <p><b>FEDEROFF, MONICA, MD</b></p> <p>Provider Gender: Female</p> <p>License number: A164677</p> <p>NPI: 1912404492</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST EL CAJON, CA 92020-4007</p> <p>Phone: (619) 515-2300</p> <p>Fax: 515-2300</p> <p>After Hours Phone: (619) 515-2300</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>	<p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-5PM</p> <p><b>FIGUERED, BRUCE, PSY</b></p> <p>Provider Gender: Male</p> <p>License number: PSY18899</p> <p>NPI: 1326086307</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT</p> <p>133 W MAIN ST EL CAJON, CA 92020-3315</p> <p>Phone: (619) 401-0404</p> <p>Fax: (619) 401-0522</p> <p>After Hours Phone: (619) 401-0404</p> <p>Website: www.beaconhealthoptions.com</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, Mandarin, Spanish,  
 Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **FLORES, MARY LUPE, CSW**

Provider Gender: Female  
 License number: 19815  
 NPI: 1134147457  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **FLORES, MARY LUPE, CSW**

Provider Gender: Female  
 License number: 19815  
 NPI: 1134147457  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **FLOWERS, LAURA L , CSW**

Provider Gender: Female  
 License number: 74705  
 NPI: 1437648862  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Japanese, Portuguese, Russian, Spanish, Yue Chinese	Spanish, Yue Chinese	TDD: No
Spanish, Yue Chinese	TDD: No	Min/Max Age:
TDD: No	Min/Max Age:	Gender Restriction: No Gender Restrictions
Min/Max Age:	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes	Please contact provider for Accessibility information
American Sign Language (ASL): Yes	Please contact provider for Accessibility information	Hours: M-F 8AM-5PM
Yes	Hours: M-F 8:30AM-5PM	
Please contact provider for Accessibility information		<b>FONSECA, ALIYA, MFT</b>
Hours: M-F 8:30AM-5PM		Provider Gender: Female
	<b>FLYNN CRUZ, MARY E , CSW</b>	License number: 47462
	Provider Gender: Female	NPI: 1467763896
<b>FLYNN CRUZ, MARY E , CSW</b>	License number: 92918	Provider English Spoken: Yes
Provider Gender: Female	NPI: 1942814181	Provider Language(s) Spoken: Spanish
License number: 92918	Provider English Spoken: Yes	Cultural Competency:
NPI: 1942814181	Provider Language(s) Spoken: FAMILY HEALTH CENTERS OF SAN DIEGO	WAKING UP ON THE TOILET
Provider English Spoken: Yes	Cultural Competency: 525 E MAIN ST	237 AVOCADO AVE STE 105
Provider Language(s) Spoken: FAMILY HEALTH CENTERS OF SAN DIEGO	525 E MAIN ST	EL CAJON, CA 92020-4638
Cultural Competency: 1111 W CHASE AVE	EL CAJON, CA 92020-4007	Phone: (619) 447-0910
FAMILY HEALTH CENTERS OF SAN DIEGO	Phone: (619) 515-2300	Fax:
1111 W CHASE AVE	Fax:	After Hours Phone: (619) 447-0910
EL CAJON, CA 92020-5710	After Hours Phone: (619) 515-2300	Website:
Phone: (619) 515-2499	Website:	www.beaconhealthoptions.com
Fax: (619) 702-8536	www.beaconhealthoptions.com	Accepting New Patients: Yes
After Hours Phone: (619) 515-2499	Accepting New Patients: Yes	Site English Spoken: Yes
515-2499	Site English Spoken: Yes	Site Language(s) Spoken: Spanish
Website:	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	TDD: Yes
www.beaconhealthoptions.com	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Min/Max Age:
Accepting New Patients: Yes	Japanese, Portuguese, Russian, Spanish, Yue Chinese	Gender Restriction: No Gender
Site English Spoken: Yes		
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): No	Accessibility information Hours: M,W,F 4PM-7PM	Hours: M-F 8:30AM-5PM
Please contact provider for Accessibility information Hours: M-F 8AM-5PM	<b>FRANCO, RODRIGO, CSW</b> Provider Gender: Male License number: 71548 NPI: 1952736043	<b>FRANCO, RODRIGO, CSW</b> Provider Gender: Male License number: 71548 NPI: 1952736043
<b>FRAGOSO, DOMINIQUE, CSW</b> Provider Gender: U License number: 12601 NPI: 1518521830 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE 215 W MADISON AVE EL CAJON, CA 92020-3405 Phone: (619) 401-6236 Fax: (619) 667-6036 After Hours Phone: (619) 401-6236 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for	Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information	Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

### **FREEMAN, KAY M , MFT**

*Provider Gender:* Female  
*License number:* 16284  
*NPI:* 1588795298  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **FREEMAN, KAY M , MFT**

*Provider Gender:* Female  
*License number:* 16284  
*NPI:* 1588795298  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male

*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

License number: 75713	License number: 16711	NPI: 1174646301
NPI: 1366519670	NPI: 1174646301	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider Language(s) Spoken:
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Cultural Competency:
Japanese, Spanish	Cultural Competency:	FAMILY HEALTH CENTERS OF
Cultural Competency:	FAMILY HEALTH CENTERS OF	SAN DIEGO
FAMILY HEALTH CENTERS OF	SAN DIEGO	525 E MAIN ST
SAN DIEGO	1111 W CHASE AVE	EL CAJON, CA 92020-4007
1111 W CHASE AVE	EL CAJON, CA 92020-5710	Phone: (619) 515-2300
EL CAJON, CA 92020-5710	Phone: (619) 515-2499	Fax:
Phone: (619) 515-2499	Fax: (619) 702-8536	After Hours Phone: (619)
Fax: (619) 702-8536	After Hours Phone: (619)	515-2300
After Hours Phone: (619)	515-2499	Website:
515-2499	Website:	www.beaconhealthoptions.com
Website:	www.beaconhealthoptions.com	Accepting New Patients: Yes
www.beaconhealthoptions.com	Accepting New Patients: Yes	Site English Spoken: Yes
Accepting New Patients: Yes	Site English Spoken: Yes	Site Language(s) Spoken:
Site English Spoken: Yes	Site Language(s) Spoken:	American Sign Language, Farsi,
Site Language(s) Spoken:	American Sign Language, Farsi,	Japanese, Portuguese, Russian,
American Sign Language, Farsi,	Japanese, Portuguese, Russian,	Spanish, Yue Chinese
Japanese, Portuguese, Russian,	Spanish, Yue Chinese	TDD: No
Spanish, Yue Chinese	TDD: No	Min/Max Age:
TDD: No	Min/Max Age:	Gender Restriction: No Gender
Min/Max Age:	Gender Restriction: No Gender	Restrictions
Gender Restriction: No Gender	Restrictions	American Sign Language (ASL):
Restrictions	American Sign Language (ASL):	Yes
American Sign Language (ASL):	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-F 8AM-5PM
Accessibility information	Hours: M-F 8:30AM-5PM	
Hours: M-F 8:30AM-5PM		
<b>GALAPON, DIXIE L , PSY</b>	<b>GALAPON, DIXIE L , PSY</b>	<b>GANDY, SHARAREH, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
	License number: 16711	License number: PSY28097
		NPI: 1730310723

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 INTEGRATED HEALTH  
 PARTNERS- BORREGO  
 COMMUNITY HEALTH  
 FOUNDAT  
 133 W MAIN ST  
 EL CAJON, CA 92020-3315  
*Phone:* (619) 401-0404  
*Fax:* (619) 401-0522  
*After Hours Phone:* (619)  
 401-0404  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Mandarin, Spanish,  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**GAUD, KRISTINA G , MD**  
*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**GILLIS, RUTH, MFT**  
*Provider Gender:* Female  
*License number:* 50313  
*NPI:* 1568588325  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GILLIS, RUTH, MFT**  
*Provider Gender:* Female  
*License number:* 50313  
*NPI:* 1568588325  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 <i>Phone:</i> (619) 515-2300 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2300 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM</p> <p><b>GLASSMAN, JAGA NATH, MD</b> <i>Provider Gender:</i> Male <i>License number:</i> G55004 <i>NPI:</i> 1558409771 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i></p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 680 FLETCHER PKWY STE 200 EL CAJON, CA 92020-2500 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 269-0598 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5:30PM</p> <p><b>GLASSMAN, JAGA NATH, MD</b> <i>Provider Gender:</i> Male <i>License number:</i> G55004 <i>NPI:</i> 1558409771 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE</p>	<p>EL CAJON, CA 92020-5710 <i>Phone:</i> (619) 515-2499 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2499 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>GLASSMAN, JAGA NATH, MD</b> <i>Provider Gender:</i> Male <i>License number:</i> G55004 <i>NPI:</i> 1558409771 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007</p>
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## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GLEASON, SHEILA, PSY**

Provider Gender: Female

License number: 13685

NPI: 1366641813

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GLEASON, SHEILA, PSY**

Provider Gender: Female

License number: 13685

NPI: 1366641813

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female

License number: 95002763

NPI: 1972929404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (619) 440-2751	FOUNDAT	1111 W CHASE AVE
Fax:	133 W MAIN ST	EL CAJON, CA 92020-5710
After Hours Phone: (619) 440-2751	EL CAJON, CA 92020-3315	Phone: (619) 515-2499
Website:	Phone: (619) 401-0404	Fax: (619) 702-8536
www.beaconhealthoptions.com	Fax: (619) 401-0522	After Hours Phone: (619) 515-2499
Accepting New Patients: Yes	After Hours Phone: (619) 401-0404	Website:
Site English Spoken: Yes	Website:	www.beaconhealthoptions.com
Site Language(s) Spoken:	www.beaconhealthoptions.com	Accepting New Patients: Yes
Arabic, Hindi, Nepali (Individual Language), Spanish	Accepting New Patients: Yes	Site English Spoken: Yes
TDD: No	Site English Spoken: Yes	Site Language(s) Spoken:
Min/Max Age:	Site Language(s) Spoken:	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
Gender Restriction: No Gender Restrictions	Arabic, Mandarin, Spanish, Chinese	TDD: No
American Sign Language (ASL): No	TDD: No	Min/Max Age:
Please contact provider for Accessibility information	Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions
Hours: M,W-F 8AM-5PM, TU 8AM-8PM	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes
	American Sign Language (ASL): No	Please contact provider for Accessibility information
	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM
<b>GOMEZ-NARANJO, PATRICIA A , MD</b>	<b>GONZALEZ, ANDREA, CSW</b>	<b>GONZALEZ, ANDREA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: A55544	License number: 97593	License number: 97593
NPI: 1053324541	NPI: 1326346198	NPI: 1326346198
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish
Cultural Competency: INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	680 FLETCHER PKWY STE 200 EL CAJON, CA 92020-2500 Phone: (619) 515-2338 Fax: (619) 269-0598 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8:30AM-5:30PM	Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>GONZALEZ, ANDREA, CSW</b> Provider Gender: Female License number: 97593 NPI: 1326346198 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>GOTTUNG, CHRISTINA, CSW</b> Provider Gender: Female License number: 87716 NPI: 1134597123 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007	<b>GOTTUNG, CHRISTINA, CSW</b> Provider Gender: Female License number: 87716 NPI: 1134597123 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2499	133 W MAIN ST	855 E MADISON AVE
Fax: (619) 702-8536	EL CAJON, CA 92020-3315	EL CAJON, CA 92020-3819
After Hours Phone: (619) 515-2499	Phone: (619) 401-0404	Phone: (619) 440-2751
Website:	Fax: (619) 401-0522	Fax:
www.beaconhealthoptions.com	After Hours Phone: (619) 401-0404	After Hours Phone: (619) 440-2751
Accepting New Patients: Yes	Website:	Website:
Site English Spoken: Yes	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Site Language(s) Spoken:	Accepting New Patients: Yes	Accepting New Patients: Yes
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site English Spoken: Yes	Site English Spoken: Yes
TDD: No	Site Language(s) Spoken:	Site Language(s) Spoken:
Min/Max Age:	Arabic, Mandarin, Spanish, Chinese	Arabic, Hindi, Nepali (Individual Language), Spanish
Gender Restriction: No Gender Restrictions	TDD: No	TDD: No
American Sign Language (ASL): Yes	Min/Max Age: 0/99	Min/Max Age:
Please contact provider for Accessibility information	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Hours: M-F 8:30AM-5PM	American Sign Language (ASL): No	American Sign Language (ASL): No
	Please contact provider for Accessibility information	Please contact provider for Accessibility information
	Hours: M-F 8AM-5PM	Hours: M,W-F 8AM-5PM, TU 8AM-8PM
<b>GRAHAM, DEBRA JEANNE, NPA</b>	<b>GUARDADO SOTO, RAQUEL E , PSY</b>	<b>GUTIERREZ, APRIL P , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: NP15657	License number: 26883	License number: 86166
NPI: 1790757623	NPI: 1194999276	NPI: 1356749949
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Spanish	Cultural Competency:
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT	Cultural Competency:	FAMILY HEALTH CENTERS OF SAN DIEGO
	NEIGHBORHOOD HEALTHCARE	1111 W CHASE AVE

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	133 W MAIN ST EL CAJON, CA 92020-3315 Phone: (619) 401-0404 Fax: (619) 401-0522 After Hours Phone: (619) 401-0404 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Mandarin, Spanish, Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>GUTIERREZ, APRIL P , CSW</b> Provider Gender: Female License number: 86166 NPI: 1356749949 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007	<b>HALGEDAHL, YI TING, NPA</b> Provider Gender: Female License number: 95006826 NPI: 1619246907 Provider English Spoken: Yes Provider Language(s) Spoken: Mandarin, Chinese Cultural Competency: INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT	<b>HANNA-HADDAD, WEGDAN, PSY</b> Provider Gender: Female License number: PSY26481 NPI: 1457769333 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic Cultural Competency: INTEGRATED HEALTH PARTNERS- BORREGO

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## J. Directorio de proveedores de salud mental

COMMUNITY HEALTH FOUNDAT 133 W MAIN ST EL CAJON, CA 92020-3315 Phone: (619) 401-0404 Fax: (619) 401-0522 After Hours Phone: (619) 401-0404 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Mandarin, Spanish, Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	855 E MADISON AVE EL CAJON, CA 92020-3819 Phone: (619) 440-2751 Fax: After Hours Phone: (619) 440-2751 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M,W-F 8AM-5PM, TU 8AM-8PM
<b>HARRIMAN, CORAL, PSY</b> Provider Gender: Female License number: 26098 NPI: 1417373069 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>HAYDAR, SUSAN, PSY</b> Provider Gender: Female License number: PSY24934 NPI: 1730452400 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic Cultural Competency: NEIGHBORHOOD HEALTHCARE	<b>HAYDEN WADE, HELEN, PSY</b> Provider Gender: Female License number: PSY19313 NPI: 1366951105 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE

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## J. Directorio de proveedores de salud mental

EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Phone: (619) 401-6236 Fax: (619) 667-6036 After Hours Phone: (619) 401-6236 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M,W,F 4PM-7PM
<b>HAYDEN WADE, HELEN, PSY</b> Provider Gender: Female License number: PSY19313 NPI: 1366951105 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007	<b>HECKMAN, KELEY, CSW</b> Provider Gender: U License number: 68697 NPI: 1801948187 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE 215 W MADISON AVE EL CAJON, CA 92020-3405	<b>HEDMAN, TERI LEE, CSW</b> Provider Gender: U License number: 74947 NPI: 1154811636 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, Hindi, Nepali (Individual Language), Spanish
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M,W-F 8AM-5PM, TU 8AM-8PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499

### **HOLDEN, MATTHEW, PSY**

*Provider Gender:* Male  
*License number:* PSY11197  
*NPI:* 1740213487  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
440-2751

### **HORN BROOK, JESSICA, CSW**

*Provider Gender:* Female  
*License number:* 26598  
*NPI:* 1134401805  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499

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## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300

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## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-5PM</p> <p><b>ISHIDA, YO, CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 29526</p> <p>NPI: 1225154081</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1111 W CHASE AVE</p> <p>EL CAJON, CA 92020-5710</p> <p>Phone: (619) 515-2499</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2499</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>JACKSON, TIENNA S , CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 89122</p> <p>NPI: 1194976225</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>680 FLETCHER PKWY STE 200</p> <p>EL CAJON, CA 92020-2500</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 269-0598</p> <p>After Hours Phone: (619) 515-2338</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5:30PM</p> <p><b>JACKSON, TIENNA S , CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 89122</p> <p>NPI: 1194976225</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST</p> <p>EL CAJON, CA 92020-4007</p> <p>Phone: (619) 515-2300</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2300</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>
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## J. Directorio de proveedores de salud mental

<p><i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>	<p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>	<p>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>JALAN, DEVESH, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A167754  <i>NPI:</i> 1083092134  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>  FAMILY HEALTH CENTERS OF SAN DIEGO  525 E MAIN ST  EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes</p>	<p><b>JALAN, DEVESH, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A167754  <i>NPI:</i> 1083092134  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>  FAMILY HEALTH CENTERS OF SAN DIEGO  1111 W CHASE AVE  EL CAJON, CA 92020-5710  <i>Phone:</i> (619) 515-2499  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2499  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i></p>	<p><b>JAMES, CHRISTINE E , MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 20A13931  <i>NPI:</i> 1679834022  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>  FAMILY HEALTH CENTERS OF SAN DIEGO  1111 W CHASE AVE  EL CAJON, CA 92020-5710  <i>Phone:</i> (619) 515-2499  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2499  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  American Sign Language, Farsi,</p>

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## J. Directorio de proveedores de salud mental

Japanese, Portuguese, Russian, Spanish, Yue Chinese	Spanish, Yue Chinese	Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM
<b>JAMES, CHRISTINE E , MD</b>	<b>JASSO-RAMIREZ, MARTHA, CSW</b>	<b>JAUREGUI, CYNTHIA J , MFT</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 20A13931	License number: 26493	License number: 46152
NPI: 1679834022	NPI: 1871772020	NPI: 1003953886
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST	1111 W CHASE AVE	525 E MAIN ST
EL CAJON, CA 92020-4007	EL CAJON, CA 92020-5710	EL CAJON, CA 92020-4007
Phone: (619) 515-2300	Phone: (619) 515-2499	Phone: (619) 515-2300
Fax:	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499	After Hours Phone: (619) 515-2300
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi,	Site Language(s) Spoken: American Sign Language, Farsi,	Site Language(s) Spoken: American Sign Language, Farsi,
Japanese, Portuguese, Russian,	American Sign Language, Farsi,	American Sign Language, Farsi,

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## J. Directorio de proveedores de salud mental

Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>JAUREGUI, CYNTHIA J , MFT</b> Provider Gender: Female License number: 46152 NPI: 1003953886 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi,	<b>JONES, ADELE, PSY</b> Provider Gender: Female License number: 25311 NPI: 1558602490 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,	<b>JONES, ADELE, PSY</b> Provider Gender: Female License number: 25311 NPI: 1558602490 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

TDD: No	Min/Max Age:	Gender Restriction: No Gender
Min/Max Age:	Gender Restriction: No Gender	Restrictions
Gender Restriction: No Gender	Restrictions	American Sign Language (ASL):
Restrictions	American Sign Language (ASL):	Yes
American Sign Language (ASL):	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-F 8:30AM-5PM
Accessibility information	Hours: M-F 8AM-5PM	
Hours: M-F 8:30AM-5PM		
<b>JONES, ATAVIA L , CSW</b>	<b>JONES, ATAVIA L , CSW</b>	<b>JONES, MICHAEL A , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Male
License number: LCSW76796	License number: LCSW76796	License number: LCS22452
NPI: 1952734899	NPI: 1952734899	NPI: 1548205719
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
525 E MAIN ST	1111 W CHASE AVE	525 E MAIN ST
EL CAJON, CA 92020-4007	EL CAJON, CA 92020-5710	EL CAJON, CA 92020-4007
Phone: (619) 515-2300	Phone: (619) 515-2499	Phone: (619) 515-2300
Fax:	Fax: (619) 702-8536	Fax:
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
515-2300	515-2499	515-2300
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi,	American Sign Language, Farsi,	American Sign Language, Farsi,
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Spanish, Yue Chinese	Spanish, Yue Chinese	Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender	Gender Restriction: No Gender	Gender Restriction: No Gender

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Restrictions	<i>American Sign Language (ASL):</i> Hours: M,W,F 4PM-7PM	
<i>American Sign Language (ASL):</i> Yes	Yes	
Yes	Please contact provider for	<b>KAPPER, VICTORIA, CSW</b>
Please contact provider for	Accessibility information	<i>Provider Gender:</i> Female
Accessibility information	Hours: M-F 8:30AM-5PM	<i>License number:</i> 100449
Hours: M-F 8AM-5PM		<i>NPI:</i> 1801349014
		<i>Provider English Spoken:</i> Yes
<b>JONES, MICHAEL A , CSW</b>	<b>KAHLY, BROOKE, CSW</b>	<i>Provider Language(s) Spoken:</i>
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> U	<i>Cultural Competency:</i>
<i>License number:</i> LCS22452	<i>License number:</i> 84367	FAMILY HEALTH CENTERS OF
<i>NPI:</i> 1548205719	<i>NPI:</i> 1649833120	SAN DIEGO
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	1111 W CHASE AVE
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	EL CAJON, CA 92020-5710
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Phone:</i> (619) 515-2499
FAMILY HEALTH CENTERS OF	NEIGHBORHOOD	<i>Fax:</i> (619) 702-8536
SAN DIEGO	HEALTHCARE	<i>After Hours Phone:</i> (619)
1111 W CHASE AVE	215 W MADISON AVE	515-2499
EL CAJON, CA 92020-5710	EL CAJON, CA 92020-3405	<i>Website:</i>
<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 401-6236	<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 667-6036	<i>Accepting New Patients:</i> Yes
<i>After Hours Phone:</i> (619)	<i>After Hours Phone:</i> (619)	<i>Site English Spoken:</i> Yes
515-2499	401-6236	<i>Site Language(s) Spoken:</i>
<i>Website:</i>	<i>Website:</i>	American Sign Language, Farsi,
<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	Japanese, Portuguese, Russian,
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	Spanish, Yue Chinese
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>TDD:</i> No
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Min/Max Age:</i>
American Sign Language, Farsi,	<i>TDD:</i> No	<i>Gender Restriction:</i> No Gender
Japanese, Portuguese, Russian,	<i>Min/Max Age:</i>	Restrictions
Spanish, Yue Chinese	<i>Gender Restriction:</i> No Gender	<i>American Sign Language (ASL):</i>
<i>TDD:</i> No	Restrictions	Yes
<i>Min/Max Age:</i>	<i>American Sign Language (ASL):</i>	Please contact provider for
<i>Gender Restriction:</i> No Gender	No	Accessibility information
Restrictions	Please contact provider for	Hours: M-F 8:30AM-5PM
	Accessibility information	

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## J. Directorio de proveedores de salud mental

### **KAPPER, VICTORIA, CSW**

*Provider Gender:* Female  
*License number:* 100449  
*NPI:* 1801349014  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **KAPPER, VICTORIA, CSW**

*Provider Gender:* Female  
*License number:* 100449  
*NPI:* 1801349014  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500  
*Phone:* (619) 515-2338  
*Fax:* (619) 269-0598  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5:30PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes

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## J. Directorio de proveedores de salud mental

<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF SAN DIEGO
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF SAN DIEGO	1111 W CHASE AVE
FAMILY HEALTH CENTERS OF SAN DIEGO	SAN DIEGO	EL CAJON, CA 92020-5710
1111 W CHASE AVE	525 E MAIN ST	<i>Phone:</i> (619) 515-2499
EL CAJON, CA 92020-5710	EL CAJON, CA 92020-4007	<i>Fax:</i> (619) 702-8536
<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2300	<i>After Hours Phone:</i> (619) 515-2499
<i>Fax:</i> (619) 702-8536	<i>Fax:</i>	<i>Website:</i>
<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2300	www.beaconhealthoptions.com
<i>Website:</i>	<i>Website:</i>	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	American Sign Language, Farsi,
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	Japanese, Portuguese, Russian,
American Sign Language, Farsi,	American Sign Language, Farsi,	Spanish, Yue Chinese
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	<i>TDD:</i> No
Spanish, Yue Chinese	Spanish, Yue Chinese	<i>Min/Max Age:</i>
<i>TDD:</i> No	<i>TDD:</i> No	<i>Gender Restriction:</i> No Gender Restrictions
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>American Sign Language (ASL):</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	Yes
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	Please contact provider for
Yes	Yes	Accessibility information
Please contact provider for	Please contact provider for	<i>Hours:</i> M-F 8:30AM-5PM
Accessibility information	Accessibility information	
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	
		<b>KHAN, MAYSUN, CSW</b>
<b>KELLEY, KIMBERLY L, CSW</b>	<b>KELLEY, KIMBERLY L, CSW</b>	<i>Provider Gender:</i> Female
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>License number:</i> 71910
<i>License number:</i> 97888	<i>License number:</i> 97888	<i>NPI:</i> 1033519632
<i>NPI:</i> 1326447897	<i>NPI:</i> 1326447897	<i>Provider English Spoken:</i> Yes
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>
	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>KHAN, MAYSUN, CSW</b> Provider Gender: Female License number: 71910 NPI: 1033519632 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>KLOBERDANZ, KELSEY L , NPA</b> Provider Gender: Female License number: 95005293 NPI: 1235672502 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST	<b>KLOBERDANZ, KELSEY L , NPA</b> Provider Gender: Female License number: 95005293 NPI: 1235672502 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **KNIGHT, MARK A , MD**

Provider Gender: Male

License number: A94460

NPI: 1851573554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **KNIGHT, MARK A , MD**

Provider Gender: Male

License number: A94460

NPI: 1851573554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **KOH, STEVE H , MD**

Provider Gender: Male

License number: A103468

NPI: 1467650473

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2300	<i>Phone:</i> (619) 515-2300
<i>Fax:</i> (619) 702-8536	<i>Fax:</i>	<i>Fax:</i>
<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2300	<i>After Hours Phone:</i> (619) 515-2300
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **KOH, STEVE H , MD**

*Provider Gender:* Male  
*License number:* A103468  
*NPI:* 1467650473  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **KRITTMAN, STUART W , PSY**

*Provider Gender:* Male  
*License number:* PSY20233  
*NPI:* 1174964399  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **KRITTMAN, STUART W , PSY**

*Provider Gender:* Male  
*License number:* PSY20233  
*NPI:* 1174964399  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2300
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i>
<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2300
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 269-0598            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5:30PM</p>
<p><b>LIDSTONE, PAVEN, MD</b>            Provider Gender: Female            License number: 161149            NPI: 1942662093            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>LIDSTONE, PAVEN, MD</b>            Provider Gender: Female            License number: 161149            NPI: 1942662093            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            680 FLETCHER PKWY STE 200            EL CAJON, CA 92020-2500</p>	<p><b>LIM, SANDRA S, MD</b>            Provider Gender: Female            License number: 20A13075            NPI: 1083963094            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2499	Phone: (619) 515-2300
Fax:	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499	After Hours Phone: (619) 515-2300
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM

### **LIM, SANDRA S , MD**

Provider Gender: Female  
 License number: 20A13075  
 NPI: 1083963094  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **LIPPERT, HEATHER M , CSW**

Provider Gender: Female  
 License number: 22526  
 NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **LIPPERT, HEATHER M , CSW**

Provider Gender: Female  
 License number: 22526  
 NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2499	Phone: (619) 440-2751	Phone: (619) 515-2499
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2499	After Hours Phone: (619) 440-2751	After Hours Phone: (619) 515-2499
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Arabic, Hindi, Nepali (Individual Language), Spanish	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): No	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M,W-F 8AM-5PM, TU 8AM-8PM	Hours: M-F 8:30AM-5PM

### **LIU-BARBARO, DOROTHY, MD**

Provider Gender: Female  
 License number: A115342  
 NPI: 1851602270  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819

### **LLAMAS, SASHA G , CSW**

Provider Gender: Female  
 License number: 94249  
 NPI: 1356713739  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **LLAMAS, SASHA G , CSW**

Provider Gender: Female  
 License number: 94249  
 NPI: 1356713739  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2300	Phone: (619) 515-2499
Fax:	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM

### **LOEB, CINDY, CSW**

Provider Gender: Female  
 License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **LOEB, CINDY, CSW**

Provider Gender: Female  
 License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **LYDIARD, JESSICA, MD**

Provider Gender: Female  
 License number: A171775  
 NPI: 1841731296  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 269-0598            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5:30PM</p>
<p><b>LYDIARD, JESSICA, MD</b>            Provider Gender: Female            License number: A171775            NPI: 1841731296            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>LYDIARD, JESSICA, MD</b>            Provider Gender: Female            License number: A171775            NPI: 1841731296            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            680 FLETCHER PKWY STE 200            EL CAJON, CA 92020-2500</p>	<p><b>LYONS, KEITH E , CSW</b>            Provider Gender: Male            License number: 92724            NPI: 1538704002            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            215 W MADISON AVE            EL CAJON, CA 92020-3405</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 401-6236	Website:	Website:
Fax: (619) 667-6036	www.beaconhealthoptions.com	www.beaconhealthoptions.com
After Hours Phone: (619) 401-6236	Accepting New Patients: Yes	Accepting New Patients: Yes
Website:	Site English Spoken: Yes	Site English Spoken: Yes
www.beaconhealthoptions.com	Site Language(s) Spoken:	Site Language(s) Spoken:
Accepting New Patients: Yes	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
Site English Spoken: Yes	TDD: No	TDD: No
Site Language(s) Spoken:	Min/Max Age:	Min/Max Age:
TDD: No	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Min/Max Age:	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information	Please contact provider for Accessibility information
American Sign Language (ASL): No	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM
Please contact provider for Accessibility information		
Hours: M,W,F 4PM-7PM		
<b>LYONS, KEITH E , CSW</b>	<b>LYONS, KEITH E , CSW</b>	<b>MACMASTER, LINDSAY, PSY</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Female
License number: 92724	License number: 92724	License number: 25570
NPI: 1538704002	NPI: 1538704002	NPI: 1659520179
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST	1111 W CHASE AVE	1111 W CHASE AVE
EL CAJON, CA 92020-4007	EL CAJON, CA 92020-5710	EL CAJON, CA 92020-5710
Phone: (619) 515-2300	Phone: (619) 515-2499	Phone: (619) 515-2499
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499	After Hours Phone: (619) 515-2499

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, Hindi, Nepali (Individual Language), Spanish
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M,W-F 8AM-5PM, TU 8AM-8PM

### **MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female  
*License number:* 25570  
*NPI:* 1659520179  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300

### **MAGOS, DANIEL, CSW**

*Provider Gender:* Male  
*License number:* 88270  
*NPI:* 1578983664  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
440-2751

### **MALAK, LAWRENCE, MD**

*Provider Gender:* Male  
*License number:* A115345  
*NPI:* 1467773028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **MALAK, LAWRENCE, MD**

*Provider Gender:* Male  
*License number:* A115345  
*NPI:* 1467773028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300

### **MARTINEZ, IVONNE B , CSW**

*Provider Gender:* Female  
*License number:* 85604  
*NPI:* 1225355498  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300

### **MARTINEZ, STEPHANIE, MD**

*Provider Gender:* Female  
*License number:* 152787  
*NPI:* 1699126367  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **MARTINEZ, STEPHANIE, MD**

*Provider Gender:* Female  
*License number:* 152787  
*NPI:* 1699126367  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M,W-F 8AM-5PM, TU 8AM-8PM</p>	<p>Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M,W,F 4PM-7PM</p> <p><b>MCADAMS, HILDA, NPA</b>            Provider Gender: Female            License number: 14201            NPI: 1396838082            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            680 FLETCHER PKWY STE 200            EL CAJON, CA 92020-2500            Phone: (619) 515-2338            Fax: (619) 269-0598            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes</p>
<p><b>MATIALEU, LEOPOLDINE, MD</b>            Provider Gender: Female            License number: A152369            NPI: 1255759718            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: NEIGHBORHOOD HEALTHCARE            855 E MADISON AVE            EL CAJON, CA 92020-3819            Phone: (619) 440-2751            Fax:            After Hours Phone: (619) 440-2751</p>	<p><b>MAXWELL, MELISSA K , CSW</b>            Provider Gender: U            License number: 90791            NPI: 1275182826            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: NEIGHBORHOOD HEALTHCARE            215 W MADISON AVE            EL CAJON, CA 92020-3405            Phone: (619) 401-6236            Fax: (619) 667-6036            After Hours Phone: (619) 401-6236</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Site English Spoken:</i> Yes	American Sign Language, Farsi,	American Sign Language, Farsi,
<i>Site Language(s) Spoken:</i> Spanish	Japanese, Portuguese, Russian, Spanish, Yue Chinese	Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5:30PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

### **MCDANIEL, REBECCA, CSW**

*Provider Gender:* Female  
*License number:* 86534  
*NPI:* 1518623818  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500  
*Phone:* (619) 515-2338  
*Fax:* (619) 269-0598  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish

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## J. Directorio de proveedores de salud mental

TDD: No	Min/Max Age:	Gender Restriction: No Gender Restrictions
Min/Max Age:	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes	Please contact provider for Accessibility information
American Sign Language (ASL): No	Please contact provider for Accessibility information	Hours: M-F 8AM-5PM
Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM	
Hours: M-F 8:30AM-5:30PM		
<b>MCDANIEL, REBECCA, CSW</b>	<b>MCDANIEL, REBECCA, CSW</b>	<b>MCGINLEY, NANCY R , MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 86534	License number: 86534	License number: A167231
NPI: 1518623818	NPI: 1518623818	NPI: 1649765124
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST	525 E MAIN ST	525 E MAIN ST
1111 W CHASE AVE	EL CAJON, CA 92020-4007	EL CAJON, CA 92020-4007
EL CAJON, CA 92020-5710	Phone: (619) 515-2300	Phone: (619) 515-2300
Phone: (619) 515-2499	Fax:	Fax:
Fax: (619) 702-8536	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2300
After Hours Phone: (619) 515-2499	Website:	Website:
Website:	www.beaconhealthoptions.com	www.beaconhealthoptions.com
www.beaconhealthoptions.com	Accepting New Patients: Yes	Accepting New Patients: Yes
Accepting New Patients: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site English Spoken: Yes	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	TDD: No	TDD: No
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Min/Max Age:	Min/Max Age:
TDD: No		Gender Restriction: No Gender Restrictions

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>MCHENRY, KELLY, CSW</b> Provider Gender: Female License number: 29689 NPI: 1851544340 Provider English Spoken: Yes Provider Language(s) Spoken: American Sign Language Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender	<b>MCHENRY, KELLY, CSW</b> Provider Gender: Female License number: 29689 NPI: 1851544340 Provider English Spoken: Yes Provider Language(s) Spoken: American Sign Language Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender	<b>MEJIAS, JUAN C , PSY</b> Provider Gender: Male License number: 26953 NPI: 1558560730 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: NEIGHBORHOOD HEALTHCARE 855 E MADISON AVE EL CAJON, CA 92020-3819 Phone: (619) 440-2751 Fax: After Hours Phone: (619) 440-2751 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information  <i>Hours:</i> M,W-F 8AM-5PM, TU 8AM-8PM</p>	<p><i>American Sign Language (ASL):</i> Yes  Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>	<p>Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>MEJIA, RITA I , MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 99697  <i>NPI:</i> 1952741506  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  525 E MAIN ST  EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions</p>	<p><b>MEJIA, RITA I , MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 99697  <i>NPI:</i> 1952741506  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  1111 W CHASE AVE  EL CAJON, CA 92020-5710  <i>Phone:</i> (619) 515-2499  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2499  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i></p>	<p><b>MENDEZ PEREZ, MARIA C , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 89151  <i>NPI:</i> 1356902795  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  525 E MAIN ST  EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	<i>Hours: M-F 8AM-5PM</i>
Accessibility information	<i>Hours: M-F 8:30AM-5PM</i>	
<i>Hours: M-F 8AM-5PM</i>		
<b>MENDEZ, ANDRES G , PSY</b>	<b>MERRILL, SARAH M , CSW</b>	<b>MERRILL, SARAH M , CSW</b>
<i>Provider Gender: Male</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>License number: 28907</i>	<i>License number: 79014</i>	<i>License number: 79014</i>
<i>NPI: 1841482692</i>	<i>NPI: 1639403884</i>	<i>NPI: 1639403884</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
1111 W CHASE AVE	525 E MAIN ST	1111 W CHASE AVE
EL CAJON, CA 92020-5710	EL CAJON, CA 92020-4007	EL CAJON, CA 92020-5710
<i>Phone: (619) 515-2499</i>	<i>Phone: (619) 515-2300</i>	<i>Phone: (619) 515-2499</i>
<i>Fax: (619) 702-8536</i>	<i>Fax:</i>	<i>Fax: (619) 702-8536</i>
<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>
<i>515-2499</i>	<i>515-2300</i>	<i>515-2499</i>
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>
<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi,	American Sign Language, Farsi,	American Sign Language, Farsi,
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Spanish, Yue Chinese	Spanish, Yue Chinese	Spanish, Yue Chinese
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>
<i>Restrictions</i>	<i>Restrictions</i>	<i>Restrictions</i>
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
Yes	Please contact provider for	Accessibility information

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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

### **MILLER, BRIAN P , MD**

Provider Gender: Male

License number: A68180

NPI: 1861411381

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MILLER, BRIAN

1460 E MAIN ST

EL CAJON, CA 92021-8617

Phone: (858) 939-4393

Fax: (619) 740-4807

After Hours Phone: (858)

939-4393

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for Accessibility information

Hours:

### **MILLICAN, RUTH, PSY**

Provider Gender: Female

License number: 25354

NPI: 1346472305

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

### **MILLICAN, RUTH, PSY**

Provider Gender: Female

License number: 25354

NPI: 1346472305

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

Yes

Please contact provider for Accessibility information

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

### **MODAD, ALBERT, PSY**

Provider Gender: Female

License number: 29697

NPI: 1629453691

Provider English Spoken: Yes

Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>  FAMILY HEALTH CENTERS OF  SAN DIEGO  525 E MAIN ST  EL CAJON, CA 92020-4007  Phone: (619) 515-2300  Fax:  After Hours Phone: (619)  515-2300  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8AM-5PM</p> <p><b>MODAD, ALBERT, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 29697  <i>NPI:</i> 1629453691  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p>FAMILY HEALTH CENTERS OF  SAN DIEGO  1111 W CHASE AVE  EL CAJON, CA 92020-5710  Phone: (619) 515-2499  Fax: (619) 702-8536  After Hours Phone: (619)  515-2499  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>MORALES MORENO, MINERVA,  CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 63550  <i>NPI:</i> 1841337565  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p>FAMILY HEALTH CENTERS OF  SAN DIEGO  1111 W CHASE AVE  EL CAJON, CA 92020-5710  Phone: (619) 515-2499  Fax: (619) 702-8536  After Hours Phone: (619)  515-2499  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>MORALES MORENO, MINERVA,  CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 63550  <i>NPI:</i> 1841337565  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>
<p><b>NADEAU MANNING, JULIE, CSW</b> Provider Gender: Female License number: 25094 NPI: 1275609760 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p><b>NADEAU MANNING, JULIE, CSW</b> Provider Gender: Female License number: 25094 NPI: 1275609760 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p><b>NARANJO, JORGE, MD</b> Provider Gender: Male License number: A62504 NPI: 1992838684 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT 133 W MAIN ST EL CAJON, CA 92020-3315 Phone: (619) 401-0404 Fax: (619) 401-0522 After Hours Phone: (619) 401-0404 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Mandarin, Spanish, Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>NAZARIO, JACOBETH, PSY</b> Provider Gender: Female License number: PSY32092 NPI: 1326648684 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 680 FLETCHER PKWY STE 200 EL CAJON, CA 92020-2500 Phone: (619) 515-2338 Fax: (619) 269-0598 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8:30AM-5:30PM</p> <p><b>NAZARIO, JACOBETH, PSY</b> Provider Gender: Female License number: PSY32092 NPI: 1326648684 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE</p>	<p>EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p> <p><b>NOUHI, NUSHA, PSY</b> Provider Gender: Female License number: 27670 NPI: 1942433917 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency:</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>EL CAJON, CA 92020-5710  <i>Phone:</i> (619) 515-2499  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2499  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>EL CAJON, CA 92020-4007  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>	<p>EL CAJON, CA 92020-5710  <i>Phone:</i> (619) 515-2499  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2499  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>NOUHI, NUSHA, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 27670  <i>NPI:</i> 1942433917  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Farsi  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST</p>	<p><b>NWANGANGA, OKECHUKU R , CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 27072  <i>NPI:</i> 1285984450  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE</p>	<p><b>OBRYAN, KELLY, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 24966  <i>NPI:</i> 1093882698  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2499	Phone: (619) 440-2751
Fax:	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499	After Hours Phone: (619) 440-2751
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Arabic, Hindi, Nepali (Individual Language), Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M,W-F 8AM-5PM, TU 8AM-8PM

### **OBRYAN, KELLY, PSY**

Provider Gender: Female  
 License number: 24966  
 NPI: 1093882698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **OGLESBY, MONIQUE M , PSY**

Provider Gender: Female  
 License number: PSY26802  
 NPI: 1831240720  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 269-0598  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5:30PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **OJHA, PRITI, MD**

Provider Gender: Female  
 License number: A139807  
 NPI: 1760897284  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **OJHA, PRITI, MD**

Provider Gender: Female

License number: A139807

NPI: 1760897284

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **OLIVER, ELIZABETH, CSW**

Provider Gender: Female

License number: 66862

NPI: 1326296351

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **ORBE, KERIN, MD**

Provider Gender: Female

License number: 20A17225

NPI: 1114256690

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 579-8745	Website:
Fax:	Fax: (619) 579-1328	www.beaconhealthoptions.com
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 579-8745	Accepting New Patients: Yes
Website:	Website:	Site English Spoken: Yes
www.beaconhealthoptions.com	www.beaconhealthoptions.com	Site Language(s) Spoken:
Accepting New Patients: Yes	Accepting New Patients: Yes	Arabic, Hindi, Nepali (Individual Language), Spanish
Site English Spoken: Yes	Site English Spoken: Yes	TDD: No
Site Language(s) Spoken:	Site Language(s) Spoken:	Min/Max Age:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	TDD: No	Gender Restriction: No Gender Restrictions
TDD: No	Min/Max Age:	American Sign Language (ASL):
Min/Max Age:	Gender Restriction: No Gender Restrictions	No
Gender Restriction: No Gender Restrictions	American Sign Language (ASL):	Please contact provider for Accessibility information
American Sign Language (ASL):	No	Hours: M,W-F 8AM-5PM, TU 8AM-8PM
Yes	Please contact provider for Accessibility information	
Please contact provider for Accessibility information	Hours:	
Hours: M-F 8AM-5PM		
	<b>PEDERSEN, SUESAN, MD</b>	<b>PINEDO, YANELI, CSW</b>
<b>OTIS, JOHN L , MD</b>	Provider Gender: Female	Provider Gender: Male
Provider Gender: Male	License number: A138369	License number: 91103
License number: G28506	NPI: 1558603837	NPI: 1710361712
NPI: 1235154535	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Provider Language(s) Spoken:	Cultural Competency:	Cultural Competency:
Cultural Competency:	NEIGHBORHOOD	FAMILY HEALTH CENTERS OF SAN DIEGO
OTIS, JOHN	HEALTHCARE	1111 W CHASE AVE
1580 BROADWAY	855 E MADISON AVE	EL CAJON, CA 92020-5710
EL CAJON, CA 92021-5124	EL CAJON, CA 92020-3819	Phone: (619) 515-2499
	Phone: (619) 440-2751	Fax: (619) 702-8536
	Fax:	After Hours Phone: (619) 515-2499
	After Hours Phone: (619) 440-2751	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p> <p><b>POSTLETHWAITE, ALEJANDRA, MD</b>          Provider Gender: Female          License number: A88938          NPI: 1750566915          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: NEIGHBORHOOD HEALTHCARE          855 E MADISON AVE          EL CAJON, CA 92020-3819</p>	<p>Phone: (619) 440-2751          Fax:          After Hours Phone: (619) 440-2751          Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M,W-F 8AM-5PM, TU 8AM-8PM</p> <p><b>PRASEK, LAUREN, NPA</b>          Provider Gender: Female          License number: 95004145          NPI: 1932566031          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          525 E MAIN ST          EL CAJON, CA 92020-4007</p>	<p>Phone: (619) 515-2300          Fax:          After Hours Phone: (619) 515-2300          Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8AM-5PM</p> <p><b>PRASEK, LAUREN, NPA</b>          Provider Gender: Female          License number: 95004145          NPI: 1932566031          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          1111 W CHASE AVE          EL CAJON, CA 92020-5710</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>PROCTOR, MELISSA S , CSW</b>            Provider Gender: Female            License number: 62650            NPI: 1336188655            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>PROOSASELTS, YULIYA, MD</b>            Provider Gender: Female            License number: A133675            NPI: 1952747875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>PROOSASELTS, YULIYA, MD</b>            Provider Gender: Female            License number: A133675            NPI: 1952747875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>

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## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **QUIROZ, NORMA, MFT**

Provider Gender: Female

License number: 50504

NPI: 1902945199

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **RABBAN, DIANA, CSW**

Provider Gender: Female

License number: 72987

NPI: 1033426374

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **RAMOS, ELIZABETH, CSW**

Provider Gender: Female

License number: 73374

NPI: 1992046890

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2499	133 W MAIN ST
Fax:	Fax: (619) 702-8536	EL CAJON, CA 92020-3315
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499	Phone: (619) 401-0404
Website:	Website:	Fax: (619) 401-0522
www.beaconhealthoptions.com	www.beaconhealthoptions.com	After Hours Phone: (619) 401-0404
Accepting New Patients: Yes	Accepting New Patients: Yes	Website:
Site English Spoken: Yes	Site English Spoken: Yes	www.beaconhealthoptions.com
Site Language(s) Spoken:	Site Language(s) Spoken:	Accepting New Patients: Yes
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site English Spoken: Yes
TDD: No	TDD: No	Site Language(s) Spoken:
Min/Max Age:	Min/Max Age:	Arabic, Mandarin, Spanish, Chinese
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	TDD: No
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	Min/Max Age: 0/99
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Gender Restriction: No Gender Restrictions
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	American Sign Language (ASL): No
<b>RAMOS, ELIZABETH, CSW</b>	<b>RATNIEWSKI, JANET, PSY</b>	Please contact provider for Accessibility information
Provider Gender: Female	Provider Gender: Female	Hours: M-F 8AM-5PM
License number: 73374	License number: PSY26406	
NPI: 1992046890	NPI: 1245649599	<b>RENTERIA, SABRINA, MD</b>
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider Gender: Female
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish	License number: A145894
Cultural Competency:	Cultural Competency:	NPI: 1285029421
FAMILY HEALTH CENTERS OF SAN DIEGO	INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT	Provider English Spoken: Yes
1111 W CHASE AVE		Provider Language(s) Spoken:
EL CAJON, CA 92020-5710		Cultural Competency:
		FAMILY HEALTH CENTERS OF SAN DIEGO
		1111 W CHASE AVE
		EL CAJON, CA 92020-5710

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>RENTERIA, SABRINA, MD</b>            Provider Gender: Female            License number: A145894            NPI: 1285029421            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>RODRIGUEZ, CHRISTINE, PSY</b>            Provider Gender: Female            License number: 30472            NPI: 1568656619            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>RODRIGUEZ, CHRISTINE, PSY</b>            Provider Gender: Female            License number: 30472            NPI: 1568656619            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2499	<i>Phone:</i> (619) 515-2300
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i>
<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2499	<i>After Hours Phone:</i> (619) 515-2300
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **ROSENFARB, BARBARA, CSW**

*Provider Gender:* Female  
*License number:* 28590  
*NPI:* 1447477781  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **ROSENFARB, BARBARA, CSW**

*Provider Gender:* Female  
*License number:* 28590  
*NPI:* 1447477781  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **ROSS, ANNE T , NPA**

*Provider Gender:* Female  
*License number:* 53359  
*NPI:* 1447334883  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 440-2751	Phone: (619) 515-2300	Phone: (619) 515-2499
Fax:	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 440-2751	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2499
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, Hindi, Nepali (Individual Language), Spanish	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M,W-F 8AM-5PM, TU 8AM-8PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM

### **ROZELL, KATHY, CSW**

Provider Gender: Female  
 License number: 25068  
 NPI: 1578603973  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

### **ROZELL, KATHY, CSW**

Provider Gender: Female  
 License number: 25068  
 NPI: 1578603973  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

### **RYDALCH, JOANNA, CSW**

Provider Gender: Female  
 License number: 904009322  
 NPI: 1215256870  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 269-0598            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5:30PM</p>
<p><b>RYDALCH, JOANNA, CSW</b>            Provider Gender: Female            License number: 904009322            NPI: 1215256870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>RYDALCH, JOANNA, CSW</b>            Provider Gender: Female            License number: 904009322            NPI: 1215256870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            680 FLETCHER PKWY STE 200            EL CAJON, CA 92020-2500</p>	<p><b>SABEN, LAURENCE R , MD</b>            Provider Gender: Male            License number: G27446            NPI: 1669454898            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SABEN, LAURENCE            615 E LEXINGTON AVE            EL CAJON, CA 92020-4617            Phone: (619) 440-7831            Fax: (619) 440-0540            After Hours Phone: (619) 440-7831</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 7AM-6PM</p> <p><b>SATERA, ANDREW, NRS</b></p> <p>Provider Gender: Male</p> <p>License number: 95018929</p> <p>NPI: 1265861629</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>680 FLETCHER PKWY STE 200 EL CAJON, CA 92020-2500</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 269-0598</p> <p>After Hours Phone: (619) 515-2338</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p>	<p>Site Language(s) Spoken: Spanish</p> <p>TDD: No</p> <p>Min/Max Age: Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5:30PM</p> <p><b>SATERA, ANDREW, NRS</b></p> <p>Provider Gender: Male</p> <p>License number: 95018929</p> <p>NPI: 1265861629</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1111 W CHASE AVE EL CAJON, CA 92020-5710</p> <p>Phone: (619) 515-2499</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2499</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p>	<p>Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>SATERA, ANDREW, NRS</b></p> <p>Provider Gender: Male</p> <p>License number: 95018929</p> <p>NPI: 1265861629</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST EL CAJON, CA 92020-4007</p> <p>Phone: (619) 515-2300</p> <p>Fax: After Hours Phone: (619) 515-2300</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age:</i>	<i>Min/Max Age: 0/99</i>	<i>Min/Max Age:</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>
<i>American Sign Language (ASL): Yes</i>	<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): Yes</i>
<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>
<i>Hours: M-F 8AM-5PM</i>	<i>Hours: M-F 8AM-5PM</i>	<i>Hours: M-F 8AM-5PM</i>
<b>SCHEUBER, TIMOTHY, PSY</b>	<b>SEPULVEDA, JOE, MD</b>	<b>SEPULVEDA, JOE, MD</b>
<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>
<i>License number: PSY26681</i>	<i>License number: A113283</i>	<i>License number: A113283</i>
<i>NPI: 1083017396</i>	<i>NPI: 1306165402</i>	<i>NPI: 1306165402</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
133 W MAIN ST	525 E MAIN ST	1111 W CHASE AVE
EL CAJON, CA 92020-3315	EL CAJON, CA 92020-4007	EL CAJON, CA 92020-5710
<i>Phone: (619) 401-0404</i>	<i>Phone: (619) 515-2300</i>	<i>Phone: (619) 515-2499</i>
<i>Fax: (619) 401-0522</i>	<i>Fax:</i>	<i>Fax: (619) 702-8536</i>
<i>After Hours Phone: (619) 401-0404</i>	<i>After Hours Phone: (619) 515-2300</i>	<i>After Hours Phone: (619) 515-2499</i>
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>
<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
Arabic, Mandarin, Spanish, Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Directorio de proveedores de salud mental

<i>TDD: No</i>	<i>Min/Max Age:</i>	<i>Gender Restriction: No Gender Restrictions</i>
<i>Min/Max Age:</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>American Sign Language (ASL): Yes</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>American Sign Language (ASL): Yes</i>	<i>Please contact provider for Accessibility information</i>
<i>American Sign Language (ASL): Yes</i>	<i>Please contact provider for Accessibility information</i>	<i>Hours: M-F 8AM-5PM</i>
<i>Please contact provider for Accessibility information</i>	<i>Hours: M-F 8:30AM-5PM</i>	
<i>Hours: M-F 8:30AM-5PM</i>		
<b>SHEARED, JORDAN S , CSW</b>	<b>SHEARED, JORDAN S , CSW</b>	<b>SIMPSON, JENNIFER, CSW</b>
<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>License number: ASW74739</i>	<i>License number: ASW74739</i>	<i>License number: 82678</i>
<i>NPI: 1699121749</i>	<i>NPI: 1699121749</i>	<i>NPI: 1740765866</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</i>
<i>1111 W CHASE AVE</i>	<i>1111 W CHASE AVE</i>	<i>1111 W CHASE AVE</i>
<i>EL CAJON, CA 92020-5710</i>	<i>EL CAJON, CA 92020-4007</i>	<i>EL CAJON, CA 92020-5710</i>
<i>Phone: (619) 515-2499</i>	<i>Phone: (619) 515-2300</i>	<i>Phone: (619) 515-2499</i>
<i>Fax: (619) 702-8536</i>	<i>Fax:</i>	<i>Fax: (619) 702-8536</i>
<i>After Hours Phone: (619) 515-2499</i>	<i>After Hours Phone: (619) 515-2300</i>	<i>After Hours Phone: (619) 515-2499</i>
<i>Website: www.beaconhealthoptions.com</i>	<i>Website: www.beaconhealthoptions.com</i>	<i>Website: www.beaconhealthoptions.com</i>
<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>	<i>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>	<i>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Restrictions	<i>American Sign Language (ASL):</i> Yes	Please contact provider for Accessibility information
<i>American Sign Language (ASL):</i> Yes	Please contact provider for Accessibility information	<i>Hours:</i> M,W-F 8AM-5PM, TU 8AM-8PM
Please contact provider for Accessibility information	<i>Hours:</i> M-F 8AM-5PM	
<i>Hours:</i> M-F 8:30AM-5PM		
<b>SIMPSON, JENNIFER, CSW</b>	<b>SINGH, PARDEEP, NPA</b>	<b>SIPIN, ELVIRA P , CSW</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> 82678	<i>License number:</i> 95010750	<i>License number:</i> LCS15308
<i>NPI:</i> 1740765866	<i>NPI:</i> 1992279004	<i>NPI:</i> 1477759892
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> Cultural Competency:	<i>Provider Language(s) Spoken:</i> Cultural Competency:	<i>Provider Language(s) Spoken:</i> Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	NEIGHBORHOOD HEALTHCARE	FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST	855 E MADISON AVE	525 E MAIN ST
EL CAJON, CA 92020-4007	EL CAJON, CA 92020-3819	EL CAJON, CA 92020-4007
<i>Phone:</i> (619) 515-2300	<i>Phone:</i> (619) 440-2751	<i>Phone:</i> (619) 515-2300
<i>Fax:</i>	<i>Fax:</i>	<i>Fax:</i>
<i>After Hours Phone:</i> (619) 515-2300	<i>After Hours Phone:</i> (619) 440-2751	<i>After Hours Phone:</i> (619) 515-2300
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, Hindi, Nepali (Individual Language), Spanish	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **SPAHR, CHRISTIE C , MFT**

Provider Gender: Female  
License number: 51792  
NPI: 1295085736  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

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

### **STA ROMANA, JOSEFINA, MD**

Provider Gender: Female  
License number: C52364  
NPI: 1003972175  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
COMMUNITY RESEARCH  
FOUNDATION INC  
460 N MAGNOLIA AVE STE 110  
EL CAJON, CA 92020-3610  
Phone: (619) 440-5133  
Fax: (619) 440-8522  
After Hours Phone: (619)  
440-5133  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M,TU,TH,F 9AM-5PM, W  
9AM-7PM  
**STEWART, ANDREA M , MFT**

Provider Gender: U  
License number: 45174  
NPI: 1508993122  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM  
**STEWART, ANDREA M , MFT**  
Provider Gender: U

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

License number: 45174	NPI: 1275995870	Provider English Spoken: Yes
NPI: 1508993122	Provider English Spoken: Yes	Provider Language(s) Spoken:
Provider English Spoken: Yes	Provider Language(s) Spoken:	Cultural Competency:
Provider Language(s) Spoken:	Cultural Competency:	NEIGHBORHOOD
Cultural Competency:	NEIGHBORHOOD	HEALTHCARE
FAMILY HEALTH CENTERS OF	HEALTHCARE	855 E MADISON AVE
SAN DIEGO	855 E MADISON AVE	EL CAJON, CA 92020-3819
525 E MAIN ST	EL CAJON, CA 92020-3819	Phone: (619) 440-2751
EL CAJON, CA 92020-4007	Phone: (619) 440-2751	Fax:
Phone: (619) 515-2300	Fax:	After Hours Phone: (619)
Fax:	After Hours Phone: (619)	440-2751
After Hours Phone: (619)	440-2751	Website:
515-2300	Website:	www.beaconhealthoptions.com
Website:	www.beaconhealthoptions.com	Accepting New Patients: Yes
www.beaconhealthoptions.com	Accepting New Patients: Yes	Site English Spoken: Yes
Accepting New Patients: Yes	Site English Spoken: Yes	Site Language(s) Spoken:
Site English Spoken: Yes	Site Language(s) Spoken:	Arabic, Hindi, Nepali (Individual
Site Language(s) Spoken:	Arabic, Hindi, Nepali (Individual	Language), Spanish
American Sign Language, Farsi,	Language), Spanish	TDD: No
Japanese, Portuguese, Russian,	TDD: No	Min/Max Age:
Spanish, Yue Chinese	Min/Max Age:	Gender Restriction: No Gender
TDD: No	Gender Restriction: No Gender	Restrictions
Min/Max Age:	Restrictions	American Sign Language (ASL):
Gender Restriction: No Gender	American Sign Language (ASL):	No
Restrictions	No	Please contact provider for
American Sign Language (ASL):	Please contact provider for	Accessibility information
Yes	Accessibility information	Hours: M,W-F 8AM-5PM, TU
Please contact provider for	Hours: M,W-F 8AM-5PM, TU	8AM-8PM
Accessibility information	8AM-8PM	
Hours: M-F 8AM-5PM		
<b>STONE, CALVIN, MD</b>	<b>SUOZZO, JOSEPH J , PSY</b>	<b>TAHBAZ, ASH, MFT</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: U
License number: 20A18127	License number: 18393	License number: 87601
	NPI: 1821013228	NPI: 1205294543
		Provider English Spoken: Yes

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## J. Directorio de proveedores de salud mental

<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	NEIGHBORHOOD
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF	HEALTHCARE
FAMILY HEALTH CENTERS OF	SAN DIEGO	855 E MADISON AVE
SAN DIEGO	525 E MAIN ST	EL CAJON, CA 92020-3819
1111 W CHASE AVE	EL CAJON, CA 92020-4007	<i>Phone:</i> (619) 440-2751
EL CAJON, CA 92020-5710	<i>Phone:</i> (619) 515-2300	<i>Fax:</i>
<i>Phone:</i> (619) 515-2499	<i>Fax:</i>	<i>After Hours Phone:</i> (619)
<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)	440-2751
<i>After Hours Phone:</i> (619)	515-2300	<i>Website:</i>
515-2499	<i>Website:</i>	www.beaconhealthoptions.com
<i>Website:</i>	www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>	Arabic, Hindi, Nepali (Individual
<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,	Language), Spanish
American Sign Language, Farsi,	Japanese, Portuguese, Russian,	<i>TDD:</i> No
Japanese, Portuguese, Russian,	Spanish, Yue Chinese	<i>Min/Max Age:</i>
Spanish, Yue Chinese	<i>TDD:</i> No	<i>Gender Restriction:</i> No Gender
<i>TDD:</i> No	<i>Min/Max Age:</i>	Restrictions
<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender	<i>American Sign Language (ASL):</i>
<i>Gender Restriction:</i> No Gender	Restrictions	No
Restrictions	<i>American Sign Language (ASL):</i>	Please contact provider for
<i>American Sign Language (ASL):</i>	Yes	Accessibility information
Yes	Please contact provider for	<i>Hours:</i> M,W-F 8AM-5PM, TU
Please contact provider for	Accessibility information	8AM-8PM
Accessibility information	<i>Hours:</i> M-F 8AM-5PM	
<i>Hours:</i> M-F 8:30AM-5PM		
<b>TAHBAZ, ASH, MFT</b>	<b>TEETER-WITT, ALYSSA, PSY</b>	<b>THICKSTUN, MARY SUSAN, CSW</b>
<i>Provider Gender:</i> U	<i>Provider Gender:</i> U	<i>Provider Gender:</i> Female
<i>License number:</i> 87601	<i>License number:</i> 31075	<i>License number:</i> 21573
<i>NPI:</i> 1205294543	<i>NPI:</i> 1932308442	<i>NPI:</i> 1437354875
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710 Phone: (619) 515-2499 Fax: (619) 702-8536 After Hours Phone: (619) 515-2499 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p> <p><b>THOMAS, PAULA M , CSW</b> Provider Gender: Female License number: 29517 NPI: 1821389966 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE</p>
<p><b>THICKSTUN, MARY SUSAN, CSW</b> Provider Gender: Female License number: 21573 NPI: 1437354875 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p><b>THIESSEN, BRUCE L , PSY</b> Provider Gender: Male License number: 14259 NPI: 1841541984 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF</p>	

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

855 E MADISON AVE  
EL CAJON, CA 92020-3819  
Phone: (619) 440-2751  
Fax:  
After Hours Phone: (619)  
440-2751  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, Hindi, Nepali (Individual  
Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M,W-F 8AM-5PM, TU  
8AM-8PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female  
License number: 75185  
NPI: 1861938227  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE

855 E MADISON AVE  
EL CAJON, CA 92020-3819  
Phone: (619) 440-2751  
Fax:  
After Hours Phone: (619)  
440-2751  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, Hindi, Nepali (Individual  
Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M,W-F 8AM-5PM, TU  
8AM-8PM

### **THOUVENOT, CHELSA, MD**

Provider Gender: Female  
License number: A173869  
NPI: 1083076129  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST

EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **THOUVENOT, CHELSA, MD**

Provider Gender: Female  
License number: A173869  
NPI: 1083076129  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>TONG, GARRICK, MD</b>            Provider Gender: Male            License number: A102192            NPI: 1831361278            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Yue Chinese            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>TONG, GARRICK, MD</b>            Provider Gender: Male            License number: A102192            NPI: 1831361278            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Yue Chinese            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>	<p><b>TORRES, LAURA, CSW</b>            Provider Gender: Female            License number: 65059            NPI: 1568612943            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1111 W CHASE AVE            EL CAJON, CA 92020-5710</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2499	Phone: (619) 515-2300	Phone: (619) 515-2300
Fax: (619) 702-8536	Fax:	Fax:
After Hours Phone: (619) 515-2499	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2300
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM
<b>TORRES, LAURA, CSW</b>	<b>TRIANA, JENNIFER, CSW</b>	<b>TRIANA, JENNIFER, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 65059	License number: 88589	License number: 88589
NPI: 1568612943	NPI: 1073844460	NPI: 1073844460
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Spanish	Spanish
FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency:	Cultural Competency:
525 E MAIN ST	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
EL CAJON, CA 92020-4007	525 E MAIN ST	1111 W CHASE AVE
	EL CAJON, CA 92020-4007	EL CAJON, CA 92020-5710

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2499	Phone: (619) 515-2338	Phone: (619) 515-2300
Fax: (619) 702-8536	Fax: (619) 269-0598	Fax:
After Hours Phone: (619) 515-2499	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Spanish	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): No	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5:30PM	Hours: M-F 8AM-5PM
<b>TRIANA, JENNIFER, CSW</b>	<b>TROYER, EMILY, PSY</b>	<b>TROYER, EMILY, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 88589	License number: A149101	License number: A149101
NPI: 1073844460	NPI: 1326484437	NPI: 1326484437
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200 EL CAJON, CA 92020-2500	525 E MAIN ST EL CAJON, CA 92020-4007	1111 W CHASE AVE EL CAJON, CA 92020-5710

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2499	EL CAJON, CA 92020-3819	Phone: (619) 515-2499
Fax: (619) 702-8536	Phone: (619) 440-2751	Fax: (619) 702-8536
After Hours Phone: (619) 515-2499	Fax:	After Hours Phone: (619) 515-2499
Website:	After Hours Phone: (619) 440-2751	Website:
www.beaconhealthoptions.com	Website:	www.beaconhealthoptions.com
Accepting New Patients: Yes	www.beaconhealthoptions.com	Accepting New Patients: Yes
Site English Spoken: Yes	Accepting New Patients: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site English Spoken: Yes	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken:	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	Arabic, Hindi, Nepali (Individual Language), Spanish	TDD: No
Min/Max Age:	TDD: No	Min/Max Age:
Gender Restriction: No Gender Restrictions	Min/Max Age:	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	American Sign Language (ASL): No	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM
	Hours: M,W-F 8AM-5PM, TU 8AM-8PM	
<b>VALLEZ BARLAM, ANDREA, PSY</b>	<b>WEAVER, JHOSMARA A , CSW</b>	<b>WEBSTER, KRISTIN K , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: PSY9962	License number: 77233	License number: LCSW16118
NPI: 1710902143	NPI: 1982848594	NPI: 1902336837
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: NEIGHBORHOOD HEALTHCARE 855 E MADISON AVE	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1111 W CHASE AVE EL CAJON, CA 92020-5710

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2499            Fax: (619) 702-8536            After Hours Phone: (619) 515-2499            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 401-6236            Fax: (619) 667-6036            After Hours Phone: (619) 401-6236            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M,W,F 4PM-7PM</p>
<p><b>WEBSTER, KRISTIN K , CSW</b>            Provider Gender: Female            License number: LCSW16118            NPI: 1902336837            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007</p>	<p><b>WESH, MADELINE, PSY</b>            Provider Gender: Female            License number: 31736            NPI: 1285864918            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            215 W MADISON AVE            EL CAJON, CA 92020-3405</p>	<p><b>WIGLE, CHARLES E , MFT</b>            Provider Gender: Male            License number: MFC29757            NPI: 1407911878            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            525 E MAIN ST            EL CAJON, CA 92020-4007            Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, Hindi, Nepali (Individual Language), Spanish
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M,W-F 8AM-5PM, TU 8AM-8PM

### **WIGLE, CHARLES E , MFT**

*Provider Gender:* Male  
*License number:* MFC29757  
*NPI:* 1407911878  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499

### **WILLIAMS, SHANTRICE M , NPA**

*Provider Gender:* Female  
*License number:* 19664  
*NPI:* 1578865549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
 440-2751

### **WILSON, NICOLE M , CSW**

*Provider Gender:* Female  
*License number:* 94855  
*NPI:* 1033576400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **WINSHIP, KATHERINE L , CSW**

*Provider Gender:* Female  
*License number:* LCSW69759  
*NPI:* 1124498043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300

### **WINSHIP, KATHERINE L , CSW**

*Provider Gender:* Female  
*License number:* LCSW69759  
*NPI:* 1124498043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499

### **WINSHIP, KATHERINE L , CSW**

*Provider Gender:* Female  
*License number:* LCSW69759  
*NPI:* 1124498043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500  
*Phone:* (619) 515-2338  
*Fax:* (619) 269-0598  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5:30PM</p> <p><b>WITT, ANNETTE, CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 15770</p> <p>NPI: 1912263468</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1111 W CHASE AVE EL CAJON, CA 92020-5710</p> <p>Phone: (619) 515-2499</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2499</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>	<p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>WITT, ANNETTE, CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 15770</p> <p>NPI: 1912263468</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST EL CAJON, CA 92020-4007</p> <p>Phone: (619) 515-2300</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2300</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p>	<p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-5PM</p> <p><b>WOLF, CELIA C, NPA</b></p> <p>Provider Gender: Female</p> <p>License number: 95001899</p> <p>NPI: 1245635564</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>525 E MAIN ST EL CAJON, CA 92020-4007</p> <p>Phone: (619) 515-2300</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2300</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

American Sign Language, Farsi, Japanese, Portuguese, Russian, TDD: No	Japanese, Portuguese, Russian, Spanish, Yue Chinese	TDD: No
Japanese, Portuguese, Russian, Spanish, Yue Chinese	TDD: No	Min/Max Age:
TDD: No	Min/Max Age:	Gender Restriction: No Gender Restrictions
Min/Max Age:	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): No
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes	Please contact provider for Accessibility information
American Sign Language (ASL): Yes	Please contact provider for Accessibility information	Hours: M,W-F 8AM-5PM, TU 8AM-8PM
Yes	Hours: M-F 8:30AM-5PM	
Please contact provider for Accessibility information		<b>YALYSHAVA, VOLHA, CSW</b>
Hours: M-F 8AM-5PM		Provider Gender: Female
	<b>WOODWORTH, JENNIFER, PSY</b>	License number: LCSW69810
	Provider Gender: Female	NPI: 1821392002
<b>WOLF, CELIA C , NPA</b>	License number: 26963	Provider English Spoken: Yes
Provider Gender: Female	NPI: 1639362494	Provider Language(s) Spoken: Russian
License number: 95001899	Provider English Spoken: Yes	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
NPI: 1245635564	Provider Language(s) Spoken: NEIGHBORHOOD HEALTHCARE	1111 W CHASE AVE
Provider English Spoken: Yes	Cultural Competency: NEIGHBORHOOD HEALTHCARE	EL CAJON, CA 92020-5710
Provider Language(s) Spoken: FAMILY HEALTH CENTERS OF SAN DIEGO	855 E MADISON AVE	Phone: (619) 515-2499
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	EL CAJON, CA 92020-3819	Fax: (619) 702-8536
FAMILY HEALTH CENTERS OF SAN DIEGO	Phone: (619) 440-2751	After Hours Phone: (619) 515-2499
1111 W CHASE AVE	Fax:	Website:
EL CAJON, CA 92020-5710	After Hours Phone: (619) 440-2751	www.beaconhealthoptions.com
Phone: (619) 515-2499	Website:	Accepting New Patients: Yes
Fax: (619) 702-8536	www.beaconhealthoptions.com	Site English Spoken: Yes
After Hours Phone: (619) 515-2499	Accepting New Patients: Yes	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,
515-2499	Site English Spoken: Yes	
Website:	Site Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish	
www.beaconhealthoptions.com		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>YALYSHAVA, VOLHA, CSW</b> Provider Gender: Female License number: LCSW69810 NPI: 1821392002 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,	<b>YSLA, FRANCIS M, MD</b> Provider Gender: Male License number: A155712 NPI: 1578978854 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<b>ZAYAS, GILBERTO, MD</b> Provider Gender: Male License number: A136760 NPI: 1508174970 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 525 E MAIN ST EL CAJON, CA 92020-4007 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Directorio de proveedores de salud mental

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### ZAYAS, GILBERTO, MD

Provider Gender: Male  
 License number: A136760  
 NPI: 1508174970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

### ENCINITAS

### ALTAMIRANO, LEON, PSY

Provider Gender: Male  
 License number: 23734  
 NPI: 1619271517  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NORTH COUNTY HEALTH SERVICES  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese

### BUCKLEY, LISA J, PSY

Provider Gender: Female  
 License number: 15155  
 NPI: 1699873976  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: BUCKLEY, LISA  
 1991 VILLAGE PARK WAY STE 202B  
 ENCINITAS, CA 92024-1967  
 Phone: (760) 943-1226  
 Fax: (760) 634-7961  
 After Hours Phone: (760) 943-1226  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>American Sign Language (ASL): No          No          Please contact provider for          Accessibility information          Hours: TU,TH,F 8AM-5PM, W          8AM-7PM</p>	<p>No          Please contact provider for          Accessibility information          Hours: M-F 8AM-5PM</p>	<p>Accessibility information          Hours: M-F 8AM-5PM</p>
<p><b>CAI, SHEILA X , MD</b>          Provider Gender: Female          License number: C149845          NPI: 1780625012          Provider English Spoken: Yes          Provider Language(s) Spoken:          Chinese          Cultural Competency:          NORTH COUNTY HEALTH          SERVICES          1130 2ND ST          ENCINITAS, CA 92024-5008          Phone: (760) 736-6767          Fax:          After Hours Phone: (760)          736-6767          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Spanish, Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender          Restrictions          American Sign Language (ASL):          No          Please contact provider for          Accessibility information          Hours: M-F 8AM-5PM</p>	<p><b>CHALMERS, VIRGINIA, CSW</b>          Provider Gender: Female          License number: 28053          NPI: 1265613715          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency:          NORTH COUNTY HEALTH          SERVICES          1130 2ND ST          ENCINITAS, CA 92024-5008          Phone: (760) 736-6767          Fax:          After Hours Phone: (760)          736-6767          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Spanish, Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender          Restrictions          American Sign Language (ASL):          No          Please contact provider for</p>	<p><b>CORTIZO, ROSA, PSY</b>          Provider Gender: Female          License number: 22278          NPI: 1952316648          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency:          NORTH COUNTY HEALTH          SERVICES          1130 2ND ST          ENCINITAS, CA 92024-5008          Phone: (760) 736-6767          Fax:          After Hours Phone: (760)          736-6767          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Spanish, Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender          Restrictions          American Sign Language (ASL):          No          Please contact provider for          Accessibility information          Hours: M-F 8AM-5PM</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p><b>FLYNN (NEWMAN), DANIELLE I , PSY</b>  <i>Provider Gender:</i> U  <i>License number:</i> 26184  <i>NPI:</i> 1477785137  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency:            NORTH COUNTY HEALTH SERVICES            1130 2ND ST            ENCINITAS, CA 92024-5008  <i>Phone:</i> (760) 736-6767  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 736-6767  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Spanish, Chinese            TDD: No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p> <p><b>FREEMAN, WANDA, NPA</b>  <i>Provider Gender:</i> Female</p>	<p><i>License number:</i> 95003903  <i>NPI:</i> 1659504264  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency:            NORTH COUNTY HEALTH SERVICES            1130 2ND ST            ENCINITAS, CA 92024-5008  <i>Phone:</i> (760) 736-6767  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 736-6767  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Spanish, Chinese            TDD: No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p> <p><b>GARCIA, JANET A , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 91462  <i>NPI:</i> 1790144756  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i>            Cultural Competency:            NORTH COUNTY HEALTH SERVICES            1130 2ND ST            ENCINITAS, CA 92024-5008  <i>Phone:</i> (760) 736-6767  <i>Fax:</i>  <i>After Hours Phone:</i> (760) 736-6767  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Spanish, Chinese            TDD: No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i>            No            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p> <p><b>GEORGIEV, MARY JO C , PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 17954  <i>NPI:</i> 1518996875  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency:            NORTH COUNTY HEALTH</p>
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## J. Directorio de proveedores de salud mental

SERVICES 1130 2ND ST ENCINITAS, CA 92024-5008 Phone: (760) 736-6767 Fax: After Hours Phone: (760) 736-6767 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Phone: (760) 736-6767 Fax: After Hours Phone: (760) 736-6767 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Phone: (760) 736-6767 Fax: After Hours Phone: (760) 736-6767 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>JENSEN, BRIAN M , PSY</b> Provider Gender: Male License number: 26041 NPI: 1518138049 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES 1130 2ND ST ENCINITAS, CA 92024-5008	<b>KRAPES, MICHAEL B , PSY</b> Provider Gender: Male License number: 25077 NPI: 1215233028 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES 1130 2ND ST ENCINITAS, CA 92024-5008	<b>REBELO, MARCIA A , CSW</b> Provider Gender: Female License number: 65679 NPI: 1649720566 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: REBELO, MARCIA 187 CALLE MAGDALENA STE 212 ENCINITAS, CA 92024-3709

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## J. Directorio de proveedores de salud mental

Phone: (760) 846-1284	Website:	Site English Spoken: Yes
Fax: (760) 634-5397	www.beaconhealthoptions.com	Site Language(s) Spoken:
After Hours Phone: (760) 846-1284	Accepting New Patients: Yes	Spanish, Chinese
Website:	Site English Spoken: Yes	TDD: No
www.beaconhealthoptions.com	Site Language(s) Spoken:	Min/Max Age:
Accepting New Patients: Yes	TDD: No	Gender Restriction: No Gender Restrictions
Site English Spoken: Yes	Min/Max Age:	American Sign Language (ASL):
Site Language(s) Spoken:	Gender Restriction: No Gender Restrictions	No
TDD: No	American Sign Language (ASL):	Please contact provider for Accessibility information
Min/Max Age: 0/99	No	Hours: M-F 8AM-5PM
Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information	
American Sign Language (ASL):	Hours: M,TU 9AM-6PM	
No		<b>SIMPSON, ERIC, PSY</b>
Please contact provider for Accessibility information	<b>SIMMONS, LILIANA C , NPA</b>	Provider Gender: Male
Hours:	Provider Gender: Female	License number: 28885
	License number: 177800	NPI: 1710110416
<b>RESNICK, CECILY A , PSY</b>	NPI: 1396113254	Provider English Spoken: Yes
Provider Gender: Female	Provider English Spoken: Yes	Provider Language(s) Spoken:
License number: 16956	Provider Language(s) Spoken:	Cultural Competency:
NPI: 1023122579	Spanish	NORTH COUNTY HEALTH SERVICES
Provider English Spoken: Yes	Cultural Competency:	1130 2ND ST
Provider Language(s) Spoken:	NORTH COUNTY HEALTH SERVICES	ENCINITAS, CA 92024-5008
Cultural Competency:	1130 2ND ST	Phone: (760) 736-6767
RESNICK, CECILY	ENCINITAS, CA 92024-5008	Fax:
535 ENCINITAS BLVD STE 110	Phone: (760) 736-6767	After Hours Phone: (760) 736-6767
ENCINITAS, CA 92024-3742	Fax:	Website:
Phone: (760) 445-3737	After Hours Phone: (760) 736-6767	www.beaconhealthoptions.com
Fax:	Website:	Accepting New Patients: Yes
After Hours Phone: (760) 445-3737	www.beaconhealthoptions.com	Site English Spoken: Yes
	Accepting New Patients: Yes	Site Language(s) Spoken:
		Spanish, Chinese

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## J. Directorio de proveedores de salud mental

<p>TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>TORRES, HECTOR M , PSY</b> Provider Gender: Male License number: 13309 NPI: 1720265614 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: NORTH COUNTY HEALTH SERVICES 1130 2ND ST ENCINITAS, CA 92024-5008 Phone: (760) 736-6767 Fax: After Hours Phone: (760) 736-6767 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age:</p>	<p>Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>WELCH, MEGAN, MFT</b> Provider Gender: Female License number: 113763 NPI: 1689117400 Provider English Spoken: Yes Provider Language(s) Spoken: NORTH COUNTY HEALTH SERVICES 1130 2ND ST ENCINITAS, CA 92024-5008 Phone: (760) 736-6767 Fax: After Hours Phone: (760) 736-6767 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL):</p>	<p>No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <div style="background-color: black; color: white; text-align: center; padding: 5px;"><b>ESCONDIDO</b></div> <p><b>ANDERSEN, CLAIRE, MD</b> Provider Gender: Female License number: 125942 NPI: 1831418664 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE 460 N ELM ST ESCONDIDO, CA 92025-3002 Phone: (760) 520-8100 Fax: (858) 633-4691 After Hours Phone: (760) 520-8100 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: Yes Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL):</p>
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## J. Directorio de proveedores de salud mental

<p>No Please contact provider for Accessibility information Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p>	<p>Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>Hours: M-F 8AM-5PM</p>
<p><b>ANDERSEN, CLAIRE, MD</b> Provider Gender: Female License number: 125942 NPI: 1831418664 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE 426 N DATE ST ESCONDIDO, CA 92025-3409 Phone: (760) 690-5900 Fax: After Hours Phone: (760) 690-5900 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No</p>	<p><b>ANDERSEN, CLAIRE, MD</b> Provider Gender: Female License number: 125942 NPI: 1831418664 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE 488 E VALLEY PKWY STE 404 ESCONDIDO, CA 92025-3379 Phone: (760) 466-9800 Fax: (858) 633-4694 After Hours Phone: (760) 466-9800 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information</p>	<p><b>ANDERSEN, CLAIRE, MD</b> Provider Gender: Female License number: 125942 NPI: 1831418664 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE 425 N DATE ST ESCONDIDO, CA 92025-3413 Phone: (760) 520-8330 Fax: After Hours Phone: (760) 520-8330 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: Yes Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>ANDERSEN, CLAIRE, MD</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Provider Gender:</i> Female	<i>NPI:</i> 1831418664	<i>Provider Language(s) Spoken:</i>
<i>License number:</i> 125942	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i>
<i>NPI:</i> 1831418664	<i>Provider Language(s) Spoken:</i>	NEIGHBORHOOD
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i>	HEALTHCARE
<i>Provider Language(s) Spoken:</i>	NEIGHBORHOOD	550 W WASHINGTON AVE
<i>Cultural Competency:</i>	HEALTHCARE	ESCONDIDO, CA 92025-1643
NEIGHBORHOOD	728 E VALLEY PKWY	<i>Phone:</i> (760) 466-8600
HEALTHCARE	ESCONDIDO, CA 92025-3052	<i>Fax:</i>
1001 E GRAND AVE	<i>Phone:</i> (760) 737-6900	<i>After Hours Phone:</i> (760)
ESCONDIDO, CA 92025-4604	<i>Fax:</i> (858) 633-4694	466-8600
<i>Phone:</i> (760) 520-8200	<i>After Hours Phone:</i> (760)	<i>Website:</i>
<i>Fax:</i> (858) 633-4695	737-6900	www.beaconhealthoptions.com
<i>After Hours Phone:</i> (760)	<i>Website:</i>	<i>Accepting New Patients:</i> Yes
520-8200	www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes
<i>Website:</i>	<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i> Hindi,
www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes	Nepali (Individual Language),
<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i> Hindi,	Spanish
<i>Site English Spoken:</i> Yes	Nepali (Individual Language),	<i>TDD:</i> No
<i>Site Language(s) Spoken:</i> Hindi,	Spanish	<i>Min/Max Age:</i>
Nepali (Individual Language),	<i>TDD:</i> Yes	<i>Gender Restriction:</i> No Gender
Spanish	<i>Min/Max Age:</i>	<i>Restrictions</i>
<i>TDD:</i> No	<i>Gender Restriction:</i> No Gender	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i> 19/99	<i>Restrictions</i>	No
<i>Gender Restriction:</i> No Gender	<i>American Sign Language (ASL):</i>	Please contact provider for
<i>Restrictions</i>	No	Accessibility information
<i>American Sign Language (ASL):</i>	Please contact provider for	<i>Hours:</i> M-F 8AM-5PM
No	Accessibility information	
Please contact provider for	<i>Hours:</i> M-F 8AM-5PM	
Accessibility information		<b>BELINSKY, MARIA T , CSW</b>
<i>Hours:</i> M-F 8AM-5PM		<i>Provider Gender:</i> Female
	<b>ANDERSEN, CLAIRE, MD</b>	<i>License number:</i> LCSW69175
	<i>Provider Gender:</i> Female	<i>NPI:</i> 1760867824
	<i>License number:</i> 125942	<i>Provider English Spoken:</i> Yes
	<i>NPI:</i> 1831418664	<i>Provider Language(s) Spoken:</i>
	<i>Provider English Spoken:</i> Yes	Spanish

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> NEIGHBORHOOD HEALTHCARE 460 N ELM ST ESCONDIDO, CA 92025-3002 <i>Phone:</i> (760) 520-8100 <i>Fax:</i> (858) 633-4691 <i>After Hours Phone:</i> (760) 520-8100 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish <i>TDD:</i> Yes <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p> <p><b>BELINSKY, MARIA T , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW69175 <i>NPI:</i> 1760867824 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish</p>	<p><i>Cultural Competency:</i> NEIGHBORHOOD HEALTHCARE 1001 E GRAND AVE ESCONDIDO, CA 92025-4604 <i>Phone:</i> (760) 520-8200 <i>Fax:</i> (858) 633-4695 <i>After Hours Phone:</i> (760) 520-8200 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM</p> <p><b>BELINSKY, MARIA T , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW69175 <i>NPI:</i> 1760867824 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i></p>	<p>NEIGHBORHOOD HEALTHCARE 728 E VALLEY PKWY ESCONDIDO, CA 92025-3052 <i>Phone:</i> (760) 737-6900 <i>Fax:</i> (858) 633-4694 <i>After Hours Phone:</i> (760) 737-6900 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish <i>TDD:</i> Yes <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM</p> <p><b>BELINSKY, MARIA T , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW69175 <i>NPI:</i> 1760867824 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> NEIGHBORHOOD</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

HEALTHCARE 426 N DATE ST ESCONDIDO, CA 92025-3409 Phone: (760) 690-5900 Fax: After Hours Phone: (760) 690-5900 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	425 N DATE ST ESCONDIDO, CA 92025-3413 Phone: (760) 520-8330 Fax: After Hours Phone: (760) 520-8330 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: Yes Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	ESCONDIDO, CA 92025-1643 Phone: (760) 466-8600 Fax: After Hours Phone: (760) 466-8600 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>BELINSKY, MARIA T , CSW</b> Provider Gender: Female License number: LCSW69175 NPI: 1760867824 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: NEIGHBORHOOD HEALTHCARE	<b>BELINSKY, MARIA T , CSW</b> Provider Gender: Female License number: LCSW69175 NPI: 1760867824 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: NEIGHBORHOOD HEALTHCARE 550 W WASHINGTON AVE	<b>BELINSKY, MARIA T , CSW</b> Provider Gender: Female License number: LCSW69175 NPI: 1760867824 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: NEIGHBORHOOD HEALTHCARE 488 E VALLEY PKWY STE 404 ESCONDIDO, CA 92025-3379

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 466-9800            Fax: (858) 633-4694            After Hours Phone: (760) 466-9800            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8200            Fax: (858) 633-4695            After Hours Phone: (760) 520-8200            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 690-5900            Fax:            After Hours Phone: (760) 690-5900            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>BHAJU, JESHMIN, PSY</b>            Provider Gender: Female            License number: 31625            NPI: 1497081566            Provider English Spoken: Yes            Provider Language(s) Spoken: Hindi, Nepali (Individual Language)            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            1001 E GRAND AVE            ESCONDIDO, CA 92025-4604</p>	<p><b>BHAJU, JESHMIN, PSY</b>            Provider Gender: Female            License number: 31625            NPI: 1497081566            Provider English Spoken: Yes            Provider Language(s) Spoken: Hindi, Nepali (Individual Language)            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            426 N DATE ST            ESCONDIDO, CA 92025-3409</p>	<p><b>BHAJU, JESHMIN, PSY</b>            Provider Gender: Female            License number: 31625            NPI: 1497081566            Provider English Spoken: Yes            Provider Language(s) Spoken: Hindi, Nepali (Individual Language)            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            550 W WASHINGTON AVE            ESCONDIDO, CA 92025-1643</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (760) 466-8600

Fax:

After Hours Phone: (760)  
466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **BHAJU, JESHMIN, PSY**

Provider Gender: Female

License number: 31625

NPI: 1497081566

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Nepali (Individual  
Language)

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **BHAJU, JESHMIN, PSY**

Provider Gender: Female

License number: 31625

NPI: 1497081566

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Nepali (Individual  
Language)

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST  
ESCONDIDO, CA 92025-3413

Phone: (760) 520-8330

Fax:

After Hours Phone: (760)  
520-8330

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **BHAJU, JESHMIN, PSY**

Provider Gender: Female

License number: 31625

NPI: 1497081566

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Nepali (Individual  
Language)

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST  
ESCONDIDO, CA 92025-3002

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 520-8100  
 Fax: (858) 633-4691  
 After Hours Phone: (760) 520-8100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

### **BHAJU, JESHMIN, PSY**

Provider Gender: Female  
 License number: 31625  
 NPI: 1497081566  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Nepali (Individual Language)  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052  
 Phone: (760) 737-6900  
 Fax: (858) 633-4694  
 After Hours Phone: (760) 737-6900  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CALOCA, LAURA, PSY**

Provider Gender: Female  
 License number: 29757  
 NPI: 1134364698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413

Phone: (760) 520-8330  
 Fax:  
 After Hours Phone: (760) 520-8330  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CALOCA, LAURA, PSY**

Provider Gender: Female  
 License number: 29757  
 NPI: 1134364698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (760) 737-6900

Fax: (858) 633-4694

After Hours Phone: (760)  
737-6900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CALOCA, LAURA, PSY**

Provider Gender: Female

License number: 29757

NPI: 1134364698

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)  
520-8100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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

### **CALOCA, LAURA, PSY**

Provider Gender: Female

License number: 29757

NPI: 1134364698

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

Phone: (760) 690-5900

Fax:

After Hours Phone: (760)  
690-5900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CALOCA, LAURA, PSY**

Provider Gender: Female

License number: 29757

NPI: 1134364698

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)  
520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CALOCA, LAURA, PSY**

Provider Gender: Female

License number: 29757

NPI: 1134364698

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CALOCA, LAURA, PSY**

Provider Gender: Female

License number: 29757

NPI: 1134364698

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643

Phone: (760) 466-8600

Fax:

After Hours Phone: (760)  
466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CALOCA, LAURA, PSY**

Provider Gender: Female

License number: 29757

NPI: 1134364698

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 411  
ESCONDIDO, CA 92025-3380

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (760) 466-9800

Fax:

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **CASTILLO, TIFFANY A , MD**

Provider Gender: Female

License number: A158480

NPI: 1114459252

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

Phone: (760) 520-8330

Fax:

After Hours Phone: (760)  
520-8330

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CELAYA, MARY, NPA**

Provider Gender: Female

License number: 11425

NPI: 1710060231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)  
520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CELAYA, MARY, NPA**

Provider Gender: Female

License number: 11425

NPI: 1710060231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 737-6900	Phone: (760) 690-5900	Phone: (760) 466-8600
Fax: (858) 633-4694	Fax:	Fax:
After Hours Phone: (760) 737-6900	After Hours Phone: (760) 690-5900	After Hours Phone: (760) 466-8600
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: Yes	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM

### **CELAYA, MARY, NPA**

Provider Gender: Female  
 License number: 11425  
 NPI: 1710060231  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409

### **CELAYA, MARY, NPA**

Provider Gender: Female  
 License number: 11425  
 NPI: 1710060231  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643

### **CELAYA, MARY, NPA**

Provider Gender: Female  
 License number: 11425  
 NPI: 1710060231  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (760) 520-8330

Fax:

After Hours Phone: (760)  
520-8330

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CELAYA, MARY, NPA**

Provider Gender: Female

License number: 11425

NPI: 1710060231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)  
520-8100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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

### **CELAYA, MARY, NPA**

Provider Gender: Female

License number: 11425

NPI: 1710060231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CHAFFEE, CHRISTI E , MFT**

Provider Gender: Female

License number: 28950

NPI: 1881641983

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

CHAFFEE, CHRISTI

327 S IVY ST

ESCONDIDO, CA 92025-4337

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 791-7922            Fax: (760) 294-2151            After Hours Phone: (760) 791-7922            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M 12PM-3:30PM, TU 8AM-8PM, W 2PM-8PM, TH 8AM-4PM</p>	<p>Phone: (760) 520-8200            Fax: (858) 633-4695            After Hours Phone: (760) 520-8200            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>CHALMERS, VIRGINIA, CSW</b>            Provider Gender: Female            License number: 28053            NPI: 1265613715            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            1001 E GRAND AVE            ESCONDIDO, CA 92025-4604</p>	<p><b>CHALMERS, VIRGINIA, CSW</b>            Provider Gender: Female            License number: 28053            NPI: 1265613715            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p><b>CLARK-JEFFERIES, TAKENYA C, CSW</b>            Provider Gender: Female            License number: 62241            NPI: 1205087657            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>CORVINI, NICOLAS, NPA</b>            Provider Gender: Male            License number: 55107            NPI: 1194242461            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            460 N ELM ST            ESCONDIDO, CA 92025-3002</p>	<p>Phone: (760) 520-8100            Fax: (858) 633-4691            After Hours Phone: (760) 520-8100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p> <p><b>CORVINI, NICOLAS, NPA</b>            Provider Gender: Male            License number: 55107            NPI: 1194242461            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            550 W WASHINGTON AVE            ESCONDIDO, CA 92025-1643</p>	<p>Phone: (760) 466-8600            Fax:            After Hours Phone: (760) 466-8600            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>CORVINI, NICOLAS, NPA</b>            Provider Gender: Male            License number: 55107            NPI: 1194242461            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            488 E VALLEY PKWY STE 404            ESCONDIDO, CA 92025-3379</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 466-9800            Fax: (858) 633-4694            After Hours Phone: (760) 466-9800            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8200            Fax: (858) 633-4695            After Hours Phone: (760) 520-8200            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>CORVINI, NICOLAS, NPA</b>            Provider Gender: Male            License number: 55107            NPI: 1194242461            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p><b>CORVINI, NICOLAS, NPA</b>            Provider Gender: Male            License number: 55107            NPI: 1194242461            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            1001 E GRAND AVE            ESCONDIDO, CA 92025-4604</p>	<p><b>CORVINI, NICOLAS, NPA</b>            Provider Gender: Male            License number: 55107            NPI: 1194242461            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            728 E VALLEY PKWY            ESCONDIDO, CA 92025-3052</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 737-6900            Fax: (858) 633-4694            After Hours Phone: (760) 737-6900            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 690-5900            Fax:            After Hours Phone: (760) 690-5900            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8100            Fax: (858) 633-4691            After Hours Phone: (760) 520-8100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p>
<p><b>CORVINI, NICOLAS, NPA</b>            Provider Gender: Male            License number: 55107            NPI: 1194242461            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            426 N DATE ST            ESCONDIDO, CA 92025-3409</p>	<p><b>COSTELLO, JENNIFER R , CSW</b>            Provider Gender: Female            License number: 84174            NPI: 1619506250            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            460 N ELM ST            ESCONDIDO, CA 92025-3002</p>	<p><b>COSTELLO, JENNIFER R , CSW</b>            Provider Gender: Female            License number: 84174            NPI: 1619506250            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            426 N DATE ST            ESCONDIDO, CA 92025-3409</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 690-5900	Phone: (760) 466-9800	Phone: (760) 520-8200
Fax:	Fax: (858) 633-4694	Fax: (858) 633-4695
After Hours Phone: (760) 690-5900	After Hours Phone: (760) 466-9800	After Hours Phone: (760) 520-8200
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 19/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM
<b>COSTELLO, JENNIFER R , CSW</b>	<b>COSTELLO, JENNIFER R , CSW</b>	<b>COSTELLO, JENNIFER R , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 84174	License number: 84174	License number: 84174
NPI: 1619506250	NPI: 1619506250	NPI: 1619506250
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
NEIGHBORHOOD	NEIGHBORHOOD	NEIGHBORHOOD
HEALTHCARE	HEALTHCARE	HEALTHCARE
488 E VALLEY PKWY STE 404	1001 E GRAND AVE	550 W WASHINGTON AVE
ESCONDIDO, CA 92025-3379	ESCONDIDO, CA 92025-4604	ESCONDIDO, CA 92025-1643

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (760) 466-8600

Fax:

After Hours Phone: (760)  
466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **COSTELLO, JENNIFER R , CSW**

Provider Gender: Female

License number: 84174

NPI: 1619506250

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

Phone: (760) 737-6900

Fax: (858) 633-4694

After Hours Phone: (760)  
737-6900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CRUZ, GUADALUPE, CSW**

Provider Gender: Male

License number: 83597

NPI: 1649727942

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

Phone: (760) 520-8330

Fax:

After Hours Phone: (760)  
520-8330

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **DANIEL, BELINDA, MD**

Provider Gender: Female

License number: A158183

NPI: 1760913446

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 520-8330	Phone: (760) 520-8100	Phone: (760) 466-8600
Fax:	Fax: (858) 633-4691	Fax:
After Hours Phone: (760) 520-8330	After Hours Phone: (760) 520-8100	After Hours Phone: (760) 466-8600
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: Yes	TDD: Yes	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM
<b>EDE, KEKOA, MD</b>	<b>EDE, KEKOA, MD</b>	<b>EDE, KEKOA, MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A101211	License number: A101211	License number: A101211
NPI: 1134224843	NPI: 1134224843	NPI: 1134224843
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: NEIGHBORHOOD HEALTHCARE	Cultural Competency: NEIGHBORHOOD HEALTHCARE	Cultural Competency: NEIGHBORHOOD HEALTHCARE
460 N ELM ST	HEALTHCARE	1001 E GRAND AVE
ESCONDIDO, CA 92025-3002	550 W WASHINGTON AVE	ESCONDIDO, CA 92025-4604
	ESCONDIDO, CA 92025-1643	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

---

Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)  
520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **EDE, KEKOA, MD**

Provider Gender: Male

License number: A101211

NPI: 1134224843

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

Phone: (760) 520-8330

Fax:

After Hours Phone: (760)  
520-8330

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **EDE, KEKOA, MD**

Provider Gender: Male

License number: A101211

NPI: 1134224843

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

Phone: (760) 690-5900

Fax:

After Hours Phone: (760)  
690-5900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **EDE, KEKOA, MD**

Provider Gender: Male

License number: A101211

NPI: 1134224843

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 737-6900            Fax: (858) 633-4694            After Hours Phone: (760) 737-6900            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 871-0606            Fax: (858) 634-6918            After Hours Phone: (760) 871-0606            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Spanish, Kiswahili, Swahili (Individual Language)            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>FERTIG, PATRICIA A , MD</b>            Provider Gender: Female            License number: 20A14928            NPI: 1457642803            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p><b>GANDY, SHARAREH, PSY</b>            Provider Gender: Female            License number: PSY28097            NPI: 1730310723            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            INTEGRATED HEALTH            PARTNERS- BORREGO            COMMUNITY HEALTH            FOUNDAT            1121 E WASHINGTON AVE            ESCONDIDO, CA 92025-2214</p>	<p><b>GARCIA, JANET A , CSW</b>            Provider Gender: Female            License number: 91462            NPI: 1790144756            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            550 W WASHINGTON AVE            ESCONDIDO, CA 92025-1643</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (760) 466-8600

Fax:

After Hours Phone: (760)  
466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female

License number: 95002763

NPI: 1972929404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

Phone: (760) 690-5900

Fax:

After Hours Phone: (760)  
690-5900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female

License number: 95002763

NPI: 1972929404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643

Phone: (760) 466-8600

Fax:

After Hours Phone: (760)  
466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female

License number: 95002763

NPI: 1972929404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)  
520-8100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female

License number: 95002763

NPI: 1972929404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)  
520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female

License number: 95002763

NPI: 1972929404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GUARDADO SOTO, RAQUEL E , PSY**

Provider Gender: Female

License number: 26883

NPI: 1194999276

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Phone: (760) 737-6900</i>	<i>Phone: (760) 520-8330</i>	<i>Phone: (760) 690-5900</i>
<i>Fax: (858) 633-4694</i>	<i>Fax:</i>	<i>Fax:</i>
<i>After Hours Phone: (760) 737-6900</i>	<i>After Hours Phone: (760) 520-8330</i>	<i>After Hours Phone: (760) 690-5900</i>
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>
<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish</i>	<i>Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish</i>	<i>Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish</i>
<i>TDD: Yes</i>	<i>TDD: Yes</i>	<i>TDD: No</i>
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>
<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>
<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>
<i>Hours: M-F 8AM-5PM</i>	<i>Hours: M-F 8AM-5PM</i>	<i>Hours: M-F 8AM-5PM</i>

### **GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender: Female*  
*License number: 26883*  
*NPI: 1194999276*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413

### **GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender: Female*  
*License number: 26883*  
*NPI: 1194999276*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409

### **GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender: Female*  
*License number: 26883*  
*NPI: 1194999276*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 520-8100            Fax: (858) 633-4691            After Hours Phone: (760) 520-8100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p>	<p>ESCONDIDO, CA 92025-4604            Phone: (760) 520-8200            Fax: (858) 633-4695            After Hours Phone: (760) 520-8200            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>ESCONDIDO, CA 92025-1643            Phone: (760) 466-8600            Fax:            After Hours Phone: (760) 466-8600            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>GUARDADO SOTO, RAQUEL E , PSY</b>            Provider Gender: Female            License number: 26883            NPI: 1194999276            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            1001 E GRAND AVE</p>	<p><b>GUARDADO SOTO, RAQUEL E , PSY</b>            Provider Gender: Female            License number: 26883            NPI: 1194999276            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency:            NEIGHBORHOOD HEALTHCARE            550 W WASHINGTON AVE</p>	<p><b>HAMISI, KHADIJA H , NPA</b>            Provider Gender: Female            License number: 20560            NPI: 1225360498            Provider English Spoken: Yes            Provider Language(s) Spoken: Kiswahili, Swahili (Individual Language)            Cultural Competency:            INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FOUNDAT 1121 E WASHINGTON AVE ESCONDIDO, CA 92025-2214 Phone: (760) 871-0606 Fax: (858) 634-6918 After Hours Phone: (760) 871-0606 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Kiswahili, Swahili (Individual Language) TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>HOLDEN, MATTHEW, PSY</b> Provider Gender: Male License number: PSY11197 NPI: 1740213487 Provider English Spoken: Yes Provider Language(s) Spoken: NEIGHBORHOOD HEALTHCARE Cultural Competency: NEIGHBORHOOD HEALTHCARE 426 N DATE ST ESCONDIDO, CA 92025-3409</p>	<p>ESCONDIDO, CA 92025-3052 Phone: (760) 737-6900 Fax: (858) 633-4694 After Hours Phone: (760) 737-6900 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: Yes Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>HOLDEN, MATTHEW, PSY</b> Provider Gender: Male License number: PSY11197 NPI: 1740213487 Provider English Spoken: Yes Provider Language(s) Spoken: NEIGHBORHOOD HEALTHCARE Cultural Competency: NEIGHBORHOOD HEALTHCARE 426 N DATE ST ESCONDIDO, CA 92025-3409</p>	<p>Phone: (760) 690-5900 Fax: After Hours Phone: (760) 690-5900 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>HOLDEN, MATTHEW, PSY</b> Provider Gender: Male License number: PSY11197 NPI: 1740213487 Provider English Spoken: Yes Provider Language(s) Spoken: NEIGHBORHOOD HEALTHCARE Cultural Competency: NEIGHBORHOOD HEALTHCARE 425 N DATE ST ESCONDIDO, CA 92025-3413</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (760) 520-8330

Fax:

After Hours Phone: (760)  
520-8330

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male

License number: PSY11197

NPI: 1740213487

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643

Phone: (760) 466-8600

Fax:

After Hours Phone: (760)  
466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male

License number: PSY11197

NPI: 1740213487

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)  
520-8100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male

License number: PSY11197

NPI: 1740213487

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (760) 520-8200	Phone: (760) 233-7730	Phone: (760) 466-8600
Fax: (858) 633-4695	Fax: (760) 233-7730	Fax:
After Hours Phone: (760) 520-8200	After Hours Phone: (760) 233-7730	After Hours Phone: (760) 466-8600
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: TDD: No	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: No	Min/Max Age: 0/99	TDD: No
Min/Max Age: 19/99	Gender Restriction: No Gender Restrictions	Min/Max Age: Gender Restriction: No Gender Restrictions
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): No	American Sign Language (ASL): No
American Sign Language (ASL): No	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Please contact provider for Accessibility information	Hours: M-F 8AM-7PM, SA 8AM-3PM	Hours: M-F 8AM-5PM
Hours: M-F 8AM-5PM	<b>LIU-BARBARO, DOROTHY, MD</b>	<b>LIU-BARBARO, DOROTHY, MD</b>
<b>HORSLEY, DEBRA L , CSW</b>	Provider Gender: Female	Provider Gender: Female
Provider Gender: Female	License number: A115342	License number: A115342
License number: 15974	NPI: 1851602270	NPI: 1851602270
NPI: 1205849825	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
Provider Language(s) Spoken: Cultural Competency:	NEIGHBORHOOD HEALTHCARE	NEIGHBORHOOD HEALTHCARE
HORSLEY, DEBRA	550 W WASHINGTON AVE	1001 E GRAND AVE
332 S JUNIPER ST STE 203B	ESCONDIDO, CA 92025-1643	ESCONDIDO, CA 92025-4604
ESCONDIDO, CA 92025-4942		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 520-8200            Fax: (858) 633-4695            After Hours Phone: (760) 520-8200            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 690-5900            Fax:            After Hours Phone: (760) 690-5900            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 737-6900            Fax: (858) 633-4694            After Hours Phone: (760) 737-6900            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>LIU-BARBARO, DOROTHY, MD</b>            Provider Gender: Female            License number: A115342            NPI: 1851602270            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            426 N DATE ST            ESCONDIDO, CA 92025-3409</p>	<p><b>LIU-BARBARO, DOROTHY, MD</b>            Provider Gender: Female            License number: A115342            NPI: 1851602270            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            728 E VALLEY PKWY            ESCONDIDO, CA 92025-3052</p>	<p><b>LIU-BARBARO, DOROTHY, MD</b>            Provider Gender: Female            License number: A115342            NPI: 1851602270            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 520-8330

Fax:

After Hours Phone: (760)  
520-8330

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **LIU-BARBARO, DOROTHY, MD**

Provider Gender: Female

License number: A115342

NPI: 1851602270

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)  
520-8100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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

### **LIU-BARBARO, DOROTHY, MD**

Provider Gender: Female

License number: A115342

NPI: 1851602270

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **LONGACRE, BRETT, NPA**

Provider Gender: Male

License number: 95003600

NPI: 1295089332

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 520-8200            Fax: (858) 633-4695            After Hours Phone: (760) 520-8200            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>LONGACRE, BRETT, NPA</b>            Provider Gender: Male            License number: 95003600            NPI: 1295089332            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p><b>MAGOS, DANIEL, CSW</b>            Provider Gender: Male            License number: 88270            NPI: 1578983664            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p><b>MAGOS, DANIEL, CSW</b>            Provider Gender: Male            License number: 88270            NPI: 1578983664            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            426 N DATE ST            ESCONDIDO, CA 92025-3409</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (760) 690-5900	Phone: (760) 466-8600	Phone: (760) 520-8200
Fax:	Fax:	Fax: (858) 633-4695
After Hours Phone: (760) 690-5900	After Hours Phone: (760) 466-8600	After Hours Phone: (760) 520-8200
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 19/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM
<b>MAGOS, DANIEL, CSW</b>	<b>MAGOS, DANIEL, CSW</b>	<b>MAGOS, DANIEL, CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: 88270	License number: 88270	License number: 88270
NPI: 1578983664	NPI: 1578983664	NPI: 1578983664
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
NEIGHBORHOOD	NEIGHBORHOOD	NEIGHBORHOOD
HEALTHCARE	HEALTHCARE	HEALTHCARE
550 W WASHINGTON AVE	1001 E GRAND AVE	728 E VALLEY PKWY
ESCONDIDO, CA 92025-1643	ESCONDIDO, CA 92025-4604	ESCONDIDO, CA 92025-3052

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (760) 737-6900

Fax: (858) 633-4694

After Hours Phone: (760)  
737-6900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MAGOS, DANIEL, CSW**

Provider Gender: Male

License number: 88270

NPI: 1578983664

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MAGOS, DANIEL, CSW**

Provider Gender: Male

License number: 88270

NPI: 1578983664

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST  
ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)  
520-8100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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

### **MARTINEZ, NORAYMA, CSW**

Provider Gender: Female

License number: 100019

NPI: 1669808267

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (760) 737-6900

Fax: (858) 633-4694

After Hours Phone: (760)  
737-6900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male

License number: 26953

NPI: 1558560730

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

Phone: (760) 690-5900

Fax:

After Hours Phone: (760)  
690-5900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male

License number: 26953

NPI: 1558560730

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643

Phone: (760) 466-8600

Fax:

After Hours Phone: (760)  
466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male

License number: 26953

NPI: 1558560730

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)  
520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male

License number: 26953

NPI: 1558560730

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

Phone: (760) 737-6900

Fax: (858) 633-4694

After Hours Phone: (760)  
737-6900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male

License number: 26953

NPI: 1558560730

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male

License number: 26953

NPI: 1558560730

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (760) 520-8330  
 Fax:  
 After Hours Phone: (760) 520-8330  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male  
 License number: 26953  
 NPI: 1558560730  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100  
 Fax: (858) 633-4691  
 After Hours Phone: (760) 520-8100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

### **NAVA-HERBERGER, ALEJANDRA, NPA**

Provider Gender: Female  
 License number: 555127  
 NPI: 1093138422  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST

ESCONDIDO, CA 92025-3413  
 Phone: (760) 520-8330  
 Fax:  
 After Hours Phone: (760) 520-8330  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **NIAKAMAL, EVAN, NPA**

Provider Gender: Male  
 License number: 58707  
 NPI: 1639796873  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8100            Fax: (858) 633-4691            After Hours Phone: (760) 520-8100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p>
<p><b>OSHRIN, HARVEY, MD</b>            Provider Gender: Male            License number: G7257            NPI: 1952326324            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p><b>PEDERSEN, SUESAN, MD</b>            Provider Gender: Female            License number: A138369            NPI: 1558603837            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            460 N ELM ST            ESCONDIDO, CA 92025-3002</p>	<p><b>PEDERSEN, SUESAN, MD</b>            Provider Gender: Female            License number: A138369            NPI: 1558603837            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            550 W WASHINGTON AVE            ESCONDIDO, CA 92025-1643</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 466-8600	Phone: (760) 520-8200	Phone: (760) 690-5900
Fax:	Fax: (858) 633-4695	Fax:
After Hours Phone: (760) 466-8600	After Hours Phone: (760) 520-8200	After Hours Phone: (760) 690-5900
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 19/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM

### **PEDERSEN, SUESAN, MD**

Provider Gender: Female  
 License number: A138369  
 NPI: 1558603837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604

### **PEDERSEN, SUESAN, MD**

Provider Gender: Female  
 License number: A138369  
 NPI: 1558603837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409

### **PEDERSEN, SUESAN, MD**

Provider Gender: Female  
 License number: A138369  
 NPI: 1558603837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (760) 737-6900

Fax: (858) 633-4694

After Hours Phone: (760)  
737-6900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **PEDERSEN, SUESAN, MD**

Provider Gender: Female

License number: A138369

NPI: 1558603837

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

Phone: (760) 520-8330

Fax:

After Hours Phone: (760)  
520-8330

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **PEDERSEN, SUESAN, MD**

Provider Gender: Female

License number: A138369

NPI: 1558603837

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **POPOCA LOGUE, ANA J , NPA**

Provider Gender: Female

License number: 12900

NPI: 1437262219

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8100            Fax: (858) 633-4691            After Hours Phone: (760) 520-8100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p>	<p>ESCONDIDO, CA 92025-1643            Phone: (760) 466-8600            Fax:            After Hours Phone: (760) 466-8600            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>POSTLETHWAITE,            ALEJANDRA, MD</b>            Provider Gender: Female            License number: A88938            NPI: 1750566915            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            460 N ELM ST            ESCONDIDO, CA 92025-3002</p>	<p><b>POSTLETHWAITE,            ALEJANDRA, MD</b>            Provider Gender: Female            License number: A88938            NPI: 1750566915            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            550 W WASHINGTON AVE</p>	<p><b>POSTLETHWAITE,            ALEJANDRA, MD</b>            Provider Gender: Female            License number: A88938            NPI: 1750566915            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            488 E VALLEY PKWY STE 404</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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ESCONDIDO, CA 92025-3379  
 Phone: (760) 466-9800  
 Fax: (858) 633-4694  
 After Hours Phone: (760) 466-9800  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

ESCONDIDO, CA 92025-3409  
 Phone: (760) 690-5900  
 Fax:  
 After Hours Phone: (760) 690-5900  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

ESCONDIDO, CA 92025-3413  
 Phone: (760) 520-8330  
 Fax:  
 After Hours Phone: (760) 520-8330  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**POSTLETHWAITE, ALEJANDRA, MD**  
 Provider Gender: Female  
 License number: A88938  
 NPI: 1750566915  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 426 N DATE ST

**POSTLETHWAITE, ALEJANDRA, MD**  
 Provider Gender: Female  
 License number: A88938  
 NPI: 1750566915  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST

**POSTLETHWAITE, ALEJANDRA, MD**  
 Provider Gender: Female  
 License number: A88938  
 NPI: 1750566915  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 1001 E GRAND AVE

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>ESCONDIDO, CA 92025-4604            Phone: (760) 520-8200            Fax: (858) 633-4695            After Hours Phone: (760) 520-8200            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>ESCONDIDO, CA 92025-3052            Phone: (760) 737-6900            Fax: (858) 633-4694            After Hours Phone: (760) 737-6900            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>1121 E WASHINGTON AVE            ESCONDIDO, CA 92025-2214            Phone: (760) 871-0606            Fax: (858) 634-6918            After Hours Phone: (760) 871-0606            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Spanish, Kiswahili, Swahili (Individual Language)            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>POSTLETHWAITE, ALEJANDRA, MD</b>            Provider Gender: Female            License number: A88938            NPI: 1750566915            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: NEIGHBORHOOD HEALTHCARE            728 E VALLEY PKWY</p>	<p><b>RATNIEWSKI, JANET, PSY</b>            Provider Gender: Female            License number: PSY26406            NPI: 1245649599            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT</p>	<p><b>ROSS, ANNE T, NPA</b>            Provider Gender: Female            License number: 53359            NPI: 1447334883            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE            550 W WASHINGTON AVE            ESCONDIDO, CA 92025-1643</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (760) 466-8600

Fax:

After Hours Phone: (760)  
466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **ROSS, ANNE T , NPA**

Provider Gender: Female

License number: 53359

NPI: 1447334883

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)  
520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **ROSS, ANNE T , NPA**

Provider Gender: Female

License number: 53359

NPI: 1447334883

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **ROSS, ANNE T , NPA**

Provider Gender: Female

License number: 53359

NPI: 1447334883

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (760) 690-5900	Phone: (760) 737-6900	Phone: (760) 520-8330
Fax:	Fax: (858) 633-4694	Fax:
After Hours Phone: (760) 690-5900	After Hours Phone: (760) 737-6900	After Hours Phone: (760) 520-8330
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: No	TDD: Yes	TDD: Yes
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM
<b>ROSS, ANNE T , NPA</b>	<b>ROSS, ANNE T , NPA</b>	<b>ROSS, ANNE T , NPA</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 53359	License number: 53359	License number: 53359
NPI: 1447334883	NPI: 1447334883	NPI: 1447334883
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
NEIGHBORHOOD	NEIGHBORHOOD	NEIGHBORHOOD
HEALTHCARE	HEALTHCARE	HEALTHCARE
728 E VALLEY PKWY	425 N DATE ST	460 N ELM ST
ESCONDIDO, CA 92025-3052	ESCONDIDO, CA 92025-3413	ESCONDIDO, CA 92025-3002

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 520-8100            Fax: (858) 633-4691            After Hours Phone: (760) 520-8100            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p> <p><b>SCHEUBER, TIMOTHY, PSY</b>            Provider Gender: Male            License number: PSY26681            NPI: 1083017396            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>SINGH, PARDEEP, NPA</b>            Provider Gender: Female            License number: 95010750            NPI: 1992279004            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            550 W WASHINGTON AVE            ESCONDIDO, CA 92025-1643</p>	<p>Phone: (760) 466-8600            Fax:            After Hours Phone: (760) 466-8600            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>SINGH, PARDEEP, NPA</b>            Provider Gender: Female            License number: 95010750            NPI: 1992279004            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            426 N DATE ST            ESCONDIDO, CA 92025-3409</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 690-5900            Fax:            After Hours Phone: (760) 690-5900            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8100            Fax: (858) 633-4691            After Hours Phone: (760) 520-8100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p>
<p><b>SINGH, PARDEEP, NPA</b>            Provider Gender: Female            License number: 95010750            NPI: 1992279004            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p><b>SINGH, PARDEEP, NPA</b>            Provider Gender: Female            License number: 95010750            NPI: 1992279004            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            460 N ELM ST            ESCONDIDO, CA 92025-3002</p>	<p><b>SINGH, PARDEEP, NPA</b>            Provider Gender: Female            License number: 95010750            NPI: 1992279004            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            1001 E GRAND AVE            ESCONDIDO, CA 92025-4604</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)  
520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **SINGH, PARDEEP, NPA**

Provider Gender: Female

License number: 95010750

NPI: 1992279004

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

Phone: (760) 737-6900

Fax: (858) 633-4694

After Hours Phone: (760)  
737-6900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **SINGH, PARDEEP, NPA**

Provider Gender: Female

License number: 95010750

NPI: 1992279004

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **STANIGAR, JUDITH, CSW**

Provider Gender: Female

License number: 25701

NPI: 1255501870

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hebrew

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1002 E GRAND AVE

ESCONDIDO, CA 92025-4605

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 741-2660	Phone: (760) 737-6900	Phone: (760) 520-8200
Fax: (760) 741-2647	Fax: (858) 633-4694	Fax: (858) 633-4695
After Hours Phone: (760) 741-2660	After Hours Phone: (760) 737-6900	After Hours Phone: (760) 520-8200
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hebrew	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: No	TDD: Yes	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 19/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM

### **STONE, CALVIN, MD**

Provider Gender: Male  
 License number: 20A18127  
 NPI: 1275995870  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052

### **STONE, CALVIN, MD**

Provider Gender: Male  
 License number: 20A18127  
 NPI: 1275995870  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604

### **STONE, CALVIN, MD**

Provider Gender: Male  
 License number: 20A18127  
 NPI: 1275995870  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 690-5900            Fax:            After Hours Phone: (760) 690-5900            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 466-8600            Fax:            After Hours Phone: (760) 466-8600            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8100            Fax: (858) 633-4691            After Hours Phone: (760) 520-8100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p>
<p><b>STONE, CALVIN, MD</b>            Provider Gender: Male            License number: 20A18127            NPI: 1275995870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            550 W WASHINGTON AVE            ESCONDIDO, CA 92025-1643</p>	<p><b>STONE, CALVIN, MD</b>            Provider Gender: Male            License number: 20A18127            NPI: 1275995870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            460 N ELM ST            ESCONDIDO, CA 92025-3002</p>	<p><b>STONE, CALVIN, MD</b>            Provider Gender: Male            License number: 20A18127            NPI: 1275995870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            488 E VALLEY PKWY STE 404            ESCONDIDO, CA 92025-3379</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 466-9800            Fax: (858) 633-4694            After Hours Phone: (760) 466-9800            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>STONE, CALVIN, MD</b>            Provider Gender: Male            License number: 20A18127            NPI: 1275995870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p><b>SUOZZO, JOSEPH J , PSY</b>            Provider Gender: Male            License number: 18393            NPI: 1821013228            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p><b>SUOZZO, JOSEPH J , PSY</b>            Provider Gender: Male            License number: 18393            NPI: 1821013228            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            550 W WASHINGTON AVE            ESCONDIDO, CA 92025-1643</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 466-8600            Fax:            After Hours Phone: (760) 466-8600            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8200            Fax: (858) 633-4695            After Hours Phone: (760) 520-8200            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 737-6900            Fax: (858) 633-4694            After Hours Phone: (760) 737-6900            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>SUOZZO, JOSEPH J , PSY</b>            Provider Gender: Male            License number: 18393            NPI: 1821013228            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            1001 E GRAND AVE            ESCONDIDO, CA 92025-4604</p>	<p><b>SUOZZO, JOSEPH J , PSY</b>            Provider Gender: Male            License number: 18393            NPI: 1821013228            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            728 E VALLEY PKWY            ESCONDIDO, CA 92025-3052</p>	<p><b>SUOZZO, JOSEPH J , PSY</b>            Provider Gender: Male            License number: 18393            NPI: 1821013228            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            460 N ELM ST            ESCONDIDO, CA 92025-3002</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (760) 520-8100	Phone: (760) 690-5900	Phone: (760) 690-5900
Fax: (858) 633-4691	Fax:	Fax:
After Hours Phone: (760) 520-8100	After Hours Phone: (760) 690-5900	After Hours Phone: (760) 690-5900
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: Yes	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM
<b>SUOZZO, JOSEPH J , PSY</b>	<b>TEETER-WITT, ALYSSA, PSY</b>	<b>TEETER-WITT, ALYSSA, PSY</b>
Provider Gender: Male	Provider Gender: U	Provider Gender: U
License number: 18393	License number: 31075	License number: 31075
NPI: 1821013228	NPI: 1932308442	NPI: 1932308442
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE	Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE	Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE
426 N DATE ST	426 N DATE ST	728 E VALLEY PKWY
ESCONDIDO, CA 92025-3409	ESCONDIDO, CA 92025-3409	ESCONDIDO, CA 92025-3052

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 737-6900            Fax: (858) 633-4694            After Hours Phone: (760) 737-6900            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 520-8330            Fax:            After Hours Phone: (760) 520-8330            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 466-9800            Fax: (858) 633-4694            After Hours Phone: (760) 466-9800            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>TEETER-WITT, ALYSSA, PSY</b>            Provider Gender: U            License number: 31075            NPI: 1932308442            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            425 N DATE ST            ESCONDIDO, CA 92025-3413</p>	<p><b>TEETER-WITT, ALYSSA, PSY</b>            Provider Gender: U            License number: 31075            NPI: 1932308442            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            488 E VALLEY PKWY STE 404            ESCONDIDO, CA 92025-3379</p>	<p><b>TEETER-WITT, ALYSSA, PSY</b>            Provider Gender: U            License number: 31075            NPI: 1932308442            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            460 N ELM ST            ESCONDIDO, CA 92025-3002</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 520-8100            Fax: (858) 633-4691            After Hours Phone: (760) 520-8100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p>	<p>Phone: (760) 466-8600            Fax:            After Hours Phone: (760) 466-8600            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (760) 737-6900            Fax: (858) 633-4694            After Hours Phone: (760) 737-6900            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>TEETER-WITT, ALYSSA, PSY</b>            Provider Gender: U            License number: 31075            NPI: 1932308442            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            550 W WASHINGTON AVE            ESCONDIDO, CA 92025-1643</p>	<p><b>THOMAS, PAULA M , CSW</b>            Provider Gender: Female            License number: 29517            NPI: 1821389966            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            728 E VALLEY PKWY            ESCONDIDO, CA 92025-3052</p>	<p><b>THOMAS, PAULA M , CSW</b>            Provider Gender: Female            License number: 29517            NPI: 1821389966            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            460 N ELM ST            ESCONDIDO, CA 92025-3002</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 520-8100            Fax: (858) 633-4691            After Hours Phone: (760) 520-8100            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: Yes            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM</p> <p><b>THOMAS, PAULA M , CSW</b>            Provider Gender: Female            License number: 29517            NPI: 1821389966            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE            550 W WASHINGTON AVE            ESCONDIDO, CA 92025-1643</p>	<p>Phone: (760) 466-8600            Fax:            After Hours Phone: (760) 466-8600            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>THOMAS, PAULA M , CSW</b>            Provider Gender: Female            License number: 29517            NPI: 1821389966            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE            1001 E GRAND AVE            ESCONDIDO, CA 92025-4604</p>	<p>Phone: (760) 520-8200            Fax: (858) 633-4695            After Hours Phone: (760) 520-8200            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>THOMAS, PAULA M , CSW</b>            Provider Gender: Female            License number: 29517            NPI: 1821389966            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE            426 N DATE ST            ESCONDIDO, CA 92025-3409</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (760) 690-5900

Fax:

After Hours Phone: (760)  
690-5900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **THOMAS, PAULA M , CSW**

Provider Gender: Female

License number: 29517

NPI: 1821389966

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

Phone: (760) 520-8330

Fax:

After Hours Phone: (760)  
520-8330

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female

License number: 75185

NPI: 1861938227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)  
520-8100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female

License number: 75185

NPI: 1861938227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (760) 690-5900

Fax:

After Hours Phone: (760)  
690-5900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female

License number: 75185

NPI: 1861938227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)  
520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female

License number: 75185

NPI: 1861938227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643

Phone: (760) 466-8600

Fax:

After Hours Phone: (760)  
466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female

License number: 75185

NPI: 1861938227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025-3379

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female

License number: 75185

NPI: 1861938227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

Phone: (760) 737-6900

Fax: (858) 633-4694

After Hours Phone: (760)  
737-6900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female

License number: PSY9962

NPI: 1710902143

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

Phone: (760) 690-5900

Fax:

After Hours Phone: (760)  
690-5900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female

License number: PSY9962

NPI: 1710902143

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)  
520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female

License number: PSY9962

NPI: 1710902143

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)  
466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female

License number: PSY9962

NPI: 1710902143

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST  
ESCONDIDO, CA 92025-3413

Phone: (760) 520-8330

Fax:

After Hours Phone: (760)  
520-8330

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female

License number: PSY9962

NPI: 1710902143

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (760) 737-6900	Phone: (760) 520-8100	ESCONDIDO, CA 92025-1643
Fax: (858) 633-4694	Fax: (858) 633-4691	Phone: (760) 466-8600
After Hours Phone: (760) 737-6900	After Hours Phone: (760) 520-8100	Fax:
Website:	Website:	After Hours Phone: (760) 466-8600
www.beaconhealthoptions.com	www.beaconhealthoptions.com	Website:
Accepting New Patients: Yes	Accepting New Patients: Yes	www.beaconhealthoptions.com
Site English Spoken: Yes	Site English Spoken: Yes	Accepting New Patients: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site English Spoken: Yes
TDD: Yes	TDD: Yes	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
Min/Max Age:	Min/Max Age:	TDD: No
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Min/Max Age:
American Sign Language (ASL): No	American Sign Language (ASL): No	Gender Restriction: No Gender Restrictions
Please contact provider for Accessibility information	Please contact provider for Accessibility information	American Sign Language (ASL): No
Hours: M-F 8AM-5PM	Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM	Please contact provider for Accessibility information
<b>VALLEZ BARLAM, ANDREA, PSY</b>	<b>VALLEZ BARLAM, ANDREA, PSY</b>	Hours: M-F 8AM-5PM
Provider Gender: Female	Provider Gender: Female	<b>WILLIAMS, SHANTRICE M , NPA</b>
License number: PSY9962	License number: PSY9962	Provider Gender: Female
NPI: 1710902143	NPI: 1710902143	License number: 19664
Provider English Spoken: Yes	Provider English Spoken: Yes	NPI: 1578865549
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish	Provider English Spoken: Yes
Cultural Competency: NEIGHBORHOOD HEALTHCARE	Cultural Competency: NEIGHBORHOOD HEALTHCARE	Provider Language(s) Spoken: Spanish
460 N ELM ST	550 W WASHINGTON AVE	Cultural Competency: NEIGHBORHOOD HEALTHCARE
ESCONDIDO, CA 92025-3002		550 W WASHINGTON AVE
		ESCONDIDO, CA 92025-1643

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 466-8600	Phone: (760) 520-8200	Phone: (760) 520-8100
Fax:	Fax: (858) 633-4695	Fax: (858) 633-4691
After Hours Phone: (760) 466-8600	After Hours Phone: (760) 520-8200	After Hours Phone: (760) 520-8100
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: No	TDD: No	TDD: Yes
Min/Max Age:	Min/Max Age: 19/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM
<b>WILLIAMS, SHANTRICE M , NPA</b>	<b>WILLIAMS, SHANTRICE M , NPA</b>	<b>WILLIAMS, SHANTRICE M , NPA</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 19664	License number: 19664	License number: 19664
NPI: 1578865549	NPI: 1578865549	NPI: 1578865549
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish
Cultural Competency: NEIGHBORHOOD HEALTHCARE	Cultural Competency: NEIGHBORHOOD HEALTHCARE	Cultural Competency: NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE	460 N ELM ST	425 N DATE ST
ESCONDIDO, CA 92025-4604	ESCONDIDO, CA 92025-3002	ESCONDIDO, CA 92025-3413

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (760) 520-8330	<i>Phone:</i> (760) 737-6900	<i>Phone:</i> (760) 690-5900
<i>Fax:</i>	<i>Fax:</i> (858) 633-4694	<i>Fax:</i>
<i>After Hours Phone:</i> (760) 520-8330	<i>After Hours Phone:</i> (760) 737-6900	<i>After Hours Phone:</i> (760) 690-5900
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish	<i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish	<i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish
<i>TDD:</i> Yes	<i>TDD:</i> Yes	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8AM-5PM

<b>WILLIAMS, SHANTRICE M , NPA</b>	<b>WILLIAMS, SHANTRICE M , NPA</b>	<b>WILLIAMS, SHANTRICE M , NPA</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> 19664	<i>License number:</i> 19664	<i>License number:</i> 19664
<i>NPI:</i> 1578865549	<i>NPI:</i> 1578865549	<i>NPI:</i> 1578865549
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider Language(s) Spoken:</i> Spanish
<i>Cultural Competency:</i> NEIGHBORHOOD HEALTHCARE	<i>Cultural Competency:</i> NEIGHBORHOOD HEALTHCARE	<i>Cultural Competency:</i> NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY ESCONDIDO, CA 92025-3052	426 N DATE ST ESCONDIDO, CA 92025-3409	488 E VALLEY PKWY STE 404 ESCONDIDO, CA 92025-3379

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 466-9800	Phone: (760) 737-6900	Phone: (760) 520-8330
Fax: (858) 633-4694	Fax: (858) 633-4694	Fax:
After Hours Phone: (760) 466-9800	After Hours Phone: (760) 737-6900	After Hours Phone: (760) 520-8330
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: No	TDD: Yes	TDD: Yes
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM

<b>WOODWORTH, JENNIFER, PSY</b>	<b>WOODWORTH, JENNIFER, PSY</b>	<b>WOODWORTH, JENNIFER, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 26963	License number: 26963	License number: 26963
NPI: 1639362494	NPI: 1639362494	NPI: 1639362494
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
NEIGHBORHOOD	NEIGHBORHOOD	NEIGHBORHOOD
HEALTHCARE	HEALTHCARE	HEALTHCARE
728 E VALLEY PKWY	425 N DATE ST	426 N DATE ST
ESCONDIDO, CA 92025-3052	ESCONDIDO, CA 92025-3413	ESCONDIDO, CA 92025-3409

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 690-5900	Phone: (760) 466-9800	Phone: (760) 520-8100
Fax:	Fax: (858) 633-4694	Fax: (858) 633-4691
After Hours Phone: (760) 690-5900	After Hours Phone: (760) 466-9800	After Hours Phone: (760) 520-8100
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: No	TDD: No	TDD: Yes
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM
<b>WOODWORTH, JENNIFER, PSY</b>	<b>WOODWORTH, JENNIFER, PSY</b>	<b>WOODWORTH, JENNIFER, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 26963	License number: 26963	License number: 26963
NPI: 1639362494	NPI: 1639362494	NPI: 1639362494
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
NEIGHBORHOOD	NEIGHBORHOOD	NEIGHBORHOOD
HEALTHCARE	HEALTHCARE	HEALTHCARE
488 E VALLEY PKWY STE 404	460 N ELM ST	550 W WASHINGTON AVE
ESCONDIDO, CA 92025-3379	ESCONDIDO, CA 92025-3002	ESCONDIDO, CA 92025-1643

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 466-8600  
 Fax:  
 After Hours Phone: (760) 466-8600  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### IMPERIAL BEACH

#### **BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 742 10TH ST

IMPERIAL BEACH, CA  
 91932-2216  
 Phone: (619) 906-5322  
 Fax: (619) 271-4963  
 After Hours Phone: (619) 906-5322  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

#### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
 License number: 97277  
 NPI: 1124457023  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 742 10TH ST  
 IMPERIAL BEACH, CA  
 91932-2216

Phone: (619) 906-5322  
 Fax: (619) 271-4963  
 After Hours Phone: (619) 906-5322  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

#### **DUNFORD, KATELYN C , MFT**

Provider Gender: Female  
 License number: 126626  
 NPI: 1437517497  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 742 10TH ST  
 IMPERIAL BEACH, CA  
 91932-2216

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **FEDEROFF, MONICA, MD**

Provider Gender: Female

License number: A164677

NPI: 1912404492

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **GAUD, KRISTINA G , MD**

Provider Gender: Female

License number: 170667

NPI: 1508151598

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **GLASSMAN, JAGA NATH, MD**

Provider Gender: Male

License number: G55004

NPI: 1558409771

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **GONZALEZ, ANDREA, CSW**

Provider Gender: Female

License number: 97593

NPI: 1326346198

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **GONZALEZ, CLAUDIA, CSW**

Provider Gender: Female

License number: 100328

NPI: 1770055543

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

IMPERIAL BEACH HEALTH  
CENTER

949 PALM AVE

IMPERIAL BEACH, CA

91932-1503

Phone: (619) 429-3733

Fax: (619) 575-7972

After Hours Phone: (619)  
429-3733

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 13/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 8AM-12PM

### **JACKSON, TIENNA S , CSW**

Provider Gender: Female

License number: 89122

NPI: 1194976225

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

---

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **KAPPER, VICTORIA, CSW**

Provider Gender: Female

License number: 100449

NPI: 1801349014

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **LIDSTONE, PAVEN, MD**

Provider Gender: Female

License number: 161149

NPI: 1942662093

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **LYDIARD, JESSICA, MD**

Provider Gender: Female

License number: A171775

NPI: 1841731296

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **MCADAMS, HILDA, NPA**

Provider Gender: Female

License number: 14201

NPI: 1396838082

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **MCDANIEL, REBECCA, CSW**

Provider Gender: Female

License number: 86534

NPI: 1518623818

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **NGUYEN, MAILY, NPA**

Provider Gender: Female

License number: 95000861

NPI: 1255732160

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

IMPERIAL BEACH HEALTH  
CENTER

949 PALM AVE

IMPERIAL BEACH, CA

91932-1503

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 429-3733  
 Fax: (619) 575-7972  
 After Hours Phone: (619) 429-3733  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 13/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 8AM-12PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 742 10TH ST  
 IMPERIAL BEACH, CA  
 91932-2216

Phone: (619) 906-5322  
 Fax: (619) 271-4963  
 After Hours Phone: (619) 906-5322  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

### **ROEHR, ARTHUR, NPA**

Provider Gender: Male  
 License number: 95012079  
 NPI: 1851946016  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 IMPERIAL BEACH HEALTH CENTER  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503

Phone: (619) 429-3733  
 Fax: (619) 575-7972  
 After Hours Phone: (619) 429-3733  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 13/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 8AM-12PM

### **RYDALCH, JOANNA, CSW**

Provider Gender: Female  
 License number: 904009322  
 NPI: 1215256870  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 742 10TH ST  
 IMPERIAL BEACH, CA  
 91932-2216

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **SATERA, ANDREW, NRS**

Provider Gender: Male

License number: 95018929

NPI: 1265861629

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **SOLTANI, MARYAM, MD**

Provider Gender: Female

License number: A139075

NPI: 1518372267

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

IMPERIAL BEACH HEALTH  
CENTER

949 PALM AVE

IMPERIAL BEACH, CA

91932-1503

Phone: (619) 429-3733

Fax: (619) 575-7972

After Hours Phone: (619)  
429-3733

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 13/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 8AM-12PM

### **TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **WINSHIP, KATHERINE L , CSW**

Provider Gender: Female

License number: LCSW69759

NPI: 1124498043

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)  
906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **ZUREK, BEDEANIA R , CSW**

Provider Gender: Female

License number: LCSW74215

NPI: 1942375811

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

IMPERIAL BEACH HEALTH  
CENTER

949 PALM AVE

IMPERIAL BEACH, CA

91932-1503

Phone: (619) 429-3733

Fax: (619) 575-7972

After Hours Phone: (619)  
429-3733

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 13/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 8AM-12PM

### **LA JOLLA**

### **HINTZ, SONYA D , MD**

Provider Gender: Female

License number: G58561

NPI: 1790774446

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

HINTZ, SONYA

3252 HOLIDAY CT STE 100

LA JOLLA, CA 92037-1807

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (858) 455-6511  
 Fax: (858) 455-5747  
 After Hours Phone: (858) 455-6511  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 7AM-7PM, F 9AM-6PM

### **OTIS, JOHN L , MD**

Provider Gender: Male  
 License number: G28506  
 NPI: 1235154535  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 OTIS, JOHN  
 8950 VILLA LA JOLLA DR STE A215  
 LA JOLLA, CA 92037-1711

Phone: (858) 457-2180  
 Fax: (858) 457-2194  
 After Hours Phone: (858) 457-2180  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M,TU,TH 2:30PM-5:30PM

### **LA MESA**

### **ABDULLAH, KERI, PSY**

Provider Gender: Female  
 License number: 29990  
 NPI: 1699840587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050

Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **AGUIRRE, LEAH B , CSW**

Provider Gender: Female  
 License number: 74440  
 NPI: 1306151998  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619) 515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619) 515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619) 515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>
<p><b>ALTERS, DENNIS, MD</b>            Provider Gender: Male            License number: G36206            NPI: 1457371635            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050</p>	<p><b>ALVAREZ, DIANA P , CSW</b>            Provider Gender: Female            License number: 81025            NPI: 1013200617            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            8851 CENTER DR STE 312</p>	<p><b>ANDERSON, NICOLE M , CSW</b>            Provider Gender: Female            License number: LCSW28443            NPI: 1679766380            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            8851 CENTER DR STE 312</p>

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## J. Directorio de proveedores de salud mental

<p>LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619) 515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p>LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619) 515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p>LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619) 515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>
<p><b>ARIELLA, LYNDA R , PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 19450  <i>NPI:</i> 1073518965  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            8851 CENTER DR STE 312</p>	<p><b>ASH, VIVIAN, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 14619  <i>NPI:</i> 1033623293  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            8851 CENTER DR STE 312</p>	<p><b>ASUNCION, JENNIFER, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> LCSW75956  <i>NPI:</i> 1083056279  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            8851 CENTER DR STE 312</p>

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## J. Directorio de proveedores de salud mental

<p>LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619) 515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p>8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619) 515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p>8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619) 515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>
<p><b>ATALLAH, HANI M , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 132530  <i>NPI:</i> 1104169655  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Arabic  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>AUCOIN, DOUGLAS, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 24707  <i>NPI:</i> 1699007609  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>AVILA, RADOMIR M , CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 75520  <i>NPI:</i> 1487937330  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Portuguese, Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF</p>

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## J. Directorio de proveedores de salud mental

SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male  
*License number:* 90529  
*NPI:* 1194159871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **BARTHOLOMEW, SARAH C, CSW**

*Provider Gender:* Female  
*License number:* 86542  
*NPI:* 1720339708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **BENNETT, RACHEL Q, CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Directorio de proveedores de salud mental

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<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>
<p><b>BERKSON, BARRIE, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 63313  <i>NPI:</i> 1922305465  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>BIRNBAUM, DEBORAH, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 20A11387  <i>NPI:</i> 1639308265  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>BOND, ALAN, PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> PSY25805  <i>NPI:</i> 1881927184  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>

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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>BORREGO, DIANA E , NPA</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 95005019  <i>NPI:</i> 1184012866  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>BUBY, MYRA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 23172  <i>NPI:</i> 1093747511  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p>Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>BURGOS, EDNA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 85597  <i>NPI:</i> 1134591167  <i>Provider English Spoken:</i> Yes</p>
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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8851 CENTER DR STE 312 LA MESA, CA 91942-3050</p> <p><i>Phone:</i> (619) 515-2383</p> <p><i>Fax:</i> (619) 269-0883</p> <p><i>After Hours Phone:</i> (619) 515-2383</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 19/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Portuguese, Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8851 CENTER DR STE 312 LA MESA, CA 91942-3050</p> <p><i>Phone:</i> (619) 515-2383</p> <p><i>Fax:</i> (619) 269-0883</p> <p><i>After Hours Phone:</i> (619) 515-2383</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 19/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Portuguese, Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8851 CENTER DR STE 312 LA MESA, CA 91942-3050</p> <p><i>Phone:</i> (619) 515-2383</p> <p><i>Fax:</i> (619) 269-0883</p> <p><i>After Hours Phone:</i> (619) 515-2383</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 19/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8:30AM-5PM</p>
<p><b>BUTERBAUGH, KRISTY L , CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 65477</p> <p><i>NPI:</i> 1346615838</p>	<p><b>CABREJOS, CLAUDIO, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A71653</p> <p><i>NPI:</i> 1033133483</p>	<p><b>CARILLO, KRISTAL I , CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 80068</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>NPI: 1871906735            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>NPI: 1629109483            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>NPI: 1811027956            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>
<p><b>CARINO DIOKNO, RHODA, PSY</b>            Provider Gender: Female            License number: 28073</p>	<p><b>CHEN, ANGELA, MFT</b>            Provider Gender: Female            License number: LMFT40923</p>	<p><b>CHRISTENSEN, MELISSA, CSW</b>            Provider Gender: Female            License number: 69616</p>

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## J. Directorio de proveedores de salud mental

<p>NPI: 1922313394            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>NPI: 1538398979            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>NPI: 1780031831            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>
<p><b>COMBS, LAURI, CSW</b>            Provider Gender: Female            License number: LCSW75330</p>	<p><b>CROCKFORD, DANE, PSY</b>            Provider Gender: Male            License number: 28313</p>	<p><b>DALONSO, SANDRA L, CSW</b>            Provider Gender: Female            License number: 82240</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>NPI: 1841797644            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>NPI: 1700224037            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>License number: 97277            NPI: 1124457023            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>
<p><b>DAN, WENDY L , CSW</b>            Provider Gender: Female            License number: 26015</p>	<p><b>DIAZ, LIZETH, CSW</b>            Provider Gender: Female</p>	<p><b>DOBOS, DAVID, MD</b>            Provider Gender: Male</p>

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## J. Directorio de proveedores de salud mental

<p>License number: G57276  NPI: 1548318348  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  8851 CENTER DR STE 312  LA MESA, CA 91942-3050  Phone: (619) 515-2383  Fax: (619) 269-0883  After Hours Phone: (619)  515-2383  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age: 19/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-TH 8:30AM-5PM</p> <p><b>DRISCOLL, MICHAEL S , CSW</b>  Provider Gender: Male</p>	<p>License number: 93951  NPI: 1659761880  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  8851 CENTER DR STE 312  LA MESA, CA 91942-3050  Phone: (619) 515-2383  Fax: (619) 269-0883  After Hours Phone: (619)  515-2383  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age: 19/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-TH 8:30AM-5PM</p> <p><b>DUNFORD, KATELYN C , MFT</b>  Provider Gender: Female</p>	<p>License number: 126626  NPI: 1437517497  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  8851 CENTER DR STE 312  LA MESA, CA 91942-3050  Phone: (619) 515-2383  Fax: (619) 269-0883  After Hours Phone: (619)  515-2383  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age: 19/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-TH 8:30AM-5PM</p> <p><b>DWYER, GEORGE, CSW</b>  Provider Gender: Male</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

License number: 70988  
 NPI: 1437606126  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619)  
 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM  
**FAJARDO, JACQUELINE M ,  
 CSW**

Provider Gender: Female  
 License number: 87322  
 NPI: 1215342118  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619)  
 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**FEDEROFF, MONICA, MD**  
 Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619)  
 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

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### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **FRANCO, RODRIGO, CSW**

*Provider Gender:* Male  
*License number:* 71548  
*NPI:* 1952736043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information

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## J. Directorio de proveedores de salud mental

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

### **GALAPON, DIXIE L , PSY**

Provider Gender: Female

License number: 16711

NPI: 1174646301

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

Phone: (619) 515-2383

Fax: (619) 269-0883

After Hours Phone: (619)

515-2383

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

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

### **GAUD, KRISTINA G , MD**

Provider Gender: Female

License number: 170667

NPI: 1508151598

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

Phone: (619) 515-2383

Fax: (619) 269-0883

After Hours Phone: (619)

515-2383

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

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

### **GLASSMAN, JAGA NATH, MD**

Provider Gender: Male

License number: G55004

NPI: 1558409771

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

Phone: (619) 515-2383

Fax: (619) 269-0883

After Hours Phone: (619)

515-2383

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

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## J. Directorio de proveedores de salud mental

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

### **GLEASON, SHEILA, PSY**

Provider Gender: Female

License number: 13685

NPI: 1366641813

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

Phone: (619) 515-2383

Fax: (619) 269-0883

After Hours Phone: (619)

515-2383

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **GONZALES, JULIANA, CSW**

Provider Gender: Female

License number: 83254

NPI: 1821487406

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

Phone: (619) 515-2383

Fax: (619) 269-0883

After Hours Phone: (619)

515-2383

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

Accessibility information

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

### **GONZALEZ, ANDREA, CSW**

Provider Gender: Female

License number: 97593

NPI: 1326346198

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

Phone: (619) 515-2383

Fax: (619) 269-0883

After Hours Phone: (619)

515-2383

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female  
*License number:* 87716  
*NPI:* 1134597123  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **GRACE, MONIKA M , PSY**

*Provider Gender:* Female  
*License number:* 24462  
*NPI:* 1497985832  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Modern Greek, French,  
Portuguese, Spanish  
*Cultural Competency:*  
GRACE COUNSELING AND  
PSYCHOTHERAPY  
5575 LAKE PARK WAY STE  
100-6  
LA MESA, CA 91942-1664  
*Phone:* (619) 381-8472  
*Fax:*  
*After Hours Phone:* (619)  
381-8472  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Modern Greek, French,  
Portuguese, Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

No  
Please contact provider for  
Accessibility information  
*Hours:* M-SU 8AM-8PM

### **GUTIERREZ, APRIL P , CSW**

*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

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## J. Directorio de proveedores de salud mental

<p>Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p><b>HARRIMAN, CORAL, PSY</b> Provider Gender: Female License number: 26098 NPI: 1417373069</p>	<p><b>HAYDEN WADE, HELEN, PSY</b> Provider Gender: Female License number: PSY19313 NPI: 1366951105</p>
<p><b>HARADON, SUSAN, PSY</b> Provider Gender: Female License number: 6075 NPI: 1841289246 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: HARADON, SUSAN 4700 SPRING ST STE 306 LA MESA, CA 91942-2294 Phone: (619) 462-1611 Fax: (619) 460-8093 After Hours Phone: (619) 462-1611 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age: 19/64 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 9AM-7PM, F 9AM-5PM</p>	<p>Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p>Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>

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## J. Directorio de proveedores de salud mental

---

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **JACKSON, TIENNA S , CSW**

*Provider Gender:* Female  
*License number:* 89122  
*NPI:* 1194976225  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

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## J. Directorio de proveedores de salud mental

### **JALAN, DEVESH, MD**

*Provider Gender:* Male  
*License number:* A167754  
*NPI:* 1083092134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

*Provider Gender:* Female  
*License number:* 20A13931  
*NPI:* 1679834022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female  
*License number:* 26493  
*NPI:* 1871772020  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

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## J. Directorio de proveedores de salud mental

Accessibility information

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

### **JENSEN, DEXTER, MD**

Provider Gender: Male

License number: A67960

NPI: 1740465541

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

Phone: (619) 515-2383

Fax: (619) 269-0883

After Hours Phone: (619)

515-2383

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **JOHNSON, ANNA RITA, CSW**

Provider Gender: Female

License number: 92930

NPI: 1427323179

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FUSION CARE GROUP A  
PSYCHOLOGICAL

PROFESSIONAL

CORPORATION

9029 PARK PLAZA DR STE 101

LA MESA, CA 91942-3450

Phone: (619) 448-1216

Fax: (888) 291-4799

After Hours Phone: (619)

448-1216

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

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

### **JONES, ADELE, PSY**

Provider Gender: Female

License number: 25311

NPI: 1558602490

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

Phone: (619) 515-2383

Fax: (619) 269-0883

After Hours Phone: (619)

515-2383

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

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## J. Directorio de proveedores de salud mental

---

### **JONES, ATAVIA L , CSW**

*Provider Gender:* Female  
*License number:* LCSW76796  
*NPI:* 1952734899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **JONES, MICHAEL A , CSW**

*Provider Gender:* Male  
*License number:* LCS22452  
*NPI:* 1548205719  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **JOSHI, YASH, MD**

*Provider Gender:* Male  
*License number:* A147156  
*NPI:* 1598151433  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
YASH JOSHI  
5555 GROSSMONT CENTER DR  
LA MESA, CA 91942-3019  
*Phone:* (619) 740-6000  
*Fax:*  
*After Hours Phone:* (619)  
740-6000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*  
**KAPPER, VICTORIA, CSW**  
*Provider Gender:* Female  
*License number:* 100449  
*NPI:* 1801349014  
*Provider English Spoken:* Yes

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>
<p><b>KEI, JUSTIN, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A138266  <i>NPI:</i> 1396150041  <i>Provider English Spoken:</i> Yes</p>	<p><b>KLOBERDANZ, KELSEY L, NPA</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 95005293  <i>NPI:</i> 1235672502  <i>Provider English Spoken:</i> Yes</p>	<p><b>KNIGHT, MARK A, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A94460  <i>NPI:</i> 1851573554  <i>Provider English Spoken:</i> Yes</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>
<p><b>KOH, STEVE H , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A103468  <i>NPI:</i> 1467650473  <i>Provider English Spoken:</i> Yes</p>	<p><b>KYLE, MARCIE, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW78555  <i>NPI:</i> 1174981500  <i>Provider English Spoken:</i> Yes</p>	<p><b>LIDSTONE, PAVEN, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 161149  <i>NPI:</i> 1942662093  <i>Provider English Spoken:</i> Yes</p>

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050  <i>Phone:</i> (619) 515-2383  <i>Fax:</i> (619) 269-0883  <i>After Hours Phone:</i> (619)            515-2383  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>
<p><b>LIM, SANDRA S , MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 20A13075  <i>NPI:</i> 1083963094  <i>Provider English Spoken:</i> Yes</p>	<p><b>LIPPERT, HEATHER M , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 22526  <i>NPI:</i> 1093991663  <i>Provider English Spoken:</i> Yes</p>	<p><b>LOEB, CINDY, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 75333  <i>NPI:</i> 1619108511  <i>Provider English Spoken:</i> Yes</p>

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619)            515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-TH 8:30AM-5PM</p>
<p><b>LYDIARD, JESSICA, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A171775  <i>NPI:</i> 1841731296  <i>Provider English Spoken:</i> Yes</p>	<p><b>LYONS, KEITH E , CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 92724  <i>NPI:</i> 1538704002  <i>Provider English Spoken:</i> Yes</p>	<p><b>MACMASTER, LINDSAY, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 25570  <i>NPI:</i> 1659520179  <i>Provider English Spoken:</i> Yes</p>

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> Spanish</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8851 CENTER DR STE 312 LA MESA, CA 91942-3050</p> <p><i>Phone:</i> (619) 515-2383</p> <p><i>Fax:</i> (619) 269-0883</p> <p><i>After Hours Phone:</i> (619) 515-2383</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 19/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>MAHONEY, PATRICIA A , CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 22296</p> <p><i>NPI:</i> 1700200888</p> <p><i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> Spanish</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8851 CENTER DR STE 312 LA MESA, CA 91942-3050</p> <p><i>Phone:</i> (619) 515-2383</p> <p><i>Fax:</i> (619) 269-0883</p> <p><i>After Hours Phone:</i> (619) 515-2383</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 19/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>MARTIR, MICHEL, CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 73174</p> <p><i>NPI:</i> 1356528434</p> <p><i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> Spanish</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8851 CENTER DR STE 312 LA MESA, CA 91942-3050</p> <p><i>Phone:</i> (619) 515-2383</p> <p><i>Fax:</i> (619) 269-0883</p> <p><i>After Hours Phone:</i> (619) 515-2383</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 19/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>MCADAMS, HILDA, NPA</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 14201</p> <p><i>NPI:</i> 1396838082</p>
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## J. Directorio de proveedores de salud mental

<i>Provider English Spoken:</i> Yes	<i>NPI:</i> 1518623818	<i>NPI:</i> 1851544340
<i>Provider Language(s) Spoken:</i> Spanish	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Cultural Competency:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	American Sign Language
8851 CENTER DR STE 312	8851 CENTER DR STE 312	<i>Cultural Competency:</i>
LA MESA, CA 91942-3050	LA MESA, CA 91942-3050	FAMILY HEALTH CENTERS OF SAN DIEGO
<i>Phone:</i> (619) 515-2383	<i>Phone:</i> (619) 515-2383	8851 CENTER DR STE 312
<i>Fax:</i> (619) 269-0883	<i>Fax:</i> (619) 269-0883	LA MESA, CA 91942-3050
<i>After Hours Phone:</i> (619) 515-2383	<i>After Hours Phone:</i> (619) 515-2383	<i>Phone:</i> (619) 515-2383
<i>Website:</i>	<i>Website:</i>	<i>Fax:</i> (619) 269-0883
www.beaconhealthoptions.com	www.beaconhealthoptions.com	<i>After Hours Phone:</i> (619) 515-2383
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Website:</i>
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	www.beaconhealthoptions.com
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Accepting New Patients:</i> Yes
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site English Spoken:</i> Yes
<i>TDD:</i> No	<i>TDD:</i> No	<i>Site Language(s) Spoken:</i>
<i>Min/Max Age:</i> 19/99	<i>Min/Max Age:</i> 19/99	Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>TDD:</i> No
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>Min/Max Age:</i> 19/99
Please contact provider for Accessibility information	Please contact provider for Accessibility information	<i>Gender Restriction:</i> No Gender Restrictions
<i>Hours:</i> M-TH 8:30AM-5PM	<i>Hours:</i> M-TH 8:30AM-5PM	<i>American Sign Language (ASL):</i> Yes
<b>MCDANIEL, REBECCA, CSW</b>	<b>MCHENRY, KELLY, CSW</b>	Please contact provider for Accessibility information
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Hours:</i> M-TH 8:30AM-5PM
<i>License number:</i> 86534	<i>License number:</i> 29689	<b>MEJIA, RITA I, MFT</b>
		<i>Provider Gender:</i> Female

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## J. Directorio de proveedores de salud mental

<p>License number: 99697  NPI: 1952741506  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  8851 CENTER DR STE 312  LA MESA, CA 91942-3050  Phone: (619) 515-2383  Fax: (619) 269-0883  After Hours Phone: (619)  515-2383  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age: 19/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-TH 8:30AM-5PM</p> <p><b>MENDEZ, ANDRES G , PSY</b>  Provider Gender: Male</p>	<p>License number: 28907  NPI: 1841482692  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  8851 CENTER DR STE 312  LA MESA, CA 91942-3050  Phone: (619) 515-2383  Fax: (619) 269-0883  After Hours Phone: (619)  515-2383  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age: 19/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-TH 8:30AM-5PM</p> <p><b>MERRILL, SARAH M , CSW</b>  Provider Gender: Female</p>	<p>License number: 79014  NPI: 1639403884  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  8851 CENTER DR STE 312  LA MESA, CA 91942-3050  Phone: (619) 515-2383  Fax: (619) 269-0883  After Hours Phone: (619)  515-2383  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age: 19/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-TH 8:30AM-5PM</p> <p><b>MILLER, BRIAN P , MD</b>  Provider Gender: Male</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>License number: A68180  NPI: 1861411381  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  MILLER, BRIAN  5555 GROSSMONT CENTER DR  LA MESA, CA 91942-3019  Phone: (858) 939-4393  Fax: (619) 740-5055  After Hours Phone: (858) 939-4393  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  TDD: No  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Hours:</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO  8851 CENTER DR STE 312  LA MESA, CA 91942-3050  Phone: (619) 515-2383  Fax: (619) 269-0883  After Hours Phone: (619) 515-2383  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  Min/Max Age: 19/99  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): Yes  Please contact provider for Accessibility information  Hours: M-TH 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO  8851 CENTER DR STE 312  LA MESA, CA 91942-3050  Phone: (619) 515-2383  Fax: (619) 269-0883  After Hours Phone: (619) 515-2383  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  Min/Max Age: 19/99  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): Yes  Please contact provider for Accessibility information  Hours: M-TH 8:30AM-5PM</p>
<p><b>MILLICAN, RUTH, PSY</b>  Provider Gender: Female  License number: 25354  NPI: 1346472305  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:</p>	<p><b>MODAD, ALBERT, PSY</b>  Provider Gender: Female  License number: 29697  NPI: 1629453691  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:</p>	<p><b>MORALES MORENO, MINERVA, CSW</b>  Provider Gender: Female  License number: 63550  NPI: 1841337565  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>MORRISON, TYLER E , MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A144917 <i>NPI:</i> 1912391814 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p>Japanese <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>MOYER, TRENTON E , MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A78165 <i>NPI:</i> 1437180791 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> MOYER, TRENTON 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019 <i>Phone:</i> (619) 740-4800 <i>Fax:</i> <i>After Hours Phone:</i> (619) 740-4800 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> <i>TDD:</i> No <i>Min/Max Age:</i> 13/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i></p> <p><b>MUNOZ, VIVIANA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 66637 <i>NPI:</i> 1497987713 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312</p>
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## J. Directorio de proveedores de salud mental

LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM	8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM	8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM
<b>NADEAU MANNING, JULIE, CSW</b> Provider Gender: Female License number: 25094 NPI: 1275609760 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>NAZARIO, JACOBETH, PSY</b> Provider Gender: Female License number: PSY32092 NPI: 1326648684 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>NOUHI, NUSHA, PSY</b> Provider Gender: Female License number: 27670 NPI: 1942433917 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: FAMILY HEALTH CENTERS OF

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## J. Directorio de proveedores de salud mental

SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

*Provider Gender:* Male  
*License number:* 27072  
*NPI:* 1285984450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **OBRYAN, KELLY, PSY**

*Provider Gender:* Female  
*License number:* 24966  
*NPI:* 1093882698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **OHARA, FELECIA, CSW**

*Provider Gender:* Female  
*License number:* 73903  
*NPI:* 1215015227  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

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## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p> <p><b>OTIS, JOHN L , MD</b> Provider Gender: Male License number: G28506 NPI: 1235154535 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p>OTIS, JOHN 5555 GROSSMONT CENTER DR LA MESA, CA 91942-3019 Phone: (858) 457-2180 Fax: After Hours Phone: (858) 457-2180 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: <b>PINEDO, YANELI, CSW</b> Provider Gender: Male License number: 91103 NPI: 1710361712 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050</p>	<p>Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p> <p><b>PRASEK, LAUREN, NPA</b> Provider Gender: Female License number: 95004145 NPI: 1932566031 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050</p>
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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619) 515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619) 515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>LA MESA, CA 91942-3050            Phone: (619) 515-2383            Fax: (619) 269-0883            After Hours Phone: (619) 515-2383            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>
<p><b>PROCTOR, MELISSA S , CSW</b>            Provider Gender: Female            License number: 62650            NPI: 1336188655            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            8851 CENTER DR STE 312            LA MESA, CA 91942-3050</p>	<p><b>PROOSASELTS, YULIYA, MD</b>            Provider Gender: Female            License number: A133675            NPI: 1952747875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            8851 CENTER DR STE 312</p>	<p><b>RAMOS, ELIZABETH, CSW</b>            Provider Gender: Female            License number: 73374            NPI: 1992046890            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO</p>

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## J. Directorio de proveedores de salud mental

8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM	8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM	8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM
<b>RODRIGUEZ, CHRISTINE, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 30472 <i>NPI:</i> 1568656619 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<b>ROSENFARB, BARBARA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 28590 <i>NPI:</i> 1447477781 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<b>ROZELL, KATHY, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 25068 <i>NPI:</i> 1578603973 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO

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## J. Directorio de proveedores de salud mental

8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM	8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM	8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM
<b>RYDALCH, JOANNA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 904009322 <i>NPI:</i> 1215256870 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<b>SACHS, MELISSA R , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 76968 <i>NPI:</i> 1649760356 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<b>SATERA, ANDREW, NRS</b> <i>Provider Gender:</i> Male <i>License number:</i> 95018929 <i>NPI:</i> 1265861629 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM	SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM	SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM
<b>SEPULVEDA, JOE, MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A113283 <i>NPI:</i> 1306165402 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF	<b>SIPIN, ELVIRA P , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCS15308 <i>NPI:</i> 1477759892 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF	<b>THICKSTUN, MARY SUSAN, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 21573 <i>NPI:</i> 1437354875 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>
<p><b>THOUVENOT, CHELSA, MD</b> Provider Gender: Female License number: A173869 NPI: 1083076129 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p><b>TONG, GARRICK, MD</b> Provider Gender: Male License number: A102192 NPI: 1831361278 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Yue Chinese</p>	<p><b>TORRES, LAURA, CSW</b> Provider Gender: Female License number: 65059 NPI: 1568612943 Provider English Spoken: Yes Provider Language(s) Spoken:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>TRIANA, JENNIFER, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 88589 <i>NPI:</i> 1073844460 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p>Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 <i>Phone:</i> (619) 515-2383 <i>Fax:</i> (619) 269-0883 <i>After Hours Phone:</i> (619) 515-2383 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>VILLAFANA, JOSE E , MFT</b> <i>Provider Gender:</i> Male <i>License number:</i> 36841 <i>NPI:</i> 1831228824 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> VILLAFANA, JOSE 8080 LA MESA BLVD STE 204 LA MESA, CA 91942-0362 <i>Phone:</i> (619) 540-0700 <i>Fax:</i> (619) 462-1856 <i>After Hours Phone:</i> (619) 540-0700 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish <i>TDD:</i> No <i>Min/Max Age:</i> 0/64 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-6PM</p> <p><b>WEBSTER, KRISTIN K , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW16118 <i>NPI:</i> 1902336837 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF</p>
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## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>
<p><b>WINSHIP, KATHERINE L , CSW</b> Provider Gender: Female License number: LCSW69759 NPI: 1124498043 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency:</p>	<p><b>WITT, ANNETTE, CSW</b> Provider Gender: Female License number: 15770 NPI: 1912263468 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p><b>WOLF, CELIA C , NPA</b> Provider Gender: Female License number: 95001899 NPI: 1245635564 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>

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## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8851 CENTER DR STE 312 LA MESA, CA 91942-3050 Phone: (619) 515-2383 Fax: (619) 269-0883 After Hours Phone: (619) 515-2383 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>
<p><b>WOOD, KEEGAN, NPA</b> Provider Gender: Male License number: NP95006887 NPI: 1417471459 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p><b>YALYSHAVA, VOLHA, CSW</b> Provider Gender: Female License number: LCSW69810 NPI: 1821392002 Provider English Spoken: Yes Provider Language(s) Spoken: Russian</p>	<p><b>ZAYAS, GILBERTO, MD</b> Provider Gender: Male License number: A136760 NPI: 1508174970 Provider English Spoken: Yes Provider Language(s) Spoken:</p>

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## J. Directorio de proveedores de salud mental

Spanish	NPI: 1831418664	Provider Language(s) Spoken:
Cultural Competency:	Provider English Spoken: Yes	Spanish
FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken:	Cultural Competency:
8851 CENTER DR STE 312	Cultural Competency:	NEIGHBORHOOD
LA MESA, CA 91942-3050	NEIGHBORHOOD	HEALTHCARE
Phone: (619) 515-2383	10039 VINE ST	10039 VINE ST
Fax: (619) 269-0883	LAKESIDE, CA 92040-3120	LAKESIDE, CA 92040-3120
After Hours Phone: (619) 515-2383	Phone: (619) 390-9975	Phone: (619) 390-9975
Website:	Fax: (858) 633-4690	Fax: (858) 633-4690
www.beaconhealthoptions.com	After Hours Phone: (619) 390-9975	After Hours Phone: (619) 390-9975
Accepting New Patients: Yes	Website:	Website:
Site English Spoken: Yes	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Site Language(s) Spoken:	Accepting New Patients: Yes	Accepting New Patients: Yes
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site English Spoken: Yes	Site English Spoken: Yes
TDD: No	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
Min/Max Age: 19/99	TDD: No	TDD: No
Gender Restriction: No Gender Restrictions	Min/Max Age:	Min/Max Age:
American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Please contact provider for Accessibility information	American Sign Language (ASL): No	American Sign Language (ASL): No
Hours: M-TH 8:30AM-5PM	Please contact provider for Accessibility information	Please contact provider for Accessibility information
	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM
<b>LAKESIDE</b>	<b>BELINSKY, MARIA T , CSW</b>	<b>BHAJU, JESHMIN, PSY</b>
<b>ANDERSEN, CLAIRE, MD</b>	Provider Gender: Female	Provider Gender: Female
Provider Gender: Female	License number: LCSW69175	License number: 31625
License number: 125942	NPI: 1760867824	NPI: 1497081566
	Provider English Spoken: Yes	Provider English Spoken: Yes
		Provider Language(s) Spoken:

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## J. Directorio de proveedores de salud mental

Hindi, Nepali (Individual Language) Cultural Competency: NEIGHBORHOOD HEALTHCARE 10039 VINE ST LAKESIDE, CA 92040-3120 Phone: (619) 390-9975 Fax: (858) 633-4690 After Hours Phone: (619) 390-9975 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Spanish Cultural Competency: NEIGHBORHOOD HEALTHCARE 10039 VINE ST LAKESIDE, CA 92040-3120 Phone: (619) 390-9975 Fax: (858) 633-4690 After Hours Phone: (619) 390-9975 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	NEIGHBORHOOD HEALTHCARE 10039 VINE ST LAKESIDE, CA 92040-3120 Phone: (619) 390-9975 Fax: (858) 633-4690 After Hours Phone: (619) 390-9975 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>CALOCA, LAURA, PSY</b> Provider Gender: Female License number: 29757 NPI: 1134364698 Provider English Spoken: Yes Provider Language(s) Spoken:	<b>CELAYA, MARY, NPA</b> Provider Gender: Female License number: 11425 NPI: 1710060231 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:	<b>CORVINI, NICOLAS, NPA</b> Provider Gender: Male License number: 55107 NPI: 1194242461 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE

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## J. Directorio de proveedores de salud mental

10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: (619) 390-9975  
 Fax: (858) 633-4690  
 After Hours Phone: (619)  
 390-9975  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Nepali (Individual Language),  
 Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**COSTELLO, JENNIFER R , CSW**  
 Provider Gender: Female  
 License number: 84174  
 NPI: 1619506250  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120

Phone: (619) 390-9975  
 Fax: (858) 633-4690  
 After Hours Phone: (619)  
 390-9975  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Nepali (Individual Language),  
 Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**EDE, KEKOA, MD**  
 Provider Gender: Male  
 License number: A101211  
 NPI: 1134224843  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120

Phone: (619) 390-9975  
 Fax: (858) 633-4690  
 After Hours Phone: (619)  
 390-9975  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Nepali (Individual Language),  
 Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**GOEHRING, KATHERINE R , NPA**  
 Provider Gender: Female  
 License number: 95002763  
 NPI: 1972929404  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120

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## J. Directorio de proveedores de salud mental

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Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)  
390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GUARDADO SOTO, RAQUEL E , PSY**

Provider Gender: Female

License number: 26883

NPI: 1194999276

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)  
390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male

License number: PSY11197

NPI: 1740213487

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)  
390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **LIU-BARBARO, DOROTHY, MD**

Provider Gender: Female

License number: A115342

NPI: 1851602270

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 390-9975            Fax: (858) 633-4690            After Hours Phone: (619) 390-9975            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 390-9975            Fax: (858) 633-4690            After Hours Phone: (619) 390-9975            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 390-9975            Fax: (858) 633-4690            After Hours Phone: (619) 390-9975            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>MAGOS, DANIEL, CSW</b>            Provider Gender: Male            License number: 88270            NPI: 1578983664            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            10039 VINE ST            LAKESIDE, CA 92040-3120</p>	<p><b>MEJIAS, JUAN C , PSY</b>            Provider Gender: Male            License number: 26953            NPI: 1558560730            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            NEIGHBORHOOD            HEALTHCARE            10039 VINE ST            LAKESIDE, CA 92040-3120</p>	<p><b>METZLER, CINDEA J , MFT</b>            Provider Gender: Female            License number: LMFT38808            NPI: 1487690483            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            CINDEA J METZLER, LMFT            10653 PALM ROW DR            LAKESIDE, CA 92040-1638</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (858) 254-6590	Phone: (619) 390-9975	Phone: (619) 390-9975
Fax:	Fax: (858) 633-4690	Fax: (858) 633-4690
After Hours Phone: (858) 254-6590	After Hours Phone: (619) 390-9975	After Hours Phone: (619) 390-9975
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: TU 7PM-8PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM
<b>MILLER BRUNETTO, HEIDI, PSY</b>	<b>PEDERSEN, SUESAN, MD</b>	<b>POSTLETHWAITE, ALEJANDRA, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: PSY26809	License number: A138369	License number: A88938
NPI: 1023250453	NPI: 1558603837	NPI: 1750566915
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken:	Provider Language(s) Spoken: Spanish
Cultural Competency: NEIGHBORHOOD HEALTHCARE	Cultural Competency: NEIGHBORHOOD HEALTHCARE	Cultural Competency: NEIGHBORHOOD HEALTHCARE
10039 VINE ST LAKESIDE, CA 92040-3120	10039 VINE ST LAKESIDE, CA 92040-3120	10039 VINE ST LAKESIDE, CA 92040-3120

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)  
390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **ROSS, ANNE T , NPA**

Provider Gender: Female

License number: 53359

NPI: 1447334883

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)  
390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **SINGH, PARDEEP, NPA**

Provider Gender: Female

License number: 95010750

NPI: 1992279004

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)  
390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **STONE, CALVIN, MD**

Provider Gender: Male

License number: 20A18127

NPI: 1275995870

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)  
390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **SUOZZO, JOSEPH J , PSY**

Provider Gender: Male

License number: 18393

NPI: 1821013228

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)  
390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **THOMAS, PAULA M , CSW**

Provider Gender: Female

License number: 29517

NPI: 1821389966

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)  
390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female

License number: 75185

NPI: 1861938227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 390-9975            Fax: (858) 633-4690            After Hours Phone: (619) 390-9975            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 390-9975            Fax: (858) 633-4690            After Hours Phone: (619) 390-9975            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 390-9975            Fax: (858) 633-4690            After Hours Phone: (619) 390-9975            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>VALLEZ BARLAM, ANDREA, PSY</b>            Provider Gender: Female            License number: PSY9962            NPI: 1710902143            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: NEIGHBORHOOD HEALTHCARE            10039 VINE ST            LAKESIDE, CA 92040-3120</p>	<p><b>WILLIAMS, SHANTRICE M , NPA</b>            Provider Gender: Female            License number: 19664            NPI: 1578865549            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: NEIGHBORHOOD HEALTHCARE            10039 VINE ST            LAKESIDE, CA 92040-3120</p>	<p><b>WOODWORTH, JENNIFER, PSY</b>            Provider Gender: Female            License number: 26963            NPI: 1639362494            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE            10039 VINE ST            LAKESIDE, CA 92040-3120</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)  
390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### LEMON GROVE

#### **ABDULLAH, KERI, PSY**

Provider Gender: Female

License number: 29990

NPI: 1699840587

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945-1604

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

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

#### **AGUIRRE, LEAH B , CSW**

Provider Gender: Female

License number: 74440

NPI: 1306151998

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945-1604

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

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

#### **AGUIRRE, WENDY, CSW**

Provider Gender: Female

License number: 74219

NPI: 1205946282

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA 91945-1604

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **ARAGON, DARINKA M , MD**

*Provider Gender:* Female  
*License number:* A139241  
*NPI:* 1114347291  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **ARIELLA, LYNDA R , PSY**

*Provider Gender:* Female  
*License number:* 19450  
*NPI:* 1073518965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619  
*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **ASUNCION, JENNIFER, CSW**

*Provider Gender:* Male  
*License number:* LCSW75956  
*NPI:* 1083056279  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **AUCOIN, DOUGLAS, CSW**

*Provider Gender:* Male  
*License number:* 24707  
*NPI:* 1699007609  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>AVILA, RADOMIR M , CSW</b>	<b>BARCELOS ANTONIO, TIAGO, CSW</b>	<b>BARTHOLOMEW, SARAH C , CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Female
License number: 75520	License number: 90529	License number: 86542
NPI: 1487937330	NPI: 1194159871	NPI: 1720339708
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Portuguese, Spanish	Provider Language(s) Spoken: Portuguese, Spanish	Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **BENNETT, RACHEL Q, CSW**

Provider Gender: Female  
 License number: 76466  
 NPI: 1558659797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **BERKSON, BARRIE, CSW**

Provider Gender: Female  
 License number: 63313  
 NPI: 1922305465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female  
 License number: 20A11387  
 NPI: 1639308265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>BOND, ALAN, PSY</b>	<b>BORREGO, DIANA E , NPA</b>	<b>BUBY, MYRA, CSW</b>
Provider Gender: Male	Provider Gender: Female	Provider Gender: Female
License number: PSY25805	License number: 95005019	License number: 23172
NPI: 1881927184	NPI: 1184012866	NPI: 1093747511
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	Spanish FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **BUTERBAUGH, KRISTY L , CSW**

*Provider Gender:* Female  
*License number:* 65477  
*NPI:* 1346615838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>CARDENAS, ALONSO, MD</b>            Provider Gender: Male            License number: A137940            NPI: 1811212145            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>CARINO DIOKNO, RHODA, PSY</b>            Provider Gender: Female            License number: 28073            NPI: 1629109483            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>CASTELLANOS, TERESITA D , CSW</b>            Provider Gender: Female            License number: 82782            NPI: 1598165441            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>

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## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **CHEN, ANGELA, MFT**

*Provider Gender:* Female  
*License number:* LMFT40923  
*NPI:* 1811027956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **DAN, WENDY L , CSW**

*Provider Gender:* Female  
*License number:* 26015  
*NPI:* 1700224037  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male  
*License number:* G57276  
*NPI:* 1548318348  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **DUNFORD, KATELYN C , MFT**

*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>DWYER, GEORGE, CSW</b>	<b>ERBE, EDWARD J , MD</b>	<b>FAJARDO, JACQUELINE M , CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Female
License number: 70988	License number: G76886	License number: 87322
NPI: 1437606126	NPI: 1952318289	NPI: 1215342118
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY

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## J. Directorio de proveedores de salud mental

<p>LEMON GROVE, CA 91945-1604  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>FEDEROFF, MONICA, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A164677  <i>NPI:</i> 1912404492  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  7592 BROADWAY  LEMON GROVE, CA 91945-1604</p>	<p><b>FLORES, MARY LUPE, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 19815  <i>NPI:</i> 1134147457  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  7592 BROADWAY  LEMON GROVE, CA 91945-1604</p>	<p><b>FRANCO, RODRIGO, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 71548  <i>NPI:</i> 1952736043  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  7592 BROADWAY  LEMON GROVE, CA 91945-1604</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>FUKUI, TOMONORI, MD</b>	<b>GALAPON, DIXIE L , PSY</b>	<b>GAUD, KRISTINA G , MD</b>
Provider Gender: Male	Provider Gender: Female	Provider Gender: Female
License number: 75713	License number: 16711	License number: 170667
NPI: 1366519670	NPI: 1174646301	NPI: 1508151598
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Japanese, Spanish	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	7592 BROADWAY	7592 BROADWAY
7592 BROADWAY	LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604
LEMON GROVE, CA 91945-1604		

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## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **GONZALES, JULIANA, CSW**

*Provider Gender:* Female  
*License number:* 83254  
*NPI:* 1821487406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>GONZALEZ, ANDREA, CSW</b>	<b>GOTTUNG, CHRISTINA, CSW</b>	<b>GUTIERREZ, APRIL P , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 97593	License number: 87716	License number: 86166
NPI: 1326346198	NPI: 1134597123	NPI: 1356749949
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY	7592 BROADWAY	7592 BROADWAY
LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **HORNBROOK, JESSICA, CSW**

*Provider Gender:* Female  
*License number:* 26598  
*NPI:* 1134401805  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **HUDSON, KATE, CSW**

*Provider Gender:* Female  
*License number:* 83712  
*NPI:* 1194159384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **JACKSON, TIENNA S , CSW**

*Provider Gender:* Female  
*License number:* 89122  
*NPI:* 1194976225  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **JALAN, DEVESH, MD**

*Provider Gender:* Male  
*License number:* A167754  
*NPI:* 1083092134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>LEMONT GROVE, CA 91945-1604            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>JAMES, CHRISTINE E , MD</b>            Provider Gender: Female            License number: 20A13931            NPI: 1679834022            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>JASSO-RAMIREZ, MARTHA, CSW</b>            Provider Gender: Female            License number: 26493            NPI: 1871772020            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY</p>	<p><b>JONES, ADELE, PSY</b>            Provider Gender: Female            License number: 25311            NPI: 1558602490            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>JONES, ATAVIA L , CSW</b>	<b>JONES, MICHAEL A , CSW</b>	<b>KAPPER, VICTORIA, CSW</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Female
License number: LCSW76796	License number: LCS22452	License number: 100449
NPI: 1952734899	NPI: 1548205719	NPI: 1801349014
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
 License number: A138266  
 NPI: 1396150041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **KLOBERDANZ, KELSEY L , NPA**

Provider Gender: Female  
 License number: 95005293  
 NPI: 1235672502  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **KNIGHT, MARK A , MD**

Provider Gender: Male  
 License number: A94460  
 NPI: 1851573554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **KOH, STEVE H , MD**

*Provider Gender:* Male  
*License number:* A103468  
*NPI:* 1467650473  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **LEBLANC, ASHLEY B , CSW**

*Provider Gender:* Female  
*License number:* 83136  
*NPI:* 1275905622  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>LIDSTONE, PAVEN, MD</b>            Provider Gender: Female            License number: 161149            NPI: 1942662093            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>LIM, SANDRA S , MD</b>            Provider Gender: Female            License number: 20A13075            NPI: 1083963094            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>LIPPERT, HEATHER M , CSW</b>            Provider Gender: Female            License number: 22526            NPI: 1093991663            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>

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## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **LOEB, CINDY, CSW**

*Provider Gender:* Female  
*License number:* 75333  
*NPI:* 1619108511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **LYDIARD, JESSICA, MD**

*Provider Gender:* Female  
*License number:* A171775  
*NPI:* 1841731296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **LYONS, KEITH E , CSW**

*Provider Gender:* Male  
*License number:* 92724  
*NPI:* 1538704002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>MACMASTER, LINDSAY, PSY</b>	<b>MAHONEY, PATRICIA A , CSW</b>	<b>MARTIR, MICHEL, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 25570	License number: 22296	License number: 73174
NPI: 1659520179	NPI: 1700200888	NPI: 1356528434
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>MCADAMS, HILDA, NPA</b>	<b>MCDANIEL, REBECCA, CSW</b>	<b>MCHENRY, KELLY, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 14201	License number: 86534	License number: 29689
NPI: 1396838082	NPI: 1518623818	NPI: 1851544340
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: American Sign Language Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	7592 BROADWAY	7592 BROADWAY
7592 BROADWAY	LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604
LEMON GROVE, CA 91945-1604		

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **MEJIA, RITA I , MFT**

Provider Gender: Female  
 License number: 99697  
 NPI: 1952741506  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **MENDEZ, ANDRES G , PSY**

Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>MILLICAN, RUTH, PSY</b>            Provider Gender: Female            License number: 25354            NPI: 1346472305            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>MODAD, ALBERT, PSY</b>            Provider Gender: Female            License number: 29697            NPI: 1629453691            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>MORALES MORENO, MINERVA, CSW</b>            Provider Gender: Female            License number: 63550            NPI: 1841337565            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>MORRISON, TYLER E , MD</b>	<b>NADEAU MANNING, JULIE, CSW</b>	<b>NAZARIO, JACOBETH, PSY</b>
Provider Gender: Male	Provider Gender: Female	Provider Gender: Female
License number: A144917	License number: 25094	License number: PSY32092
NPI: 1912391814	NPI: 1275609760	NPI: 1326648684
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Japanese	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY	7592 BROADWAY	7592 BROADWAY
LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>NOUHI, NUSHA, PSY</b>	<b>NWANGANGA, OKECHUKU R , CSW</b>	<b>OBRYAN, KELLY, PSY</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Female
License number: 27670	License number: 27072	License number: 24966
NPI: 1942433917	NPI: 1285984450	NPI: 1093882698
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Farsi	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY	7592 BROADWAY	7592 BROADWAY
LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **OHARA, FELECIA, CSW**

*Provider Gender:* Female  
*License number:* 73903  
*NPI:* 1215015227  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 66862  
*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>PRASEK, LAUREN, NPA</b>            Provider Gender: Female            License number: 95004145            NPI: 1932566031            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>PROCTOR, MELISSA S , CSW</b>            Provider Gender: Female            License number: 62650            NPI: 1336188655            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>PROOSASELTS, YULIYA, MD</b>            Provider Gender: Female            License number: A133675            NPI: 1952747875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>

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## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>RAMOS, ELIZABETH, CSW</b>	<b>RODRIGUEZ, CHRISTINE, PSY</b>	<b>ROSENFARB, BARBARA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 73374	License number: 30472	License number: 28590
NPI: 1992046890	NPI: 1568656619	NPI: 1447477781
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY	7592 BROADWAY	7592 BROADWAY
LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **RYDALCH, JOANNA, CSW**

*Provider Gender:* Female  
*License number:* 904009322  
*NPI:* 1215256870  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **SACHS, MELISSA R , CSW**

*Provider Gender:* Female  
*License number:* 76968  
*NPI:* 1649760356  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>SAMADI, ESTHER, MD</b>	<b>SATERA, ANDREW, NRS</b>	<b>SEPULVEDA, JOE, MD</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Male
License number: A113657	License number: 95018929	License number: A113283
NPI: 1396986204	NPI: 1265861629	NPI: 1306165402
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 7592 BROADWAY LEMON GROVE, CA 91945-1604	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 7592 BROADWAY LEMON GROVE, CA 91945-1604	Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 7592 BROADWAY LEMON GROVE, CA 91945-1604

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **STEWART, ANDREA M , MFT**

*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **TAHBAZ, ASH, MFT**

*Provider Gender:* U  
*License number:* 87601  
*NPI:* 1205294543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### **THIESSEN, BRUCE L, PSY**

*Provider Gender:* Male  
*License number:* 14259  
*NPI:* 1841541984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>TONG, GARRICK, MD</b>	<b>TORRES, LAURA, CSW</b>	<b>TRIANA, JENNIFER, CSW</b>
Provider Gender: Male	Provider Gender: Female	Provider Gender: Female
License number: A102192	License number: 65059	License number: 88589
NPI: 1831361278	NPI: 1568612943	NPI: 1073844460
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish, Yue Chinese	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	7592 BROADWAY	7592 BROADWAY
7592 BROADWAY	LEMON GROVE, CA 91945-1604	LEMON GROVE, CA 91945-1604
LEMON GROVE, CA 91945-1604		

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>TROYER, EMILY, PSY</b>	<b>WAUGH, BRANDON, CSW</b>	<b>WEAVER, JHOSMARA A , CSW</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Female
License number: A149101	License number: 83457	License number: 77233
NPI: 1326484437	NPI: 1619459187	NPI: 1982848594
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>WEBSTER, KRISTIN K , CSW</b>	<b>WINSHIP, KATHERINE L , CSW</b>	<b>WITT, ANNETTE, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: LCSW16118	License number: LCSW69759	License number: 15770
NPI: 1902336837	NPI: 1124498043	NPI: 1912263468
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Spanish Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604	7592 BROADWAY LEMON GROVE, CA 91945-1604

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>WOLF, CELIA C , NPA</b>            Provider Gender: Female            License number: 95001899            NPI: 1245635564            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>WOOD, KEEGAN, NPA</b>            Provider Gender: Male            License number: NP95006887            NPI: 1417471459            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>	<p><b>YALYSHAVA, VOLHA, CSW</b>            Provider Gender: Female            License number: LCSW69810            NPI: 1821392002            Provider English Spoken: Yes            Provider Language(s) Spoken:            Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            7592 BROADWAY            LEMON GROVE, CA 91945-1604</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	217 HIGHLAND AVE
Fax: (619) 702-8536	Fax: (619) 702-8536	NATIONAL CITY, CA 91950-1518
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	Phone: (619) 434-7308
Website:	Website:	Fax: (619) 434-7308
www.beaconhealthoptions.com	www.beaconhealthoptions.com	After Hours Phone: (619) 434-7308
Accepting New Patients: Yes	Accepting New Patients: Yes	Website:
Site English Spoken: Yes	Site English Spoken: Yes	www.beaconhealthoptions.com
Site Language(s) Spoken:	Site Language(s) Spoken:	Accepting New Patients: Yes
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site English Spoken: Yes
TDD: No	TDD: No	Site Language(s) Spoken:
Min/Max Age: 0/99	Min/Max Age: 0/99	Spanish
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	TDD: No
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	Min/Max Age: 0/64
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Gender Restriction: No Gender Restrictions
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	American Sign Language (ASL): No

### ZAYAS, GILBERTO, MD

Provider Gender: Male  
 License number: A136760  
 NPI: 1508174970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604

### NATIONAL CITY

### ALVAREZ, DIANA P, CSW

Provider Gender: Female  
 License number: 81025  
 NPI: 1013200617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS

### BAHENA, SANDRA, PSY

Provider Gender: Female  
 License number: 29792  
 NPI: 1073742268  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950-1518

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 434-7308	Phone: (619) 267-9257	Phone: (619) 327-0146
Fax: (619) 434-7308	Fax: (619) 267-9273	Fax: (619) 327-0150
After Hours Phone: (619) 434-7308	After Hours Phone: (619) 267-9257	After Hours Phone: (619) 327-0146
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Hindi	Site Language(s) Spoken: Hindi, Panjabi, Punjabi
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/64	Min/Max Age:	Min/Max Age: 19/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-6PM	Hours: M-F 8AM-5PM	Hours: M-F 9AM-5PM
<b>BARI, MOHAMMED A , MD</b>	<b>BARI, MOHAMMED A , MD</b>	<b>BARTHOLOMEW, SARAH C , CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Female
License number: A46396	License number: A46396	License number: 86542
NPI: 1679588370	NPI: 1679588370	NPI: 1720339708
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Hindi	Provider Language(s) Spoken: Hindi	Provider Language(s) Spoken:
Cultural Competency: PACIFIC HEALTH SYSTEMS LP	Cultural Competency: PACIFIC HEALTH SYSTEMS LP	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
1908 SWEETWATER RD	1908 SWEETWATER RD	1000 EUCLID AVE
NATIONAL CITY, CA 91950-2951	NATIONAL CITY, CA 91950-7628	NATIONAL CITY, CA 91950-3856

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2399  
 Fax: (619) 269-0199  
 After Hours Phone: (619) 515-2399  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Portuguese, Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BHATIA, PRAKASH K , MD**

Provider Gender: Male  
 License number: A74848  
 NPI: 1164464137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 PACIFIC HEALTH SYSTEMS LP  
 1908 SWEETWATER RD  
 NATIONAL CITY, CA  
 91950-7628

Phone: (619) 327-0146  
 Fax: (619) 327-0150  
 After Hours Phone: (619) 327-0146  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 9AM-5PM

### **BHATIA, PRAKASH K , MD**

Provider Gender: Male  
 License number: A74848  
 NPI: 1164464137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 BHATIA HEALTH SERVICES A  
 MEDICAL CORPORATION  
 2345 E 8TH ST STE 111  
 NATIONAL CITY, CA 91950-2861

Phone: (619) 267-9108  
 Fax: (619) 267-9273  
 After Hours Phone: (619) 267-9108  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

### **BHATIA, PRAKASH K , MD**

Provider Gender: Male  
 License number: A74848  
 NPI: 1164464137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 PACIFIC HEALTH SYSTEMS LP  
 610 EUCLID AVE STE 200  
 NATIONAL CITY, CA 91950-2951  
 Phone: (619) 267-9257  
 Fax: (619) 267-9273  
 After Hours Phone: (619) 267-9257

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Hindi</p> <p>TDD: No</p> <p>Min/Max Age: 19/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-5PM</p>	<p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Hindi, Panjabi, Punjabi</p> <p>TDD: No</p> <p>Min/Max Age: 19/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 9AM-5PM</p>	<p>Site Language(s) Spoken: Portuguese, Spanish</p> <p>TDD: No</p> <p>Min/Max Age: 19/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p>
<p><b>BINDAL, ANKUR, MD</b></p> <p>Provider Gender: Male</p> <p>License number: A132533</p> <p>NPI: 1588820880</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Hindi, Panjabi, Punjabi</p> <p>Cultural Competency: PACIFIC HEALTH SYSTEMS LP</p> <p>1908 SWEETWATER RD</p> <p>NATIONAL CITY, CA</p> <p>91950-7628</p> <p>Phone: (619) 327-0146</p> <p>Fax: (619) 327-0150</p> <p>After Hours Phone: (619) 327-0146</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>	<p><b>CABREJOS, CLAUDIO, MD</b></p> <p>Provider Gender: Male</p> <p>License number: A71653</p> <p>NPI: 1033133483</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Portuguese, Spanish</p> <p>Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1000 EUCLID AVE</p> <p>NATIONAL CITY, CA</p> <p>91950-3856</p> <p>Phone: (619) 515-2399</p> <p>Fax: (619) 269-0199</p> <p>After Hours Phone: (619) 515-2399</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p>	<p><b>CABUSAO, MARILOU M, NPA</b></p> <p>Provider Gender: Female</p> <p>License number: 95022360</p> <p>NPI: 1700514957</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: OPERATION SAMAHAN</p> <p>2743 HIGHLAND AVE</p> <p>NATIONAL CITY, CA 91950-7410</p> <p>Phone: (844) 200-2426</p> <p>Fax: (858) 695-9074</p> <p>After Hours Phone: (844) 200-2426</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Hindi, Urdu</p> <p>TDD: No</p> <p>Min/Max Age:</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Gender Restriction: No Gender Restrictions	Restrictions	No
American Sign Language (ASL): No	American Sign Language (ASL): No	Please contact provider for Accessibility information
Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM	Hours: M-F 8AM-6PM	Hours: M-F 8:30AM-5PM
<b>CARBONELL, SONIA, PSY</b>	<b>CARINO DIOKNO, RHODA, PSY</b>	<b>CHAUDHRI, YASHWANT, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Male
License number: 19752	License number: 28073	License number: A67679
NPI: 1902976343	NPI: 1629109483	NPI: 1043258429
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Hindi, Urdu
Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS	Cultural Competency: 1000 EUCLID AVE NATIONAL CITY, CA	Cultural Competency: YASHWANT CHAUDRI MD A PROF CORP
217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518	91950-3856	3035 E 8TH ST NATIONAL CITY, CA
Phone: (619) 434-7308	Phone: (619) 515-2399	91950-3026
Fax: (619) 434-7308	Fax: (619) 269-0199	Phone: (619) 596-9890
After Hours Phone: (619) 434-7308	After Hours Phone: (619) 515-2399	Fax: (619) 596-9893
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	After Hours Phone: (619) 596-9890
Accepting New Patients: Yes	Accepting New Patients: Yes	Website: www.beaconhealthoptions.com
Site English Spoken: Yes	Site English Spoken: Yes	Accepting New Patients: Yes
Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Portuguese, Spanish	Site English Spoken: Yes
TDD: No	TDD: No	Site Language(s) Spoken: Hindi, Urdu
Min/Max Age: 0/64	Min/Max Age: 19/99	TDD: No
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Min/Max Age: Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No

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## J. Directorio de proveedores de salud mental

<p>Please contact provider for Accessibility information Hours: M,TH 8AM-4PM</p>	<p>8:30AM-5:30PM, W 10AM-7PM</p>	<p>License number: 79616</p>
<p><b>CHAUDHRI, YASHWANT, MD</b></p>	<p><b>CHAUHAN, SMIT S , MD</b></p>	<p>NPI: 1720388374</p>
<p>Provider Gender: Male</p>	<p>Provider Gender: Male</p>	<p>Provider English Spoken: Yes</p>
<p>License number: A67679</p>	<p>License number: A123312</p>	<p>Provider Language(s) Spoken:</p>
<p>NPI: 1043258429</p>	<p>NPI: 1700083391</p>	<p>Cultural Competency:</p>
<p>Provider English Spoken: Yes</p>	<p>Provider English Spoken: Yes</p>	<p>LA MAESTRA COMMUNITY</p>
<p>Provider Language(s) Spoken:</p>	<p>Provider Language(s) Spoken:</p>	<p>HEALTH CENTERS</p>
<p>Hindi, Urdu</p>	<p>Cultural Competency:</p>	<p>217 HIGHLAND AVE</p>
<p>Cultural Competency:</p>	<p>OPERATION SAMAHAN</p>	<p>NATIONAL CITY, CA 91950-1518</p>
<p>OPERATION SAMAHAN</p>	<p>2743 HIGHLAND AVE</p>	<p>Phone: (619) 434-7308</p>
<p>2743 HIGHLAND AVE</p>	<p>NATIONAL CITY, CA 91950-7410</p>	<p>Fax: (619) 434-7308</p>
<p>NATIONAL CITY, CA 91950-7410</p>	<p>Phone: (844) 200-2426</p>	<p>After Hours Phone: (619)</p>
<p>Phone: (844) 200-2426</p>	<p>Fax: (858) 695-9074</p>	<p>434-7308</p>
<p>Fax: (858) 695-9074</p>	<p>After Hours Phone: (844)</p>	<p>Website:</p>
<p>After Hours Phone: (844)</p>	<p>200-2426</p>	<p>www.beaconhealthoptions.com</p>
<p>200-2426</p>	<p>Website:</p>	<p>Accepting New Patients: Yes</p>
<p>Website:</p>	<p>www.beaconhealthoptions.com</p>	<p>Site English Spoken: Yes</p>
<p>www.beaconhealthoptions.com</p>	<p>Accepting New Patients: Yes</p>	<p>Site Language(s) Spoken:</p>
<p>Accepting New Patients: Yes</p>	<p>Site English Spoken: Yes</p>	<p>Spanish</p>
<p>Site English Spoken: Yes</p>	<p>Site Language(s) Spoken: Hindi,</p>	<p>TDD: No</p>
<p>Site Language(s) Spoken: Hindi,</p>	<p>Urdu</p>	<p>Min/Max Age: 0/64</p>
<p>Urdu</p>	<p>TDD: No</p>	<p>Gender Restriction: No Gender</p>
<p>TDD: No</p>	<p>Min/Max Age:</p>	<p>Restrictions</p>
<p>Min/Max Age:</p>	<p>Gender Restriction: No Gender</p>	<p>American Sign Language (ASL):</p>
<p>Gender Restriction: No Gender</p>	<p>Restrictions</p>	<p>No</p>
<p>Restrictions</p>	<p>American Sign Language (ASL):</p>	<p>Please contact provider for</p>
<p>American Sign Language (ASL):</p>	<p>No</p>	<p>Accessibility information</p>
<p>No</p>	<p>Please contact provider for</p>	<p>Hours: M-F 8AM-6PM</p>
<p>Please contact provider for</p>	<p>Accessibility information</p>	<p><b>DIAZ, LIZETH, CSW</b></p>
<p>Hours: M,TU,TH,F</p>	<p>Hours: M,TU,TH,F</p>	<p>Provider Gender: Female</p>
	<p>8:30AM-5:30PM, W 10AM-7PM</p>	<p>License number: 97277</p>
	<p><b>CUELLAR, BETHANY, MFT</b></p>	<p>NPI: 1124457023</p>
	<p>Provider Gender: Female</p>	<p>Provider English Spoken: Yes</p>

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## J. Directorio de proveedores de salud mental

<i>Provider Language(s) Spoken:</i>	PACIFIC HEALTH SYSTEMS LP	NATIONAL CITY, CA
<i>Cultural Competency:</i>	502 EUCLID AVE STE 302	91950-3856
FAMILY HEALTH CENTERS OF SAN DIEGO	NATIONAL CITY, CA	<i>Phone:</i> (619) 515-2399
1000 EUCLID AVE	91950-2995	<i>Fax:</i> (619) 269-0199
NATIONAL CITY, CA	<i>Phone:</i> (619) 327-0146	<i>After Hours Phone:</i> (619) 515-2399
91950-3856	<i>Fax:</i> (619) 327-0150	<i>Website:</i>
<i>Phone:</i> (619) 515-2399	<i>After Hours Phone:</i> (619) 327-0146	www.beaconhealthoptions.com
<i>Fax:</i> (619) 269-0199	<i>Website:</i>	<i>Accepting New Patients:</i> Yes
<i>After Hours Phone:</i> (619) 515-2399	www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes
<i>Website:</i>	<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i>
www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes	Portuguese, Spanish
<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i>	TDD: No
<i>Site English Spoken:</i> Yes	TDD: No	<i>Min/Max Age:</i> 19/99
<i>Site Language(s) Spoken:</i>	<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender
Portuguese, Spanish	<i>Gender Restriction:</i> No Gender	Restrictions
TDD: No	Restrictions	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i> 19/99	<i>American Sign Language (ASL):</i>	No
<i>Gender Restriction:</i> No Gender	No	Please contact provider for
Restrictions	Please contact provider for	Accessibility information
<i>American Sign Language (ASL):</i>	Accessibility information	<i>Hours:</i> M-F 8:30AM-5PM
No	<i>Hours:</i> M-F 9AM-5PM	
Please contact provider for		<b>FEDEROFF, MONICA, MD</b>
Accessibility information	<b>DUNFORD, KATELYN C , MFT</b>	<i>Provider Gender:</i> Female
<i>Hours:</i> M-F 8:30AM-5PM	<i>Provider Gender:</i> Female	<i>License number:</i> A164677
	<i>License number:</i> 126626	<i>NPI:</i> 1912404492
	<i>NPI:</i> 1437517497	<i>Provider English Spoken:</i> Yes
<b>DOLNAK, DOUGLAS R , MD</b>	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider Gender:</i> Male	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>
<i>License number:</i> 20A6059	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF
<i>NPI:</i> 1316147085	FAMILY HEALTH CENTERS OF	SAN DIEGO
<i>Provider English Spoken:</i> Yes	SAN DIEGO	1000 EUCLID AVE
<i>Provider Language(s) Spoken:</i>	1000 EUCLID AVE	NATIONAL CITY, CA
<i>Cultural Competency:</i>		91950-3856

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2399	Website:	Site English Spoken: Yes
Fax: (619) 269-0199	www.beaconhealthoptions.com	Site Language(s) Spoken:
After Hours Phone: (619) 515-2399	Accepting New Patients: Yes	Portuguese, Spanish
Website:	Site English Spoken: Yes	TDD: No
www.beaconhealthoptions.com	Site Language(s) Spoken: Hindi	Min/Max Age: 19/99
Accepting New Patients: Yes	TDD: No	Gender Restriction: No Gender Restrictions
Site English Spoken: Yes	Min/Max Age:	American Sign Language (ASL):
Site Language(s) Spoken:	Gender Restriction: No Gender Restrictions	No
Portuguese, Spanish	American Sign Language (ASL):	Please contact provider for
TDD: No	No	Accessibility information
Min/Max Age: 19/99	Please contact provider for	Hours: M-F 8:30AM-5PM
Gender Restriction: No Gender Restrictions	Accessibility information	
American Sign Language (ASL):	Hours: M-F 8AM-5PM	<b>GLASSMAN, JAGA NATH, MD</b>
No	<b>GAUD, KRISTINA G , MD</b>	Provider Gender: Male
Please contact provider for	Provider Gender: Female	License number: G55004
Accessibility information	License number: 170667	NPI: 1558409771
Hours: M-F 8:30AM-5PM	NPI: 1508151598	Provider English Spoken: Yes
	Provider English Spoken: Yes	Provider Language(s) Spoken:
	Provider Language(s) Spoken:	Cultural Competency:
	Cultural Competency:	FAMILY HEALTH CENTERS OF
<b>FELD, KAREN E , NPA</b>	FAMILY HEALTH CENTERS OF	SAN DIEGO
Provider Gender: Female	SAN DIEGO	1000 EUCLID AVE
License number: 95019884	1000 EUCLID AVE	NATIONAL CITY, CA
NPI: 1730835083	91950-3856	91950-3856
Provider English Spoken: Yes	Phone: (619) 515-2399	Phone: (619) 515-2399
Provider Language(s) Spoken:	Fax: (619) 269-0199	Fax: (619) 269-0199
Cultural Competency:	After Hours Phone: (619)	After Hours Phone: (619)
PACIFIC HEALTH SYSTEMS LP	515-2399	515-2399
610 EUCLID AVE STE 200	Website:	Website:
NATIONAL CITY, CA 91950-2951	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Phone: (619) 267-9257	Accepting New Patients: Yes	Accepting New Patients: Yes
Fax: (619) 267-9273		Site English Spoken: Yes
After Hours Phone: (619) 267-9257		Site Language(s) Spoken:

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## J. Directorio de proveedores de salud mental

Portuguese, Spanish TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM
<b>GONZALEZ, ANDREA, CSW</b> Provider Gender: Female License number: 97593 NPI: 1326346198 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1000 EUCLID AVE NATIONAL CITY, CA 91950-3856 Phone: (619) 515-2399 Fax: (619) 269-0199 After Hours Phone: (619) 515-2399 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Portuguese, Spanish	<b>GRAHAM, DEBRA JEANNE, NPA</b> Provider Gender: Female License number: NP15657 NPI: 1790757623 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: OPERATION SAMAHAN 2743 HIGHLAND AVE NATIONAL CITY, CA 91950-7410 Phone: (844) 200-2426 Fax: (858) 695-9074 After Hours Phone: (844) 200-2426 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Urdu TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions	<b>HODGE, ROGER G , PSY</b> Provider Gender: Male License number: 26148 NPI: 1306096714 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: OPERATION SAMAHAN 2743 HIGHLAND AVE NATIONAL CITY, CA 91950-7410 Phone: (844) 200-2426 Fax: (858) 695-9074 After Hours Phone: (844) 200-2426 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Urdu TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No

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## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
Hours: M,TU,TH,F  
8:30AM-5:30PM, W 10AM-7PM

### **JACKSON, TIENNA S , CSW**

Provider Gender: Female  
License number: 89122  
NPI: 1194976225  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
Phone: (619) 515-2399  
Fax: (619) 269-0199  
After Hours Phone: (619)  
515-2399  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Portuguese, Spanish  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for

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

### **JASSO-RAMIREZ, MARTHA, CSW**

Provider Gender: Female  
License number: 26493  
NPI: 1871772020  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
LA MAESTRA COMMUNITY  
HEALTH CENTERS  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950-1518  
Phone: (619) 434-7308  
Fax: (619) 434-7308  
After Hours Phone: (619)  
434-7308  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age: 0/64  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM

### **KAPPER, VICTORIA, CSW**

Provider Gender: Female  
License number: 100449  
NPI: 1801349014  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
Phone: (619) 515-2399  
Fax: (619) 269-0199  
After Hours Phone: (619)  
515-2399  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Portuguese, Spanish  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM  
**KUGEL, SAMUEL, MD**

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## J. Directorio de proveedores de salud mental

<i>Provider Gender:</i> Male	<i>License number:</i> 161149	<i>Provider English Spoken:</i> Yes
<i>License number:</i> A54412	<i>NPI:</i> 1942662093	<i>Provider Language(s) Spoken:</i>
<i>NPI:</i> 1497813968	<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	FAMILY HEALTH CENTERS OF
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	SAN DIEGO
Portuguese, Spanish	FAMILY HEALTH CENTERS OF	1000 EUCLID AVE
<i>Cultural Competency:</i>	SAN DIEGO	NATIONAL CITY, CA
KUGEL, SAMUEL	1000 EUCLID AVE	91950-3856
502 EUCLID AVE STE 305	NATIONAL CITY, CA	<i>Phone:</i> (619) 515-2399
NATIONAL CITY, CA	91950-3856	<i>Fax:</i> (619) 269-0199
91950-8901	<i>Phone:</i> (619) 515-2399	<i>After Hours Phone:</i> (619)
<i>Phone:</i> (619) 472-2600	<i>Fax:</i> (619) 269-0199	515-2399
<i>Fax:</i> (619) 472-5700	<i>After Hours Phone:</i> (619)	<i>Website:</i>
<i>After Hours Phone:</i> (619)	515-2399	www.beaconhealthoptions.com
472-2600	<i>Website:</i>	<i>Accepting New Patients:</i> Yes
<i>Website:</i>	www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes
www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes	Portuguese, Spanish
<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>	<i>TDD:</i> No
<i>Site Language(s) Spoken:</i>	Portuguese, Spanish	<i>Min/Max Age:</i> 19/99
Portuguese, Spanish	<i>TDD:</i> No	<i>Gender Restriction:</i> No Gender
<i>TDD:</i> No	<i>Min/Max Age:</i> 19/99	Restrictions
<i>Min/Max Age:</i> 0/99	<i>Gender Restriction:</i> No Gender	<i>American Sign Language (ASL):</i>
<i>Gender Restriction:</i> No Gender	Restrictions	No
<i>Restrictions:</i>	<i>American Sign Language (ASL):</i>	Please contact provider for
<i>American Sign Language (ASL):</i>	No	Accessibility information
No	Please contact provider for	<i>Hours:</i> M-F 8:30AM-5PM
Please contact provider for	Accessibility information	<b>MAPLES, RANDI C , PSY</b>
Accessibility information	<i>Hours:</i> M-F 8:30AM-5PM	<i>Provider Gender:</i> Female
<i>Hours:</i> M-F 9AM-5:30PM, SA	<b>LYDIARD, JESSICA, MD</b>	<i>License number:</i> 22630
8AM-1:30PM	<i>Provider Gender:</i> Female	<i>NPI:</i> 1023037561
<b>LIDSTONE, PAVEN, MD</b>	<i>License number:</i> A171775	<i>Provider English Spoken:</i> Yes
<i>Provider Gender:</i> Female	<i>NPI:</i> 1841731296	<i>Provider Language(s) Spoken:</i>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> PACIFIC HEALTH SYSTEMS LP 610 EUCLID AVE STE 200 NATIONAL CITY, CA 91950-2951 <i>Phone:</i> (619) 267-9257 <i>Fax:</i> (619) 267-9273 <i>After Hours Phone:</i> (619) 267-9257 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Hindi <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM</p> <p><b>MCADAMS, HILDA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 14201 <i>NPI:</i> 1396838082 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 1000 EUCLID AVE</p>	<p>NATIONAL CITY, CA 91950-3856 <i>Phone:</i> (619) 515-2399 <i>Fax:</i> (619) 269-0199 <i>After Hours Phone:</i> (619) 515-2399 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Portuguese, Spanish <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>MCDANIEL, REBECCA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 86534 <i>NPI:</i> 1518623818 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 1000 EUCLID AVE NATIONAL CITY, CA 91950-3856</p>	<p><i>Phone:</i> (619) 515-2399 <i>Fax:</i> (619) 269-0199 <i>After Hours Phone:</i> (619) 515-2399 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Portuguese, Spanish <i>TDD:</i> No <i>Min/Max Age:</i> 19/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>MEJIAS, JUAN C , PSY</b> <i>Provider Gender:</i> Male <i>License number:</i> 26953 <i>NPI:</i> 1558560730 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> LA MAESTRA COMMUNITY HEALTH CENTERS 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 434-7308

Fax: (619) 434-7308

After Hours Phone: (619)  
434-7308

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 0/64

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM

### **MIRANDA, CYNTHIA, PSY**

Provider Gender: Female

License number: 21188

NPI: 1023186970

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

LA MAESTRA COMMUNITY

HEALTH CENTERS

217 HIGHLAND AVE

NATIONAL CITY, CA 91950-1518

Phone: (619) 434-7308

Fax: (619) 434-7308

After Hours Phone: (619)  
434-7308

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 0/64

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female

License number: 73903

NPI: 1215015227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1000 EUCLID AVE

NATIONAL CITY, CA

91950-3856

Phone: (619) 515-2399

Fax: (619) 269-0199

After Hours Phone: (619)  
515-2399

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Portuguese, Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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

### **PRINCE, RENEE K , PSY**

Provider Gender: Female

License number: 32206

NPI: 1467737908

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

OPERATION SAMAHAN

2743 HIGHLAND AVE

NATIONAL CITY, CA 91950-7410

Phone: (844) 200-2426

Fax: (858) 695-9074

After Hours Phone: (844)

200-2426

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Hindi, Urdu</p> <p>TDD: No</p> <p>Min/Max Age: No</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM</p>	<p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>TDD: No</p> <p>Min/Max Age: 0/64</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-6PM</p>	<p>Site Language(s) Spoken: Portuguese, Spanish</p> <p>TDD: No</p> <p>Min/Max Age: 19/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p>
<p><b>REID, EMILY, NPA</b></p> <p>Provider Gender: Female</p> <p>License number: 95002766</p> <p>NPI: 1083081467</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS</p> <p>217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518</p> <p>Phone: (619) 434-7308</p> <p>Fax: (619) 434-7308</p> <p>After Hours Phone: (619) 434-7308</p> <p>Website: www.beaconhealthoptions.com</p>	<p><b>RYDALCH, JOANNA, CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 904009322</p> <p>NPI: 1215256870</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1000 EUCLID AVE NATIONAL CITY, CA 91950-3856</p> <p>Phone: (619) 515-2399</p> <p>Fax: (619) 269-0199</p> <p>After Hours Phone: (619) 515-2399</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p>	<p><b>SALGUERO GALLAND, MARIO L, MD</b></p> <p>Provider Gender: Male</p> <p>License number: A122101</p> <p>NPI: 1487947826</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS</p> <p>217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518</p> <p>Phone: (619) 434-7308</p> <p>Fax: (619) 434-7308</p> <p>After Hours Phone: (619) 434-7308</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Spanish TDD: No Min/Max Age: 0/64 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-6PM	Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-6PM
<b>SATERA, ANDREW, NRS</b> Provider Gender: Male License number: 95018929 NPI: 1265861629 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1000 EUCLID AVE NATIONAL CITY, CA 91950-3856 Phone: (619) 515-2399 Fax: (619) 269-0199 After Hours Phone: (619) 515-2399 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Portuguese, Spanish TDD: No	<b>SWEENEY, ZSA ZSA, NPA</b> Provider Gender: Female License number: 95007730 NPI: 1003159344 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518 Phone: (619) 434-7308 Fax: (619) 434-7308 After Hours Phone: (619) 434-7308 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish TDD: No Min/Max Age: 0/64 Gender Restriction: No Gender Restrictions	<b>TRIANA, JENNIFER, CSW</b> Provider Gender: Female License number: 88589 NPI: 1073844460 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1000 EUCLID AVE NATIONAL CITY, CA 91950-3856 Phone: (619) 515-2399 Fax: (619) 269-0199 After Hours Phone: (619) 515-2399 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Portuguese, Spanish TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>No Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>Hours: M-F 8AM-6PM</p>	<p>OCEANSIDE</p>
<p><b>TUCKER, MEGAN, PSY</b> Provider Gender: Female License number: 27333 NPI: 1861877516 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518 Phone: (619) 434-7308 Fax: (619) 434-7308 After Hours Phone: (619) 434-7308 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish TDD: No Min/Max Age: 0/64 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information</p>	<p><b>WINSHIP, KATHERINE L , CSW</b> Provider Gender: Female License number: LCSW69759 NPI: 1124498043 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1000 EUCLID AVE NATIONAL CITY, CA 91950-3856 Phone: (619) 515-2399 Fax: (619) 269-0199 After Hours Phone: (619) 515-2399 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Portuguese, Spanish TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p><b>ACOSTA, AZUCENA, CSW</b> Provider Gender: Female License number: 98304 NPI: 1255937496 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC 517 N HORNE ST OCEANSIDE, CA 92054-2518 Phone: (760) 631-5009 Fax: (760) 414-3892 After Hours Phone: (760) 631-5009 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F</p>

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## J. Directorio de proveedores de salud mental

8AM-5PM

### **ACOSTA, AZUCENA, CSW**

Provider Gender: Female  
 License number: 98304  
 NPI: 1255937496  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

### **ACOSTA, AZUCENA, CSW**

Provider Gender: Female  
 License number: 98304  
 NPI: 1255937496  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

### **ALTAMIRANO, LEON, PSY**

Provider Gender: Male  
 License number: 23734  
 NPI: 1619271517  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NORTH COUNTY HEALTH SERVICES  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
 Phone: (760) 966-3306  
 Fax: (760) 966-3340  
 After Hours Phone: (760) 966-3306  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

### **ALTAMIRANO, LEON, PSY**

Provider Gender: Male

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>License number: 23734  NPI: 1619271517  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: NORTH COUNTY HEALTH SERVICES  619 CROUCH ST STE 100  OCEANSIDE, CA 92054-4460  Phone: (760) 736-6767  Fax: (760) 566-1501  After Hours Phone: (760) 736-6767  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Spanish, Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Hours: M-TH 7:30AM-6:30PM</p> <p><b>ALTAMIRANO, LEON, PSY</b>  Provider Gender: Male  License number: 23734  NPI: 1619271517</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: NORTH COUNTY HEALTH SERVICES  3220 MISSION AVE STE 1  OCEANSIDE, CA 92058-1354  Phone: (760) 736-6767  Fax: (760) 471-8946  After Hours Phone: (760) 736-6767  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Spanish, Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Hours: M-F 8AM-5PM</p> <p><b>ALTAMIRANO, LEON, PSY</b>  Provider Gender: Male  License number: 23734  NPI: 1619271517  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p>Spanish  Cultural Competency: NORTH COUNTY HEALTH SERVICES  605 CROUCH ST  OCEANSIDE, CA 92054-4415  Phone: (760) 736-6767  Fax: (760) 757-3004  After Hours Phone: (760) 736-6767  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Spanish, Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Hours: M-W 8AM-7PM, TH-SA 8AM-5PM</p> <p><b>BROOMFIELD, JENNIFER A , CSW</b>  Provider Gender: Female  License number: 82362  NPI: 1073849006  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>
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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> VISTA COMMUNITY CLINIC 517 N HORNE ST OCEANSIDE, CA 92054-2518 <i>Phone:</i> (760) 631-5009 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5009 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p>	<p><i>Cultural Competency:</i> VISTA COMMUNITY CLINIC 818 PIER VIEW WAY OCEANSIDE, CA 92054-2803 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p>	<p><i>Cultural Competency:</i> VISTA COMMUNITY CLINIC 4700 N RIVER RD OCEANSIDE, CA 92057-6043 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p>
<p><b>BROOMFIELD, JENNIFER A , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 82362 <i>NPI:</i> 1073849006 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p><b>BROOMFIELD, JENNIFER A , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 82362 <i>NPI:</i> 1073849006 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p><b>BURCIAGA, HENRY, MFT</b> <i>Provider Gender:</i> Male <i>License number:</i> MFT19940 <i>NPI:</i> 1487785705 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i></p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

NORTH COUNTY HEALTH SERVICES 619 CROUCH ST STE 100 OCEANSIDE, CA 92054-4460 Phone: (760) 736-6767 Fax: (760) 566-1501 After Hours Phone: (760) 736-6767 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 7:30AM-6:30PM	605 CROUCH ST OCEANSIDE, CA 92054-4415 Phone: (760) 736-6767 Fax: (760) 757-3004 After Hours Phone: (760) 736-6767 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-W 8AM-7PM, TH-SA 8AM-5PM	OCEANSIDE, CA 92054-3701 Phone: (760) 966-3306 Fax: (760) 966-3340 After Hours Phone: (760) 966-3306 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM
<b>CAI, SHEILA X , MD</b> Provider Gender: Female License number: C149845 NPI: 1780625012 Provider English Spoken: Yes Provider Language(s) Spoken: Chinese Cultural Competency: NORTH COUNTY HEALTH SERVICES	<b>CAI, SHEILA X , MD</b> Provider Gender: Female License number: C149845 NPI: 1780625012 Provider English Spoken: Yes Provider Language(s) Spoken: Chinese Cultural Competency: NORTH COUNTY HEALTH SERVICES 2210 MESA DR STE 300	<b>CAI, SHEILA X , MD</b> Provider Gender: Female License number: C149845 NPI: 1780625012 Provider English Spoken: Yes Provider Language(s) Spoken: Chinese Cultural Competency: NORTH COUNTY HEALTH SERVICES 619 CROUCH ST STE 100 OCEANSIDE, CA 92054-4460

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 736-6767	Phone: (760) 736-6767	Phone: (760) 736-6767
Fax: (760) 566-1501	Fax: (760) 471-8946	Fax: (760) 757-3004
After Hours Phone: (760) 736-6767	After Hours Phone: (760) 736-6767	After Hours Phone: (760) 736-6767
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 7:30AM-6:30PM	Hours: M-F 8AM-5PM	Hours: M-W 8AM-7PM, TH-SA 8AM-5PM
<b>CAI, SHEILA X , MD</b>	<b>CHALMERS, VIRGINIA, CSW</b>	<b>CHALMERS, VIRGINIA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: C149845	License number: 28053	License number: 28053
NPI: 1780625012	NPI: 1265613715	NPI: 1265613715
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Chinese	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish
Cultural Competency: NORTH COUNTY HEALTH SERVICES	Cultural Competency: NORTH COUNTY HEALTH SERVICES	Cultural Competency: NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1 OCEANSIDE, CA 92058-1354	605 CROUCH ST OCEANSIDE, CA 92054-4415	619 CROUCH ST STE 100 OCEANSIDE, CA 92054-4460

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 7:30AM-6:30PM

### **CHALMERS, VIRGINIA, CSW**

Provider Gender: Female  
 License number: 28053  
 NPI: 1265613715  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354

Phone: (760) 736-6767  
 Fax: (760) 471-8946  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CHALMERS, VIRGINIA, CSW**

Provider Gender: Female  
 License number: 28053  
 NPI: 1265613715  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306  
 Fax: (760) 966-3340  
 After Hours Phone: (760) 966-3306  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

### **CHAUDHRI, YASHWANT, MD**

Provider Gender: Male  
 License number: A67679  
 NPI: 1043258429  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Urdu  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (760) 631-5009  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5009  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8AM-7PM, F  
 8AM-5PM

### **CHAUDHRI, YASHWANT, MD**

Provider Gender: Male  
 License number: A67679  
 NPI: 1043258429  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Urdu  
 Cultural Competency:  
 YASHWANT CHAUDRI MD A  
 PROF CORP  
 520 N COAST HWY STE 103

OCEANSIDE, CA 92054-2184  
 Phone: (619) 596-9890  
 Fax: (619) 596-9893  
 After Hours Phone: (619) 596-9890  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M,TH 8AM-4PM

### **CHAUDHRI, YASHWANT, MD**

Provider Gender: Male  
 License number: A67679  
 NPI: 1043258429  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Urdu  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8AM-7PM, F  
 8AM-5PM

### **CHAUDHRI, YASHWANT, MD**

Provider Gender: Male  
 License number: A67679  
 NPI: 1043258429  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Urdu  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p> <p><b>CHENG, JIM, NPA</b>            Provider Gender: Male            License number: 22852            NPI: 1790122638            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NORTH COUNTY HEALTH            SERVICES            619 CROUCH ST STE 100            OCEANSIDE, CA 92054-4460</p>	<p>Phone: (760) 736-6767            Fax: (760) 566-1501            After Hours Phone: (760) 736-6767            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish, Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 7:30AM-6:30PM</p> <p><b>CHRISTIANSON II, WARREN R ,            MD</b>            Provider Gender: Male            License number: 20A9664            NPI: 1932359445            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            VISTA COMMUNITY CLINIC            517 N HORNE ST            OCEANSIDE, CA 92054-2518</p>	<p>Phone: (760) 631-5009            Fax: (760) 414-3892            After Hours Phone: (760) 631-5009            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p> <p><b>CHRISTIANSON II, WARREN R ,            MD</b>            Provider Gender: Male            License number: 20A9664            NPI: 1932359445            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            VISTA COMMUNITY CLINIC            818 PIER VIEW WAY            OCEANSIDE, CA 92054-2803</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p>	<p>Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p>	<p>Phone: (760) 736-6767            Fax: (760) 566-1501            After Hours Phone: (760) 736-6767            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish, Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 7:30AM-6:30PM</p> <p><b>CORNER, EMILY, MFT</b>            Provider Gender: Female            License number: 102353            NPI: 1093225823            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NORTH COUNTY HEALTH            SERVICES            619 CROUCH ST STE 100            OCEANSIDE, CA 92054-4460</p>
<p><b>CHRISTIANSON II, WARREN R , MD</b>            Provider Gender: Male            License number: 20A9664            NPI: 1932359445            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            VISTA COMMUNITY CLINIC            4700 N RIVER RD            OCEANSIDE, CA 92057-6043</p>	<p><b>COOK, SHERYL G , PSY</b>            Provider Gender: Female            License number: 15449            NPI: 1750420816            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NORTH COUNTY HEALTH            SERVICES            619 CROUCH ST STE 100            OCEANSIDE, CA 92054-4460</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 736-6767	Phone: (760) 736-6767	Phone: (760) 736-6767
Fax: (760) 566-1501	Fax: (760) 471-8946	Fax: (760) 757-3004
After Hours Phone: (760) 736-6767	After Hours Phone: (760) 736-6767	After Hours Phone: (760) 736-6767
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 7:30AM-6:30PM	Hours: M-F 8AM-5PM	Hours: M-W 8AM-7PM, TH-SA 8AM-5PM

### **CORTIZO, ROSA, PSY**

Provider Gender: Female  
 License number: 22278  
 NPI: 1952316648  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354

### **CORTIZO, ROSA, PSY**

Provider Gender: Female  
 License number: 22278  
 NPI: 1952316648  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 605 CROUCH ST  
 OCEANSIDE, CA 92054-4415

### **CORTIZO, ROSA, PSY**

Provider Gender: Female  
 License number: 22278  
 NPI: 1952316648  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 619 CROUCH ST STE 100  
 OCEANSIDE, CA 92054-4460

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 736-6767	Phone: (760) 966-3306	Phone: (760) 631-5000
Fax: (760) 566-1501	Fax: (760) 966-3340	Fax: (760) 414-3892
After Hours Phone: (760) 736-6767	After Hours Phone: (760) 966-3306	After Hours Phone: (760) 631-5000
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 7:30AM-6:30PM	Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM	Hours: M-TH 8AM-7PM, F 8AM-5PM
<b>CORTIZO, ROSA, PSY</b>	<b>CRUZ, VANESSA, CSW</b>	<b>CRUZ, VANESSA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 22278	License number: 87166	License number: 87166
NPI: 1952316648	NPI: 1285170662	NPI: 1285170662
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: VISTA COMMUNITY CLINIC	Provider Language(s) Spoken: VISTA COMMUNITY CLINIC
Cultural Competency: NORTH COUNTY HEALTH SERVICES	Cultural Competency: 818 PIER VIEW WAY	Cultural Competency: 517 N HORNE ST
2210 MESA DR STE 300 OCEANSIDE, CA 92054-3701	OCEANSIDE, CA 92054-2803	OCEANSIDE, CA 92054-2518

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (760) 631-5009	Phone: (760) 631-5000	Phone: (760) 631-5000
Fax: (760) 414-3892	Fax: (760) 414-3892	Fax: (760) 414-3892
After Hours Phone: (760) 631-5009	After Hours Phone: (760) 631-5000	After Hours Phone: (760) 631-5000
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8AM-7PM, F 8AM-5PM	Hours: M-TH 8AM-7PM, F 8AM-5PM	Hours: M-TH 8AM-7PM, F 8AM-5PM

### **CRUZ, VANESSA, CSW**

Provider Gender: Female  
 License number: 87166  
 NPI: 1285170662  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043

### **DEMALLIE, DIANE A , MD**

Provider Gender: Female  
 License number: 55982  
 NPI: 1437162898  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803

### **DEMALLIE, DIANE A , MD**

Provider Gender: Female  
 License number: 55982  
 NPI: 1437162898  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (760) 631-5000	Phone: (760) 631-5009	Phone: (760) 631-5000
Fax: (760) 414-3892	Fax: (760) 414-3892	Fax: (760) 414-3892
After Hours Phone: (760) 631-5000	After Hours Phone: (760) 631-5009	After Hours Phone: (760) 631-5000
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8AM-7PM, F 8AM-5PM	Hours: M-TH 8AM-7PM, F 8AM-5PM	Hours: M-TH 8AM-7PM, F 8AM-5PM

### **DEMALLIE, DIANE A , MD**

Provider Gender: Female  
License number: 55982  
NPI: 1437162898  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518

### **DESOCIO, KAREN, CSW**

Provider Gender: Female  
License number: 18451  
NPI: 1497727820  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803

### **DESOCIO, KAREN, CSW**

Provider Gender: Female  
License number: 18451  
NPI: 1497727820  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 631-5009	Phone: (760) 631-5000	Phone: (760) 631-5009
Fax: (760) 414-3892	Fax: (760) 414-3892	Fax: (760) 414-3892
After Hours Phone: (760) 631-5009	After Hours Phone: (760) 631-5000	After Hours Phone: (760) 631-5009
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8AM-7PM, F 8AM-5PM	Hours: M-TH 8AM-7PM, F 8AM-5PM	Hours: M-TH 8AM-7PM, F 8AM-5PM

### **DESOCIO, KAREN, CSW**

Provider Gender: Female  
 License number: 18451  
 NPI: 1497727820  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043

### **DOUGHERTY, CHRISTINE, CSW**

Provider Gender: Female  
 License number: 26686  
 NPI: 1003194960  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518

### **DOUGHERTY, CHRISTINE, CSW**

Provider Gender: Female  
 License number: 26686  
 NPI: 1003194960  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (760) 631-5000	Phone: (760) 631-5000	OCEANSIDE, CA 92054-4460
Fax: (760) 414-3892	Fax: (760) 414-3892	Phone: (760) 736-6767
After Hours Phone: (760) 631-5000	After Hours Phone: (760) 631-5000	Fax: (760) 566-1501
Website:	Website:	After Hours Phone: (760) 736-6767
www.beaconhealthoptions.com	www.beaconhealthoptions.com	Website:
Accepting New Patients: Yes	Accepting New Patients: Yes	www.beaconhealthoptions.com
Site English Spoken: Yes	Site English Spoken: Yes	Accepting New Patients: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site English Spoken: Yes
Mandarin, Hindi, Khmer,	Mandarin, Hindi, Khmer,	Site Language(s) Spoken:
Spanish, Tamil, Telugu, Urdu,	Spanish, Tamil, Telugu, Urdu,	Spanish, Chinese
Chinese	Chinese	TDD: No
TDD: No	TDD: No	Min/Max Age: 0/99
Min/Max Age:	Min/Max Age:	Gender Restriction: No Gender
Gender Restriction: No Gender	Gender Restriction: No Gender	Restrictions
Restrictions	Restrictions	American Sign Language (ASL):
American Sign Language (ASL):	American Sign Language (ASL):	No
No	No	Please contact provider for
Please contact provider for	Please contact provider for	Accessibility information
Accessibility information	Accessibility information	Hours: M-TH 7:30AM-6:30PM
Hours: M-TH 8AM-7PM, F	Hours: M-TH 8AM-7PM, F	
8AM-5PM	8AM-5PM	<b>FLYNN (NEWMAN), DANIELLE I</b>
		<b>, PSY</b>
<b>DOUGHERTY, CHRISTINE, CSW</b>	<b>FLYNN (NEWMAN), DANIELLE I</b>	Provider Gender: U
Provider Gender: Female	<b>, PSY</b>	License number: 26184
License number: 26686	Provider Gender: U	NPI: 1477785137
NPI: 1003194960	License number: 26184	Provider English Spoken: Yes
Provider English Spoken: Yes	NPI: 1477785137	Provider Language(s) Spoken:
Provider Language(s) Spoken:	Provider English Spoken: Yes	Cultural Competency:
Cultural Competency:	Provider Language(s) Spoken:	NORTH COUNTY HEALTH
VISTA COMMUNITY CLINIC	Cultural Competency:	SERVICES
4700 N RIVER RD	NORTH COUNTY HEALTH	2210 MESA DR STE 300
OCEANSIDE, CA 92057-6043	SERVICES	OCEANSIDE, CA 92054-3701
	619 CROUCH ST STE 100	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 966-3306	Phone: (760) 736-6767	Phone: (760) 736-6767
Fax: (760) 966-3340	Fax: (760) 757-3004	Fax: (760) 471-8946
After Hours Phone: (760) 966-3306	After Hours Phone: (760) 736-6767	After Hours Phone: (760) 736-6767
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM	Hours: M-W 8AM-7PM, TH-SA 8AM-5PM	Hours: M-F 8AM-5PM
<b>FLYNN (NEWMAN), DANIELLE I , PSY</b>	<b>FLYNN (NEWMAN), DANIELLE I , PSY</b>	<b>FREEMAN, WANDA, NPA</b>
Provider Gender: U	Provider Gender: U	Provider Gender: Female
License number: 26184	License number: 26184	License number: 95003903
NPI: 1477785137	NPI: 1477785137	NPI: 1659504264
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES 605 CROUCH ST OCEANSIDE, CA 92054-4415	Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES 3220 MISSION AVE STE 1 OCEANSIDE, CA 92058-1354	Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES 2210 MESA DR STE 300 OCEANSIDE, CA 92054-3701

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 966-3306	Phone: (760) 736-6767	Phone: (760) 736-6767
Fax: (760) 966-3340	Fax: (760) 757-3004	Fax: (760) 566-1501
After Hours Phone: (760) 966-3306	After Hours Phone: (760) 736-6767	After Hours Phone: (760) 736-6767
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM	Hours: M-W 8AM-7PM, TH-SA 8AM-5PM	Hours: M-TH 7:30AM-6:30PM
<b>FREEMAN, WANDA, NPA</b>	<b>FREEMAN, WANDA, NPA</b>	<b>FREEMAN, WANDA, NPA</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 95003903	License number: 95003903	License number: 95003903
NPI: 1659504264	NPI: 1659504264	NPI: 1659504264
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES	Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES	Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES
605 CROUCH ST OCEANSIDE, CA 92054-4415	619 CROUCH ST STE 100 OCEANSIDE, CA 92054-4460	3220 MISSION AVE STE 1 OCEANSIDE, CA 92058-1354

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (760) 736-6767

Fax: (760) 471-8946

After Hours Phone: (760)  
736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GARCIA, JANET A , CSW**

Provider Gender: Female

License number: 91462

NPI: 1790144756

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

619 CROUCH ST STE 100

OCEANSIDE, CA 92054-4460

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 7:30AM-6:30PM

### **GEORGIEV, MARY JO C , PSY**

Provider Gender: Female

License number: 17954

NPI: 1518996875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

619 CROUCH ST STE 100

OCEANSIDE, CA 92054-4460

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 7:30AM-6:30PM

### **GEORGIEV, MARY JO C , PSY**

Provider Gender: Female

License number: 17954

NPI: 1518996875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

605 CROUCH ST

OCEANSIDE, CA 92054-4415

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 736-6767  
 Fax: (760) 757-3004  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-W 8AM-7PM, TH-SA 8AM-5PM

### **GEORGIEV, MARY JO C , PSY**

Provider Gender: Female  
 License number: 17954  
 NPI: 1518996875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354

Phone: (760) 736-6767  
 Fax: (760) 471-8946  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **GEORGIEV, MARY JO C , PSY**

Provider Gender: Female  
 License number: 17954  
 NPI: 1518996875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306  
 Fax: (760) 966-3340  
 After Hours Phone: (760) 966-3306  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

### **GERAUGHTY (OLEARY), PAMELA J , CSW**

Provider Gender: Female  
 License number: 25138  
 NPI: 1063800217  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 619 CROUCH ST STE 100  
 OCEANSIDE, CA 92054-4460

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 7:30AM-6:30PM

**GODINEZ, BRENDA, CSW**

Provider Gender: Female  
 License number: 88306  
 NPI: 1568918647  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

**GODINEZ, BRENDA, CSW**

Provider Gender: Female  
 License number: 88306  
 NPI: 1568918647  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518

Phone: (760) 631-5009  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5009  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

**GODINEZ, BRENDA, CSW**

Provider Gender: Female  
 License number: 88306  
 NPI: 1568918647  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 631-5000	Phone: (760) 736-6767	Phone: (760) 966-3306
Fax: (760) 414-3892	Fax: (760) 566-1501	Fax: (760) 966-3340
After Hours Phone: (760) 631-5000	After Hours Phone: (760) 736-6767	After Hours Phone: (760) 966-3306
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8AM-7PM, F 8AM-5PM	Hours: M-TH 7:30AM-6:30PM	Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM
<b>GONZALEZ, JOSE, CSW</b>	<b>GONZALEZ, JOSE, CSW</b>	<b>GUERRERO, ADRIANA J, CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Female
License number: 80920	License number: 80920	License number: LCSW86435
NPI: 1689844847	NPI: 1689844847	NPI: 1356777361
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES	Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES	Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC
2210 MESA DR STE 300 OCEANSIDE, CA 92054-4460	2210 MESA DR STE 300 OCEANSIDE, CA 92054-3701	4700 N RIVER RD OCEANSIDE, CA 92057-6043

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p>	<p>Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p>	<p>Phone: (760) 631-5009            Fax: (760) 414-3892            After Hours Phone: (760) 631-5009            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p>
<p><b>GUERRERO, ADRIANA J , CSW</b>            Provider Gender: Female            License number: LCSW86435            NPI: 1356777361            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            VISTA COMMUNITY CLINIC            818 PIER VIEW WAY            OCEANSIDE, CA 92054-2803</p>	<p><b>GUERRERO, ADRIANA J , CSW</b>            Provider Gender: Female            License number: LCSW86435            NPI: 1356777361            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            VISTA COMMUNITY CLINIC            517 N HORNE ST            OCEANSIDE, CA 92054-2518</p>	<p><b>GUEVARA LEHMAN, NATALIE, CSW</b>            Provider Gender: Female            License number: 63746            NPI: 1578835757            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            NORTH COUNTY HEALTH            SERVICES</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

619 CROUCH ST STE 100 OCEANSIDE, CA 92054-4460 Phone: (760) 736-6767 Fax: (760) 566-1501 After Hours Phone: (760) 736-6767 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 7:30AM-6:30PM	Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM	Phone: (760) 631-5009 Fax: (760) 414-3892 After Hours Phone: (760) 631-5009 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM
<b>HALGEDAHL, YI TING, NPA</b> Provider Gender: Female License number: 95006826 NPI: 1619246907 Provider English Spoken: Yes Provider Language(s) Spoken: Mandarin, Chinese Cultural Competency: VISTA COMMUNITY CLINIC 818 PIER VIEW WAY OCEANSIDE, CA 92054-2803	<b>HALGEDAHL, YI TING, NPA</b> Provider Gender: Female License number: 95006826 NPI: 1619246907 Provider English Spoken: Yes Provider Language(s) Spoken: Mandarin, Chinese Cultural Competency: VISTA COMMUNITY CLINIC 517 N HORNE ST OCEANSIDE, CA 92054-2518	<b>HALGEDAHL, YI TING, NPA</b> Provider Gender: Female License number: 95006826 NPI: 1619246907 Provider English Spoken: Yes Provider Language(s) Spoken: Mandarin, Chinese Cultural Competency: VISTA COMMUNITY CLINIC 4700 N RIVER RD OCEANSIDE, CA 92057-6043

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8AM-7PM, F  
 8AM-5PM

### **ISACESCU, VALENTIN, MD**

Provider Gender: Male  
 License number: A68103  
 NPI: 1972602720  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Romanian  
 Cultural Competency: No  
 ISACESCU, VALENTIN  
 2122 S EL CAMINO REAL STE  
 100

OCEANSIDE, CA 92054-6209  
 Phone: (760) 726-6464  
 Fax: (760) 726-6483  
 After Hours Phone: (760) 726-6464  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 French, Romanian  
 TDD: No  
 Min/Max Age: 13/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 11AM-4PM

### **JAGANNATH, NIRMALA, CSW**

Provider Gender: Female  
 License number: 23183  
 NPI: 1639687726  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Tamil, Telugu  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8AM-7PM, F  
 8AM-5PM

### **JAGANNATH, NIRMALA, CSW**

Provider Gender: Female  
 License number: 23183  
 NPI: 1639687726  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Tamil, Telugu  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p>	<p>Phone: (760) 631-5009            Fax: (760) 414-3892            After Hours Phone: (760) 631-5009            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p>	<p>Phone: (760) 966-3306            Fax: (760) 966-3340            After Hours Phone: (760) 966-3306            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish, Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-F 7:30AM-8PM, SA            8AM-4:30PM</p>
<p><b>JAGANNATH, NIRMALA, CSW</b>            Provider Gender: Female            License number: 23183            NPI: 1639687726            Provider English Spoken: Yes            Provider Language(s) Spoken:            Hindi, Tamil, Telugu            Cultural Competency:            VISTA COMMUNITY CLINIC            517 N HORNE ST            OCEANSIDE, CA 92054-2518</p>	<p><b>JENSEN, BRIAN M , PSY</b>            Provider Gender: Male            License number: 26041            NPI: 1518138049            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NORTH COUNTY HEALTH            SERVICES            2210 MESA DR STE 300            OCEANSIDE, CA 92054-3701</p>	<p><b>JENSEN, BRIAN M , PSY</b>            Provider Gender: Male            License number: 26041            NPI: 1518138049            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NORTH COUNTY HEALTH            SERVICES            619 CROUCH ST STE 100            OCEANSIDE, CA 92054-4460</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 7:30AM-6:30PM

### **JENSEN, BRIAN M , PSY**

Provider Gender: Male

License number: 26041

NPI: 1518138049

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

605 CROUCH ST

OCEANSIDE, CA 92054-4415

Phone: (760) 736-6767

Fax: (760) 757-3004

After Hours Phone: (760)  
736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-W 8AM-7PM, TH-SA  
8AM-5PM

### **JENSEN, BRIAN M , PSY**

Provider Gender: Male

License number: 26041

NPI: 1518138049

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES

3220 MISSION AVE STE 1

OCEANSIDE, CA 92058-1354

Phone: (760) 736-6767

Fax: (760) 471-8946

After Hours Phone: (760)  
736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **JOHNSON, ANNA RITA, CSW**

Provider Gender: Female

License number: 92930

NPI: 1427323179

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FUSION CARE GROUP A  
PSYCHOLOGICAL  
PROFESSIONAL

CORPORATION

2124 S EL CAMINO REAL STE  
101

OCEANSIDE, CA 92054-6211

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 448-1216          Fax: (888) 291-4799          After Hours Phone: (619) 448-1216          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-F 8AM-5:30PM</p>	<p>Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours:</p>	<p>Site Language(s) Spoken:          Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-TH 8AM-7PM, F 8AM-5PM</p>
<p><b>KISTLER, JONATHAN, MD</b>          Provider Gender: Male          License number: A73938          NPI: 1033161740          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          COMMUNITY RESEARCH FOUNDATION INC          1738 S TREMONT ST          OCEANSIDE, CA 92054-5309          Phone: (760) 439-2800          Fax: (760) 433-5031          After Hours Phone: (760) 439-2800</p>	<p><b>KONG, DARREN, CSW</b>          Provider Gender: Male          License number: 88493          NPI: 1447685078          Provider English Spoken: Yes          Provider Language(s) Spoken: Khmer          Cultural Competency:          VISTA COMMUNITY CLINIC          818 PIER VIEW WAY          OCEANSIDE, CA 92054-2803          Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760) 631-5000          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes</p>	<p><b>KONG, DARREN, CSW</b>          Provider Gender: Male          License number: 88493          NPI: 1447685078          Provider English Spoken: Yes          Provider Language(s) Spoken: Khmer          Cultural Competency:          VISTA COMMUNITY CLINIC          517 N HORNE ST          OCEANSIDE, CA 92054-2518          Phone: (760) 631-5009          Fax: (760) 414-3892          After Hours Phone: (760) 631-5009          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p><i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p>	<p><i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p>	<p><i>Site Language(s) Spoken:</i> Spanish, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-TH 7:30AM-6:30PM</p>
<p><b>KONG, DARREN, CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 88493 <i>NPI:</i> 1447685078 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Khmer <i>Cultural Competency:</i> VISTA COMMUNITY CLINIC 4700 N RIVER RD OCEANSIDE, CA 92057-6043 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes</p>	<p><b>KRAPES, MICHAEL B , PSY</b> <i>Provider Gender:</i> Male <i>License number:</i> 25077 <i>NPI:</i> 1215233028 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> NORTH COUNTY HEALTH SERVICES 619 CROUCH ST STE 100 OCEANSIDE, CA 92054-4460 <i>Phone:</i> (760) 736-6767 <i>Fax:</i> (760) 566-1501 <i>After Hours Phone:</i> (760) 736-6767 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes</p>	<p><b>KRAPES, MICHAEL B , PSY</b> <i>Provider Gender:</i> Male <i>License number:</i> 25077 <i>NPI:</i> 1215233028 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> NORTH COUNTY HEALTH SERVICES 605 CROUCH ST OCEANSIDE, CA 92054-4415 <i>Phone:</i> (760) 736-6767 <i>Fax:</i> (760) 757-3004 <i>After Hours Phone:</i> (760) 736-6767 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish, Chinese <i>TDD:</i> No</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Min/Max Age:</i>	Restrictions	Please contact provider for
<i>Gender Restriction:</i> No Gender Restrictions	<i>American Sign Language (ASL):</i> No	Accessibility information
<i>American Sign Language (ASL):</i> No	Please contact provider for Accessibility information	<i>Hours:</i> M-F 7:30AM-8PM, SA 8AM-4:30PM
Please contact provider for Accessibility information	<i>Hours:</i> M-F 8AM-5PM	<b>MEYERHOF, GRETA, MFT</b>
<i>Hours:</i> M-W 8AM-7PM, TH-SA 8AM-5PM	<b>KRAPES, MICHAEL B , PSY</b>	<i>Provider Gender:</i> Female
<b>KRAPES, MICHAEL B , PSY</b>	<i>Provider Gender:</i> Male	<i>License number:</i> 32299
<i>Provider Gender:</i> Male	<i>License number:</i> 25077	<i>NPI:</i> 1487196333
<i>License number:</i> 25077	<i>NPI:</i> 1215233028	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1215233028	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>
<i>Provider Language(s) Spoken:</i>	NORTH COUNTY HEALTH SERVICES	VISTA COMMUNITY CLINIC
<i>Cultural Competency:</i>	2210 MESA DR STE 300	517 N HORNE ST
NORTH COUNTY HEALTH SERVICES	OCEANSIDE, CA 92054-3701	OCEANSIDE, CA 92054-2518
3220 MISSION AVE STE 1	<i>Phone:</i> (760) 966-3306	<i>Phone:</i> (760) 631-5009
OCEANSIDE, CA 92058-1354	<i>Fax:</i> (760) 966-3340	<i>Fax:</i> (760) 414-3892
<i>Phone:</i> (760) 736-6767	<i>After Hours Phone:</i> (760) 966-3306	<i>After Hours Phone:</i> (760) 631-5009
<i>Fax:</i> (760) 471-8946	<i>Website:</i>	<i>Website:</i>
<i>After Hours Phone:</i> (760) 736-6767	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Website:</i>	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	Spanish, Chinese	Mandarin, Hindi, Khmer,
<i>Site Language(s) Spoken:</i>	<i>TDD:</i> No	Spanish, Tamil, Telugu, Urdu,
Spanish, Chinese	<i>Min/Max Age:</i>	Chinese
<i>TDD:</i> No	<i>Gender Restriction:</i> No Gender Restrictions	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	Restrictions	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>American Sign Language (ASL):</i> No	<i>Gender Restriction:</i> No Gender Restrictions
	No	<i>American Sign Language (ASL):</i>
		No
		Please contact provider for

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM	Hours: M-TH 8AM-7PM, F 8AM-5PM	8AM-5PM
<b>MEYERHOF, GRETA, MFT</b> Provider Gender: Female License number: 32299 NPI: 1487196333 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC 818 PIER VIEW WAY OCEANSIDE, CA 92054-2803 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information	<b>MEYERHOF, GRETA, MFT</b> Provider Gender: Female License number: 32299 NPI: 1487196333 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC 4700 N RIVER RD OCEANSIDE, CA 92057-6043 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F	<b>NAVA, PETER B , NPA</b> Provider Gender: Male License number: 95016584 NPI: 1689251571 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC 818 PIER VIEW WAY OCEANSIDE, CA 92054-2803 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

### **NAVA, PETER B , NPA**

*Provider Gender:* Male  
*License number:* 95016584  
*NPI:* 1689251571  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5009  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **NAVA, PETER B , NPA**

*Provider Gender:* Male  
*License number:* 95016584  
*NPI:* 1689251571  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **NEVILLE, MARGARET, CSW**

*Provider Gender:* Female

*License number:* 82407  
*NPI:* 1073682407  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **NEVILLE, MARGARET, CSW**

*Provider Gender:* Female  
*License number:* 82407

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

NPI: 1073682407	Provider English Spoken: Yes	Provider Language(s) Spoken:
Provider English Spoken: Yes	Provider Language(s) Spoken:	Cultural Competency:
Provider Language(s) Spoken:	Cultural Competency:	VISTA COMMUNITY CLINIC
Cultural Competency:	VISTA COMMUNITY CLINIC	4700 N RIVER RD
VISTA COMMUNITY CLINIC	4700 N RIVER RD	OCEANSIDE, CA 92057-6043
517 N HORNE ST	OCEANSIDE, CA 92057-6043	Phone: (760) 631-5000
OCEANSIDE, CA 92054-2518	Phone: (760) 631-5000	Fax: (760) 414-3892
Phone: (760) 631-5009	Fax: (760) 414-3892	After Hours Phone: (760)
Fax: (760) 414-3892	After Hours Phone: (760)	631-5000
After Hours Phone: (760)	631-5000	Website:
631-5009	Website:	www.beaconhealthoptions.com
Website:	www.beaconhealthoptions.com	Accepting New Patients: Yes
www.beaconhealthoptions.com	Accepting New Patients: Yes	Site English Spoken: Yes
Accepting New Patients: Yes	Site English Spoken: Yes	Site Language(s) Spoken:
Site English Spoken: Yes	Site Language(s) Spoken:	Mandarin, Hindi, Khmer,
Site Language(s) Spoken:	Mandarin, Hindi, Khmer,	Spanish, Tamil, Telugu, Urdu,
Mandarin, Hindi, Khmer,	Spanish, Tamil, Telugu, Urdu,	Chinese
Spanish, Tamil, Telugu, Urdu,	Chinese	TDD: No
Chinese	TDD: No	Min/Max Age:
TDD: No	Min/Max Age:	Gender Restriction: No Gender
Min/Max Age:	Gender Restriction: No Gender	Restrictions
Gender Restriction: No Gender	Restrictions	American Sign Language (ASL):
Restrictions	American Sign Language (ASL):	No
American Sign Language (ASL):	No	Please contact provider for
No	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-TH 8AM-7PM, F
Accessibility information	Hours: M-TH 8AM-7PM, F	8AM-5PM
Hours: M-TH 8AM-7PM, F	8AM-5PM	
8AM-5PM		<b>PATEL, MITESH K , MD</b>
	<b>PATEL, MITESH K , MD</b>	Provider Gender: Male
<b>NEVILLE, MARGARET, CSW</b>	Provider Gender: Male	License number: A181164
Provider Gender: Female	License number: A181164	NPI: 1568880292
License number: 82407	NPI: 1568880292	Provider English Spoken: Yes
NPI: 1073682407	Provider English Spoken: Yes	Provider Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>  VISTA COMMUNITY CLINIC  818 PIER VIEW WAY  OCEANSIDE, CA 92054-2803  <i>Phone:</i> (760) 631-5000  <i>Fax:</i> (760) 414-3892  <i>After Hours Phone:</i> (760)  631-5000  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  Mandarin, Hindi, Khmer,  Spanish, Tamil, Telugu, Urdu,  Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender  Restrictions  <i>American Sign Language (ASL):</i>  No  Please contact provider for  Accessibility information  <i>Hours:</i> M-TH 8AM-7PM, F  8AM-5PM</p> <p><b>PATEL, MITESH K , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A181164  <i>NPI:</i> 1568880292  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p>VISTA COMMUNITY CLINIC  517 N HORNE ST  OCEANSIDE, CA 92054-2518  <i>Phone:</i> (760) 631-5009  <i>Fax:</i> (760) 414-3892  <i>After Hours Phone:</i> (760)  631-5009  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  Mandarin, Hindi, Khmer,  Spanish, Tamil, Telugu, Urdu,  Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender  Restrictions  <i>American Sign Language (ASL):</i>  No  Please contact provider for  Accessibility information  <i>Hours:</i> M-TH 8AM-7PM, F  8AM-5PM</p> <p><b>PURNELL, VIRGINIA R , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 66146  <i>NPI:</i> 1609190479  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>  VISTA COMMUNITY CLINIC</p>	<p>517 N HORNE ST  OCEANSIDE, CA 92054-2518  <i>Phone:</i> (760) 631-5009  <i>Fax:</i> (760) 414-3892  <i>After Hours Phone:</i> (760)  631-5009  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  Mandarin, Hindi, Khmer,  Spanish, Tamil, Telugu, Urdu,  Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender  Restrictions  <i>American Sign Language (ASL):</i>  No  Please contact provider for  Accessibility information  <i>Hours:</i> M-TH 8AM-7PM, F  8AM-5PM</p> <p><b>PURNELL, VIRGINIA R , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 66146  <i>NPI:</i> 1609190479  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>  VISTA COMMUNITY CLINIC  4700 N RIVER RD</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

OCEANSIDE, CA 92057-6043 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM	Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM	Phone: (760) 631-5009 Fax: (760) 414-3892 After Hours Phone: (760) 631-5009 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM
<b>PURNELL, VIRGINIA R , CSW</b> Provider Gender: Female License number: 66146 NPI: 1609190479 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC 818 PIER VIEW WAY OCEANSIDE, CA 92054-2803	<b>SANCHEZ, ADRIANA, CSW</b> Provider Gender: Female License number: 97093 NPI: 1609450451 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: VISTA COMMUNITY CLINIC 517 N HORNE ST OCEANSIDE, CA 92054-2518	<b>SANCHEZ, ADRIANA, CSW</b> Provider Gender: Female License number: 97093 NPI: 1609450451 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: VISTA COMMUNITY CLINIC 818 PIER VIEW WAY OCEANSIDE, CA 92054-2803

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p>	<p>Phone: (760) 631-5000            Fax: (760) 414-3892            After Hours Phone: (760) 631-5000            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Hindi, Khmer,            Spanish, Tamil, Telugu, Urdu,            Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 8AM-7PM, F            8AM-5PM</p>	<p>OCEANSIDE, CA 92054-4460            Phone: (760) 736-6767            Fax: (760) 566-1501            After Hours Phone: (760) 736-6767            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish, Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-TH 7:30AM-6:30PM</p>
<p><b>SANCHEZ, ADRIANA, CSW</b>            Provider Gender: Female            License number: 97093            NPI: 1609450451            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            VISTA COMMUNITY CLINIC            4700 N RIVER RD            OCEANSIDE, CA 92057-6043</p>	<p><b>SIMMONS, LILIANA C , NPA</b>            Provider Gender: Female            License number: 177800            NPI: 1396113254            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            NORTH COUNTY HEALTH            SERVICES            619 CROUCH ST STE 100</p>	<p><b>SIMMONS, SUZANNE, NPA</b>            Provider Gender: Female            License number: 95016129            NPI: 1245733450            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            NORTH COUNTY HEALTH            SERVICES            605 CROUCH ST            OCEANSIDE, CA 92054-4415</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 736-6767	Phone: (760) 736-6767	Phone: (760) 736-6767
Fax: (760) 757-3004	Fax: (760) 566-1501	Fax: (760) 757-3004
After Hours Phone: (760) 736-6767	After Hours Phone: (760) 736-6767	After Hours Phone: (760) 736-6767
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-W 8AM-7PM, TH-SA 8AM-5PM	Hours: M-TH 7:30AM-6:30PM	Hours: M-W 8AM-7PM, TH-SA 8AM-5PM
<b>SIMMONS, SUZANNE, NPA</b>	<b>SIMPSON, ERIC, PSY</b>	<b>SIMPSON, ERIC, PSY</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Male
License number: 95016129	License number: 28885	License number: 28885
NPI: 1245733450	NPI: 1710110416	NPI: 1710110416
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES	Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES	Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100 OCEANSIDE, CA 92054-4460	605 CROUCH ST OCEANSIDE, CA 92054-4415	619 CROUCH ST STE 100 OCEANSIDE, CA 92054-4460

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760)  
 736-6767  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 No

Please contact provider for  
 Accessibility information

Hours: M-TH 7:30AM-6:30PM

### **SIMPSON, ERIC, PSY**

Provider Gender: Male

License number: 28885

NPI: 1710110416

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
 SERVICES

2210 MESA DR STE 300

OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306  
 Fax: (760) 966-3340  
 After Hours Phone: (760)  
 966-3306  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 No

Please contact provider for  
 Accessibility information

Hours: M-F 7:30AM-8PM, SA  
 8AM-4:30PM

### **SIMPSON, ERIC, PSY**

Provider Gender: Male

License number: 28885

NPI: 1710110416

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
 NORTH COUNTY HEALTH  
 SERVICES

3220 MISSION AVE STE 1

OCEANSIDE, CA 92058-1354

Phone: (760) 736-6767  
 Fax: (760) 471-8946  
 After Hours Phone: (760)  
 736-6767  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 No

Please contact provider for  
 Accessibility information

Hours: M-F 8AM-5PM

### **SMITH, SONYA L, CSW**

Provider Gender: Female

License number: 82598

NPI: 1902070857

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
 VISTA COMMUNITY CLINIC

818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
 631-5000

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	<i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	<i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM	<i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM	<i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM

### **SMITH, SONYA L , CSW**

*Provider Gender:* Female  
*License number:* 82598  
*NPI:* 1902070857  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
631-5000

### **SMITH, SONYA L , CSW**

*Provider Gender:* Female  
*License number:* 82598  
*NPI:* 1902070857  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
631-5009

### **SUNDER, RAJAGOPAL K , MD**

*Provider Gender:* Male  
*License number:* 94223  
*NPI:* 1972572824  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi  
*Cultural Competency:*  
COGNITIVE HEALTH  
SOLUTIONS INC  
2131 S EL CAMINO REAL STE  
102  
OCEANSIDE, CA 92054-6217

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (858) 227-0887	Website:	Website:
Fax: (858) 430-9611	www.beaconhealthoptions.com	www.beaconhealthoptions.com
After Hours Phone: (858) 227-0887	Accepting New Patients: Yes	Accepting New Patients: Yes
Website:	Site English Spoken: Yes	Site English Spoken: Yes
www.beaconhealthoptions.com	Site Language(s) Spoken:	Site Language(s) Spoken:
Accepting New Patients: Yes	Mandarin, Hindi, Khmer,	Mandarin, Hindi, Khmer,
Site English Spoken: Yes	Spanish, Tamil, Telugu, Urdu,	Spanish, Tamil, Telugu, Urdu,
Site Language(s) Spoken: Hindi	Chinese	Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 9AM-6PM	Hours: M-TH 8AM-7PM, F 8AM-5PM	Hours: M-TH 8AM-7PM, F 8AM-5PM

### **SWENSON, ING E , CSW**

Provider Gender: Male  
 License number: 28549  
 NPI: 1063680650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000

### **SWENSON, ING E , CSW**

Provider Gender: Male  
 License number: 28549  
 NPI: 1063680650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000

### **SWENSON, ING E , CSW**

Provider Gender: Male  
 License number: 28549  
 NPI: 1063680650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
 Phone: (760) 631-5009  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5009

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-TH 8AM-7PM, F 8AM-5PM</p> <p><b>TAYLOR, CORRDERO A, CSW</b></p> <p>Provider Gender: Male</p> <p>License number: 71284</p> <p>NPI: 1346501533</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: NORTH COUNTY HEALTH SERVICES</p> <p>619 CROUCH ST STE 100</p> <p>OCEANSIDE, CA 92054-4460</p> <p>Phone: (760) 736-6767</p> <p>Fax: (760) 566-1501</p> <p>After Hours Phone: (760) 736-6767</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish, Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-TH 7:30AM-6:30PM</p> <p><b>TORRES, HECTOR M, PSY</b></p> <p>Provider Gender: Male</p> <p>License number: 13309</p> <p>NPI: 1720265614</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: NORTH COUNTY HEALTH SERVICES</p> <p>605 CROUCH ST</p> <p>OCEANSIDE, CA 92054-4415</p> <p>Phone: (760) 736-6767</p> <p>Fax: (760) 757-3004</p> <p>After Hours Phone: (760) 736-6767</p> <p>Website: www.beaconhealthoptions.com</p>	<p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish, Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-W 8AM-7PM, TH-SA 8AM-5PM</p> <p><b>TORRES, HECTOR M, PSY</b></p> <p>Provider Gender: Male</p> <p>License number: 13309</p> <p>NPI: 1720265614</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: NORTH COUNTY HEALTH SERVICES</p> <p>619 CROUCH ST STE 100</p> <p>OCEANSIDE, CA 92054-4460</p> <p>Phone: (760) 736-6767</p> <p>Fax: (760) 566-1501</p> <p>After Hours Phone: (760) 736-6767</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Site English Spoken: Yes          Site Language(s) Spoken: Spanish, Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-TH 7:30AM-6:30PM</p>	<p>Spanish, Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM</p>	<p>TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-F 8AM-5PM</p>
<p><b>TORRES, HECTOR M , PSY</b>          Provider Gender: Male          License number: 13309          NPI: 1720265614          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: NORTH COUNTY HEALTH SERVICES          2210 MESA DR STE 300          OCEANSIDE, CA 92054-3701          Phone: (760) 966-3306          Fax: (760) 966-3340          After Hours Phone: (760) 966-3306          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:</p>	<p><b>TORRES, HECTOR M , PSY</b>          Provider Gender: Male          License number: 13309          NPI: 1720265614          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: NORTH COUNTY HEALTH SERVICES          3220 MISSION AVE STE 1          OCEANSIDE, CA 92058-1354          Phone: (760) 736-6767          Fax: (760) 471-8946          After Hours Phone: (760) 736-6767          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Spanish, Chinese</p>	<p><b>TOUSI, SARA, CSW</b>          Provider Gender: Female          License number: 89177          NPI: 1508427899          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC          517 N HORNE ST          OCEANSIDE, CA 92054-2518          Phone: (760) 631-5009          Fax: (760) 414-3892          After Hours Phone: (760) 631-5009          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese          TDD: No          Min/Max Age:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p>	<p><i>Restrictions</i></p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p>	<p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p>
<p><b>TOUSI, SARA, CSW</b></p>		
<p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 89177</p> <p><i>NPI:</i> 1508427899</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: VISTA COMMUNITY CLINIC</p> <p>4700 N RIVER RD</p> <p>OCEANSIDE, CA 92057-6043</p> <p><i>Phone:</i> (760) 631-5000</p> <p><i>Fax:</i> (760) 414-3892</p> <p><i>After Hours Phone:</i> (760) 631-5000</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p>	<p><b>TOUSI, SARA, CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 89177</p> <p><i>NPI:</i> 1508427899</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: VISTA COMMUNITY CLINIC</p> <p>818 PIER VIEW WAY</p> <p>OCEANSIDE, CA 92054-2803</p> <p><i>Phone:</i> (760) 631-5000</p> <p><i>Fax:</i> (760) 414-3892</p> <p><i>After Hours Phone:</i> (760) 631-5000</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p>	<p><b>VETTER, JEAN L , CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 93945</p> <p><i>NPI:</i> 1659898641</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: NORTH COUNTY HEALTH SERVICES</p> <p>619 CROUCH ST STE 100</p> <p>OCEANSIDE, CA 92054-4460</p> <p><i>Phone:</i> (760) 736-6767</p> <p><i>Fax:</i> (760) 566-1501</p> <p><i>After Hours Phone:</i> (760) 736-6767</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish, Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p>

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## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
Hours: M-TH 7:30AM-6:30PM

### **WALKER, SHAYNA T , MD**

Provider Gender: Female  
License number: A107393  
NPI: 1760688295  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information  
Hours: M-TH 7:30AM-6:30PM

### **WELCH, MEGAN, MFT**

Provider Gender: Female  
License number: 113763  
NPI: 1689117400  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
Phone: (760) 736-6767  
Fax: (760) 471-8946  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **WELCH, MEGAN, MFT**

Provider Gender: Female  
License number: 113763

NPI: 1689117400  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 7:30AM-6:30PM

### **WELCH, MEGAN, MFT**

Provider Gender: Female  
License number: 113763  
NPI: 1689117400  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> NORTH COUNTY HEALTH SERVICES 2210 MESA DR STE 300 OCEANSIDE, CA 92054-3701 <i>Phone:</i> (760) 966-3306 <i>Fax:</i> (760) 966-3340 <i>After Hours Phone:</i> (760) 966-3306 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 7:30AM-8PM, SA 8AM-4:30PM</p> <p><b>WELCH, MEGAN, MFT</b> <i>Provider Gender:</i> Female <i>License number:</i> 113763 <i>NPI:</i> 1689117400 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> NORTH COUNTY HEALTH</p>	<p>SERVICES 605 CROUCH ST OCEANSIDE, CA 92054-4415 <i>Phone:</i> (760) 736-6767 <i>Fax:</i> (760) 757-3004 <i>After Hours Phone:</i> (760) 736-6767 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-W 8AM-7PM, TH-SA 8AM-5PM</p> <p><b>WILFONG, EDWARD J , PSY</b> <i>Provider Gender:</i> Male <i>License number:</i> 9970 <i>NPI:</i> 1215386248 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> VISTA COMMUNITY CLINIC 517 N HORNE ST OCEANSIDE, CA 92054-2518</p>	<p><i>Phone:</i> (760) 631-5009 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5009 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p> <p><b>WILFONG, EDWARD J , PSY</b> <i>Provider Gender:</i> Male <i>License number:</i> 9970 <i>NPI:</i> 1215386248 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> VISTA COMMUNITY CLINIC 4700 N RIVER RD OCEANSIDE, CA 92057-6043</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760) 631-5000          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Mandarin, Hindi, Khmer,          Spanish, Tamil, Telugu, Urdu,          Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender          Restrictions          American Sign Language (ASL):          No          Please contact provider for          Accessibility information          Hours: M-TH 8AM-7PM, F          8AM-5PM</p>	<p>Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760) 631-5000          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Mandarin, Hindi, Khmer,          Spanish, Tamil, Telugu, Urdu,          Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender          Restrictions          American Sign Language (ASL):          No          Please contact provider for          Accessibility information          Hours: M-TH 8AM-7PM, F          8AM-5PM</p>	<p>Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760) 631-5000          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Mandarin, Hindi, Khmer,          Spanish, Tamil, Telugu, Urdu,          Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender          Restrictions          American Sign Language (ASL):          No          Please contact provider for          Accessibility information          Hours: M-TH 8AM-7PM, F          8AM-5PM</p>
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### **WILSON, CARLENE, CSW**

Provider Gender: Female  
 License number: 74685  
 NPI: 1508327081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043

### **WILSON, CARLENE, CSW**

Provider Gender: Female  
 License number: 74685  
 NPI: 1508327081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803

### **WILSON, CARLENE, CSW**

Provider Gender: Female  
 License number: 74685  
 NPI: 1508327081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (760) 631-5009

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5009

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **ZAPPONE, ALIDA, CSW**

Provider Gender: Female

License number: 26061

NPI: 1154705598

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

VISTA COMMUNITY CLINIC

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **ZAPPONE, ALIDA, CSW**

Provider Gender: Female

License number: 26061

NPI: 1154705598

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

VISTA COMMUNITY CLINIC

818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **ZAPPONE, ALIDA, CSW**

Provider Gender: Female

License number: 26061

NPI: 1154705598

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

VISTA COMMUNITY CLINIC

517 N HORNE ST

OCEANSIDE, CA 92054-2518

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (760) 631-5009	13010 POWAY RD	POWAY, CA 920644520
Fax: (760) 414-3892	POWAY, CA 920644520	Phone: (858) 218-3000
After Hours Phone: (760) 631-5009	Phone: (858) 218-3000	Fax: (858) 633-4688
Website:	After Hours Phone: (858) 218-3000	After Hours Phone: (858) 218-3000
www.beaconhealthoptions.com	Website:	Website:
Accepting New Patients: Yes	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Site English Spoken: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site Language(s) Spoken:	Site English Spoken: Yes	Site English Spoken: Yes
Mandarin, Hindi, Khmer,	Site Language(s) Spoken: Hindi,	Site Language(s) Spoken: Hindi,
Spanish, Tamil, Telugu, Urdu,	Nepali (Individual Language),	Nepali (Individual Language),
Chinese	Spanish	Spanish
TDD: No	TDD: Yes	TDD: Yes
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8AM-7PM, F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM

### POWAY

#### **ANDERSEN, CLAIRE, MD**

Provider Gender: Female  
 License number: 125942  
 NPI: 1831418664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE

#### **BELINSKY, MARIA T, CSW**

Provider Gender: Female  
 License number: LCSW69175  
 NPI: 1760867824  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 13010 POWAY RD

#### **BHAJU, JESHMIN, PSY**

Provider Gender: Female  
 License number: 31625  
 NPI: 1497081566  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Nepali (Individual Language)  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 13010 POWAY RD

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

POWAY, CA 920644520 Phone: (858) 218-3000 Fax: (858) 633-4688 After Hours Phone: (858) 218-3000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: Yes Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Phone: (858) 218-3000 Fax: (858) 633-4688 After Hours Phone: (858) 218-3000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: Yes Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Phone: (858) 218-3000 Fax: (858) 633-4688 After Hours Phone: (858) 218-3000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish TDD: Yes Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>CALOCA, LAURA, PSY</b> Provider Gender: Female License number: 29757 NPI: 1134364698 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: NEIGHBORHOOD HEALTHCARE 13010 POWAY RD POWAY, CA 920644520	<b>CELAYA, MARY, NPA</b> Provider Gender: Female License number: 11425 NPI: 1710060231 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE 13010 POWAY RD POWAY, CA 920644520	<b>CORVINI, NICOLAS, NPA</b> Provider Gender: Male License number: 55107 NPI: 1194242461 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE 13010 POWAY RD POWAY, CA 920644520

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (858) 218-3000	Phone: (858) 218-3000	Phone: (858) 218-3000
Fax: (858) 633-4688	Fax: (858) 633-4688	Fax: (858) 633-4688
After Hours Phone: (858) 218-3000	After Hours Phone: (858) 218-3000	After Hours Phone: (858) 218-3000
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: Yes	TDD: Yes	TDD: Yes
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM

### **COSTELLO, JENNIFER R , CSW**

Provider Gender: Female  
 License number: 84174  
 NPI: 1619506250  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520

### **EDE, KEKOA, MD**

Provider Gender: Male  
 License number: A101211  
 NPI: 1134224843  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female  
 License number: 95002763  
 NPI: 1972929404  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (858) 218-3000	<i>Phone:</i> (858) 218-3000	<i>Phone:</i> (858) 218-3000
<i>Fax:</i> (858) 633-4688	<i>Fax:</i> (858) 633-4688	<i>Fax:</i> (858) 633-4688
<i>After Hours Phone:</i> (858) 218-3000	<i>After Hours Phone:</i> (858) 218-3000	<i>After Hours Phone:</i> (858) 218-3000
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish	<i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish	<i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish
<i>TDD:</i> Yes	<i>TDD:</i> Yes	<i>TDD:</i> Yes
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8AM-5PM

**GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender:* Female  
*License number:* 26883  
*NPI:* 1194999276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520

**HOLDEN, MATTHEW, PSY**

*Provider Gender:* Male  
*License number:* PSY11197  
*NPI:* 1740213487  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520

**LIU-BARBARO, DOROTHY, MD**

*Provider Gender:* Female  
*License number:* A115342  
*NPI:* 1851602270  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MAGOS, DANIEL, CSW**

Provider Gender: Male

License number: 88270

NPI: 1578983664

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male

License number: 26953

NPI: 1558560730

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **PEDERSEN, SUESAN, MD**

Provider Gender: Female

License number: A138369

NPI: 1558603837

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

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## J. Directorio de proveedores de salud mental

---

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **POSTLETHWAITE, ALEJANDRA, MD**

Provider Gender: Female

License number: A88938

NPI: 1750566915

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **ROSS, ANNE T, NPA**

Provider Gender: Female

License number: 53359

NPI: 1447334883

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **SINGH, PARDEEP, NPA**

Provider Gender: Female

License number: 95010750

NPI: 1992279004

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

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## J. Directorio de proveedores de salud mental

---

Phone: (858) 218-3000	Phone: (858) 218-3000	Phone: (858) 218-3000
Fax: (858) 633-4688	Fax: (858) 633-4688	Fax: (858) 633-4688
After Hours Phone: (858) 218-3000	After Hours Phone: (858) 218-3000	After Hours Phone: (858) 218-3000
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish	Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish
TDD: Yes	TDD: Yes	TDD: Yes
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM
<b>STONE, CALVIN, MD</b>	<b>SUOZZO, JOSEPH J , PSY</b>	<b>TEETER-WITT, ALYSSA, PSY</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: U
License number: 20A18127	License number: 18393	License number: 31075
NPI: 1275995870	NPI: 1821013228	NPI: 1932308442
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: NEIGHBORHOOD HEALTHCARE 13010 POWAY RD POWAY, CA 920644520	Cultural Competency: NEIGHBORHOOD HEALTHCARE 13010 POWAY RD POWAY, CA 920644520	Cultural Competency: NEIGHBORHOOD HEALTHCARE 13010 POWAY RD POWAY, CA 920644520

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **THOMAS, PAULA M , CSW**

Provider Gender: Female

License number: 29517

NPI: 1821389966

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female

License number: 75185

NPI: 1861938227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female

License number: PSY9962

NPI: 1710902143

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

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## J. Directorio de proveedores de salud mental

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **WILLIAMS, SHANTRICE M , NPA**

Provider Gender: Female

License number: 19664

NPI: 1578865549

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

### **WOODWORTH, JENNIFER, PSY**

Provider Gender: Female

License number: 26963

NPI: 1639362494

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 920644520

### **POWAY**

### **JACKSON, VIOLETTE A , CSW**

Provider Gender: Female

License number: 15995

NPI: 1275640195

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Arabic

Cultural Competency:

VIOLETTE JACKSON

15525 POMERADO RD STE E4

POWAY, CA 92064-2427

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## J. Directorio de proveedores de salud mental

Phone: (858) 674-5958

Fax: (858) 451-1104

After Hours Phone: (858)  
674-5958

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Arabic

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: TH 9AM-8PM

### RAMONA

#### **ALTAMIRANO, LEON, PSY**

Provider Gender: Male

License number: 23734

NPI: 1619271517

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

Phone: (760) 789-1223

Fax: (760) 789-5946

After Hours Phone: (760)  
789-1223

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM, SA  
8AM-12PM

#### **ARANGO, MONICA, PSY**

Provider Gender: Female

License number: 28316

NPI: 1225090616

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

Phone: (760) 789-1223

Fax: (760) 789-5946

After Hours Phone: (760)  
789-1223

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM, SA  
8AM-12PM

#### **CHALMERS, VIRGINIA, CSW**

Provider Gender: Female

License number: 28053

NPI: 1265613715

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (760) 789-1223	Phone: (760) 789-1223	Phone: (760) 789-1223
Fax: (760) 789-5946	Fax: (760) 789-5946	Fax: (760) 789-5946
After Hours Phone: (760) 789-1223	After Hours Phone: (760) 789-1223	After Hours Phone: (760) 789-1223
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM, SA 8AM-12PM

### **CHENG, JIM, NPA**

Provider Gender: Male  
 License number: 22852  
 NPI: 1790122638  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

### **CORNER, EMILY, MFT**

Provider Gender: Female  
 License number: 102353  
 NPI: 1093225823  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

### **CORTIZO, ROSA, PSY**

Provider Gender: Female  
 License number: 22278  
 NPI: 1952316648  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

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## J. Directorio de proveedores de salud mental

Phone: (760) 789-1223	Phone: (760) 789-1223	Phone: (760) 789-1223
Fax: (760) 789-5946	Fax: (760) 789-5946	Fax: (760) 789-5946
After Hours Phone: (760) 789-1223	After Hours Phone: (760) 789-1223	After Hours Phone: (760) 789-1223
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM, SA 8AM-12PM

### **FLYNN (NEWMAN), DANIELLE I , PSY**

Provider Gender: U  
 License number: 26184  
 NPI: 1477785137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

### **FREEMAN, WANDA, NPA**

Provider Gender: Female  
 License number: 95003903  
 NPI: 1659504264  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

### **GEORGIEV, MARY JO C , PSY**

Provider Gender: Female  
 License number: 17954  
 NPI: 1518996875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

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## J. Directorio de proveedores de salud mental

Phone: (760) 789-1223	Phone: (760) 789-1223	Phone: (760) 789-1223
Fax: (760) 789-5946	Fax: (760) 789-5946	Fax: (760) 789-5946
After Hours Phone: (760) 789-1223	After Hours Phone: (760) 789-1223	After Hours Phone: (760) 789-1223
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM, SA 8AM-12PM

**GERAUGHTY (OLEARY), PAMELA J, CSW**

Provider Gender: Female  
 License number: 25138  
 NPI: 1063800217  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

**GUEVARA LEHMAN, NATALIE, CSW**

Provider Gender: Female  
 License number: 63746  
 NPI: 1578835757  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

**GUTIERREZ, VERONICA, PSY**

Provider Gender: Female  
 License number: 21413  
 NPI: 1467674176  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

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## J. Directorio de proveedores de salud mental

---

Phone: (760) 789-1223	Phone: (760) 789-1223	Phone: (760) 789-1223
Fax: (760) 789-5946	Fax: (760) 789-5946	Fax: (760) 789-5946
After Hours Phone: (760) 789-1223	After Hours Phone: (760) 789-1223	After Hours Phone: (760) 789-1223
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM, SA 8AM-12PM

### **JENSEN, BRIAN M , PSY**

Provider Gender: Male  
 License number: 26041  
 NPI: 1518138049  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

### **KRAPES, MICHAEL B , PSY**

Provider Gender: Male  
 License number: 25077  
 NPI: 1215233028  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

### **SIMMONS, SUZANNE, NPA**

Provider Gender: Female  
 License number: 95016129  
 NPI: 1245733450  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

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## J. Directorio de proveedores de salud mental

---

Phone: (760) 789-1223	Phone: (760) 789-1223	Phone: (760) 789-1223
Fax: (760) 789-5946	Fax: (760) 789-5946	Fax: (760) 789-5946
After Hours Phone: (760) 789-1223	After Hours Phone: (760) 789-1223	After Hours Phone: (760) 789-1223
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM, SA 8AM-12PM	Hours: M-F 8AM-5PM, SA 8AM-12PM

### **SIMPSON, ERIC, PSY**

Provider Gender: Male  
 License number: 28885  
 NPI: 1710110416  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

### **SINNAPPAN, CHRISTOPHER A, MD**

Provider Gender: Male  
 License number: G85649  
 NPI: 1588740252  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

### **TAYLOR, CORRDERO A, CSW**

Provider Gender: Male  
 License number: 71284  
 NPI: 1346501533  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

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## J. Directorio de proveedores de salud mental

Phone: (760) 789-1223  
 Fax: (760) 789-5946  
 After Hours Phone: (760) 789-1223  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-12PM

### **TORRES, HECTOR M , PSY**

Provider Gender: Male  
 License number: 13309  
 NPI: 1720265614  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

Phone: (760) 789-1223  
 Fax: (760) 789-5946  
 After Hours Phone: (760) 789-1223  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-12PM

### **WALKER, SHAYNA T , MD**

Provider Gender: Female  
 License number: A107393  
 NPI: 1760688295  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589

Phone: (760) 789-1223  
 Fax: (760) 789-5946  
 After Hours Phone: (760) 789-1223  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-12PM

### **SANTA YSABEL**

### **GERNANDT, DEBRA J , MFT**

Provider Gender: Female  
 License number: 50395  
 NPI: 1538292115  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 GERNANDT, DEBRA  
 30240 HIGHWAY 78  
 SANTA YSABEL, CA 920700231

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## J. Directorio de proveedores de salud mental

Phone: (760) 765-3578  
 Fax: (760) 765-2810  
 After Hours Phone: (760) 765-3578  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M,TU 9AM-7PM, W,F 9AM-6PM, SA 10AM-5PM

### **HAWTHORNE, KAREN, MFT**

Provider Gender: Female  
 License number: 16894  
 NPI: 1750449625  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 HAWTHORNE, KAREN  
 30240 HIGHWAY 78  
 SANTA YSABEL, CA 920700035  
 Phone: (760) 765-3578  
 Fax: (760) 765-2810  
 After Hours Phone: (760) 765-3578

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M 1PM-6PM, TU 10AM-6PM, W,TH 9AM-7PM, F 10AM-4PM, SA 12:30PM-3:30PM

### **SAN DIEGO**

### **ABDULLAH, KERI, PSY**

Provider Gender: Female  
 License number: 29990  
 NPI: 1699840587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ABDULLAH, KERI, PSY**

Provider Gender: Female  
 License number: 29990  
 NPI: 1699840587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2520
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM
<b>ABDULLAH, KERI, PSY</b>	<b>ABDULLAH, KERI, PSY</b>	<b>ABDULLAH, KERI, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 29990	License number: 29990	License number: 29990
NPI: 1699840587	NPI: 1699840587	NPI: 1699840587
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE SAN DIEGO, CA 92103-2143	140 ELM ST SAN DIEGO, CA 92101-2602	4874 POLK AVE SAN DIEGO, CA 92105-2026

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>ABDULLAH, KERI, PSY</b>            Provider Gender: Female            License number: 29990            NPI: 1699840587            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>ABDULLAH, KERI, PSY</b>            Provider Gender: Female            License number: 29990            NPI: 1699840587            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>ABDULLAH, KERI, PSY</b>            Provider Gender: Female            License number: 29990            NPI: 1699840587            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>ABDULLAH, KERI, PSY</b>	<b>ABDULLAH, KERI, PSY</b>	<b>ABDULLAH, KERI, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 29990	License number: 29990	License number: 29990
NPI: 1699840587	NPI: 1699840587	NPI: 1699840587
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD	1250 6TH AVE STE 100	2204 NATIONAL AVE
SAN DIEGO, CA 92115-3621	SAN DIEGO, CA 92101-4368	SAN DIEGO, CA 92113-3615

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (858) 810-8700
Fax: (619) 702-8536	Fax: (619) 702-8535	Fax: (858) 633-4680
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (858) 810-8700
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-TH 8:30AM-5PM	Hours: M-F 8AM-5PM, SA 8AM-2PM

### **ABDULLAH, KERI, PSY**

Provider Gender: Female  
 License number: 29990  
 NPI: 1699840587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

### **ABERCROMBIE, SHERI L , PSY**

Provider Gender: Female  
 License number: 18536  
 NPI: 1932292422  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

### **ABERCROMBIE, SHERI L , PSY**

Provider Gender: Female  
 License number: 18536  
 NPI: 1932292422  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (858) 810-8787	Phone: (619) 662-4100	Phone: (619) 515-2424
Fax: (858) 279-0377	Fax:	Fax: (619) 702-8536
After Hours Phone: (858) 810-8787	After Hours Phone: (619) 662-4100	After Hours Phone: (619) 515-2424
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Mandarin, Spanish, Vietnamese, Yue Chinese	Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM, SA 8AM-1PM	Hours:	Hours: M-F 8:30AM-5PM

### **AGUILAR, DIANA, CSW**

Provider Gender: Female  
License number: 83063  
NPI: 1194065813  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

### **AGUIRRE, LEAH B , CSW**

Provider Gender: Female  
License number: 74440  
NPI: 1306151998  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

### **AGUIRRE, LEAH B , CSW**

Provider Gender: Female  
License number: 74440  
NPI: 1306151998  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>AGUIRRE, LEAH B , CSW</b>            Provider Gender: Female            License number: 74440            NPI: 1306151998            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92101-2602</p>	<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>AGUIRRE, LEAH B , CSW</b>            Provider Gender: Female            License number: 74440            NPI: 1306151998            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>AGUIRRE, LEAH B , CSW</b>            Provider Gender: Female            License number: 74440            NPI: 1306151998            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>
<p><b>AGUIRRE, LEAH B , CSW</b>            Provider Gender: Female            License number: 74440            NPI: 1306151998            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p><b>AGUIRRE, LEAH B , CSW</b>            Provider Gender: Female            License number: 74440            NPI: 1306151998            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>	<p><b>AGUIRRE, LEAH B , CSW</b>            Provider Gender: Female            License number: 74440            NPI: 1306151998            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>AGUIRRE, LEAH B , CSW</b>	<b>AGUIRRE, LEAH B , CSW</b>	<b>AGUIRRE, LEAH B , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 74440	License number: 74440	License number: 74440
NPI: 1306151998	NPI: 1306151998	NPI: 1306151998
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST SAN DIEGO, CA 92102-4715	4094 4TH AVE SAN DIEGO, CA 92103-2143	5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>AGUIRRE, LEAH B , CSW</b>	<b>AGUIRRE, WENDY, CSW</b>	<b>AGUIRRE, WENDY, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 74440	License number: 74219	License number: 74219
NPI: 1306151998	NPI: 1205946282	NPI: 1205946282
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026	Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104	Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **AGUIRRE, WENDY, CSW**

Provider Gender: Female

License number: 74219

NPI: 1205946282

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **AGUIRRE, WENDY, CSW**

Provider Gender: Female

License number: 74219

NPI: 1205946282

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **AGUIRRE, WENDY, CSW**

Provider Gender: Female

License number: 74219

NPI: 1205946282

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

140 ELM ST SAN DIEGO, CA 92101-2602 <i>Phone:</i> (619) 515-2520 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2520 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM	1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8535 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM	4094 4TH AVE SAN DIEGO, CA 92103-2143 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM
<b>AGUIRRE, WENDY, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 74219 <i>NPI:</i> 1205946282 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<b>AGUIRRE, WENDY, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 74219 <i>NPI:</i> 1205946282 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<b>AGUIRRE, WENDY, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 74219 <i>NPI:</i> 1205946282 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female  
*License number:* 74219  
*NPI:* 1205946282  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female  
*License number:* 74219  
*NPI:* 1205946282  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female  
*License number:* 74219  
*NPI:* 1205946282  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ALAVI, ALI S , MD**

Provider Gender: Male  
 License number: A163793  
 NPI: 1356856694  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD

SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **ALFARO, AMY, CSW**

Provider Gender: Female  
 License number: 72874  
 NPI: 1609326859  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **ALFARO, AMY, CSW**

Provider Gender: Female  
 License number: 72874  
 NPI: 1609326859  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126-2375 Phone: (844) 200-2426 Fax: (858) 695-9074 After Hours Phone: (844) 200-2426 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Hindi, Urdu TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>ALPERT, BENJAMIN M , PSY</b> Provider Gender: Male License number: 28915 NPI: 1205114550 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: OPERATION SAMAHAN	<b>ALTERS, DENNIS, MD</b> Provider Gender: Male License number: G36206 NPI: 1457371635 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143	<b>ALTERS, DENNIS, MD</b> Provider Gender: Male License number: G36206 NPI: 1457371635 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8535	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-TH 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
 License number: G36206  
 NPI: 1457371635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
 License number: G36206  
 NPI: 1457371635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
 License number: G36206  
 NPI: 1457371635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>ALTERS, DENNIS, MD</b>            Provider Gender: Male            License number: G36206            NPI: 1457371635            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p> <p><b>ALTERS, DENNIS, MD</b>            Provider Gender: Male            License number: G36206            NPI: 1457371635            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>ALTERS, DENNIS, MD</b>            Provider Gender: Male            License number: G36206            NPI: 1457371635            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 280-4213            Fax: (619) 281-6738            After Hours Phone: (619) 280-4213            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5:30PM</p>
<p><b>ALTERS, DENNIS, MD</b>            Provider Gender: Male            License number: G36206            NPI: 1457371635            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>	<p><b>ALVAREZ, DIANA P , CSW</b>            Provider Gender: Female            License number: 81025            NPI: 1013200617            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            LA MAESTRA COMMUNITY HEALTH CENTERS            4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105-1608</p>	<p><b>ALVAREZ, DIANA P , CSW</b>            Provider Gender: Female            License number: 81025            NPI: 1013200617            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            LA MAESTRA COMMUNITY HEALTH CENTERS            4157 FAIRMOUNT AVE            SAN DIEGO, CA 92105-1609</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 285-7097            Fax: (619) 564-8140            After Hours Phone: (619) 285-7097            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age: 19/64            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours:</p> <p><b>ALVAREZ, DIANA P , CSW</b>            Provider Gender: Female            License number: 81025            NPI: 1013200617            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p> <p><b>ANDERSON, NICOLE M , CSW</b>            Provider Gender: Female            License number: LCSW28443            NPI: 1679766380            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>ANDERSON, NICOLE M , CSW</b>            Provider Gender: Female            License number: LCSW28443            NPI: 1679766380            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            ANDERSON, NICOLE            6136 MISSION GORGE RD STE 106            SAN DIEGO, CA 92120-3413</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 786-1351	Website:	Website:
Fax:	www.beaconhealthoptions.com	www.beaconhealthoptions.com
After Hours Phone: (619) 786-1351	Accepting New Patients: Yes	Accepting New Patients: Yes
Website:	Site English Spoken: Yes	Site English Spoken: Yes
www.beaconhealthoptions.com	Site Language(s) Spoken:	Site Language(s) Spoken:
Accepting New Patients: Yes	Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Spanish
Site English Spoken: Yes	TDD: No	TDD: No
Site Language(s) Spoken:	Min/Max Age:	Min/Max Age: 0/99
TDD: No	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Min/Max Age:	American Sign Language (ASL): No	American Sign Language (ASL): No
Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information	Please contact provider for Accessibility information
American Sign Language (ASL): No	Hours: W 5PM-9PM	Hours: M-F 9AM-5PM
Please contact provider for Accessibility information		<b>ANGER, ALEXANDRA C , NPA</b>
Hours: W 5PM-9PM		Provider Gender: Female
		License number: 95007806
<b>ANDERSON, NICOLE M , CSW</b>	<b>ANDREWS GEYMAN, JOY, PSY</b>	NPI: 1780042002
Provider Gender: Female	Provider Gender: Female	Provider English Spoken: Yes
License number: LCSW28443	License number: 15492	Provider Language(s) Spoken:
NPI: 1679766380	NPI: 1336243013	Cultural Competency:
Provider English Spoken: Yes	Provider English Spoken: Yes	SAN YSIDRO HEALTH CENTER
Provider Language(s) Spoken:	Provider Language(s) Spoken:	950 S EUCLID AVE
Cultural Competency:	Cultural Competency:	SAN DIEGO, CA 92114-6201
FAMILY HEALTH CENTERS OF SAN DIEGO	ACCESS PSYCHOLOGY SERVICES, PC	Phone: (619) 662-4100
4065 3RD AVE	750 B ST STE 2870	Fax:
SAN DIEGO, CA 92103-2184	SAN DIEGO, CA 92101-8132	After Hours Phone: (619) 662-4100
Phone: (619) 515-2300	Phone: (619) 722-0014	Website:
Fax:	Fax: (619) 327-4174	www.beaconhealthoptions.com
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 722-0014	Accepting New Patients: Yes
		Site English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Site Language(s) Spoken:</i> Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i></p>	<p>American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>	<p>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>ARAGON, DARINKA M , MD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A139241</p> <p><i>NPI:</i> 1114347291</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p>	<p><b>ARAGON, DARINKA M , MD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A139241</p> <p><i>NPI:</i> 1114347291</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p>	<p><b>ARAGON, DARINKA M , MD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A139241</p> <p><i>NPI:</i> 1114347291</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3544 30TH ST SAN DIEGO, CA 92104-4120</p> <p><i>Phone:</i> (619) 515-2424</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2424</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi,</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Japanese, Portuguese, Russian, Spanish, Yue Chinese	Spanish, Yue Chinese	TDD: No	TDD: No
Spanish, Yue Chinese	TDD: No	Min/Max Age: 0/99	Min/Max Age: 0/99
TDD: No	Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes	Please contact provider for Accessibility information	Please contact provider for Accessibility information
American Sign Language (ASL): Yes	Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
Yes	Hours: M-F 8:30AM-5PM		
Please contact provider for Accessibility information			
Hours: M-F 8:30AM-5PM			
<b>ARAGON, DARINKA M , MD</b>	<b>ARAGON, DARINKA M , MD</b>	<b>ARAGON, DARINKA M , MD</b>	<b>ARAGON, DARINKA M , MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: A139241	License number: A139241	License number: A139241	License number: A139241
NPI: 1114347291	NPI: 1114347291	NPI: 1114347291	NPI: 1114347291
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100	4874 POLK AVE	3705 MISSION BLVD	3705 MISSION BLVD
SAN DIEGO, CA 92101-4368	SAN DIEGO, CA 92105-2026	SAN DIEGO, CA 92109-7104	SAN DIEGO, CA 92109-7104
Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
515-2338	515-2338	515-2338	515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

TDD: No	Min/Max Age:	Gender Restriction: No Gender
Min/Max Age: 0/99	Gender Restriction: No Gender	Restrictions
Gender Restriction: No Gender	Restrictions	American Sign Language (ASL):
Restrictions	American Sign Language (ASL):	Yes
American Sign Language (ASL):	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-F 8:30AM-5PM
Accessibility information	Hours: M-F 8:30AM-5PM	
Hours: M-W,F 8:30AM-5PM		
<b>ARAGON, DARINKA M , MD</b>	<b>ARAGON, DARINKA M , MD</b>	<b>ARAGON, DARINKA M , MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: A139241	License number: A139241	License number: A139241
NPI: 1114347291	NPI: 1114347291	NPI: 1114347291
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
1550 BROADWAY STE 2	4725 MARKET ST	1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713	SAN DIEGO, CA 92102-4715	SAN DIEGO, CA 92101-5713
Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
515-2338	515-2338	515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi,	American Sign Language, Farsi,	American Sign Language, Farsi,
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Spanish, Yue Chinese	Spanish, Yue Chinese	Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender	Gender Restriction: No Gender	Gender Restriction: No Gender

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Restrictions	<i>American Sign Language (ASL):</i> Yes	Yes
<i>American Sign Language (ASL):</i> Yes	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Yes	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM
Please contact provider for Accessibility information		
<i>Hours:</i> M-TH 8:30AM-5PM		
<b>ARAGON, DARINKA M , MD</b>	<b>ARAGON, DARINKA M , MD</b>	<b>ARIELLA, LYNDIA R , PSY</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> A139241	<i>License number:</i> A139241	<i>License number:</i> 19450
<i>NPI:</i> 1114347291	<i>NPI:</i> 1114347291	<i>NPI:</i> 1073518965
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE	140 ELM ST	1550 BROADWAY STE 2
SAN DIEGO, CA 92113-3615	SAN DIEGO, CA 92101-2602	SAN DIEGO, CA 92101-5713
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2520	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i>	<i>Fax:</i> (619) 702-8535
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2520	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **ARIELLA, LYNDA R , PSY**

Provider Gender: Female  
License number: 19450  
NPI: 1073518965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

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

### **ARIELLA, LYNDA R , PSY**

Provider Gender: Female  
License number: 19450  
NPI: 1073518965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

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

### **ARIELLA, LYNDA R , PSY**

Provider Gender: Female  
License number: 19450  
NPI: 1073518965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

### **ARIELLA, LYNDA R , PSY**

*Provider Gender:* Female  
*License number:* 19450  
*NPI:* 1073518965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ARIELLA, LYNDA R , PSY**

*Provider Gender:* Female  
*License number:* 19450  
*NPI:* 1073518965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **ARIELLA, LYNDA R , PSY**

*Provider Gender:* Female

*License number:* 19450  
*NPI:* 1073518965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **ARIELLA, LYNDA R , PSY**

*Provider Gender:* Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>License number: 19450  NPI: 1073518965  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Vietnamese, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>ARIELLA, LYNDA R , PSY</b>  Provider Gender: Female</p>	<p>License number: 19450  NPI: 1073518965  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  140 ELM ST  SAN DIEGO, CA 92101-2602  Phone: (619) 515-2520  Fax:  After Hours Phone: (619)  515-2520  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8AM-5PM</p> <p><b>ARIELLA, LYNDA R , PSY</b>  Provider Gender: Female  License number: 19450</p>	<p>NPI: 1073518965  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>ARIELLA, LYNDA R , PSY</b>  Provider Gender: Female  License number: 19450  NPI: 1073518965</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-W,F 8:30AM-5PM</p> <p><b>ARIELLA, LYNDA R , PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 19450  <i>NPI:</i> 1073518965</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>ARONLEE, TRACY S , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83778  <i>NPI:</i> 1619304748  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            SAN DIEGO FAMILY CARE            6973 LINDA VISTA RD            SAN DIEGO, CA 92111-6342  <i>Phone:</i> (858) 810-8787  <i>Fax:</i> (858) 279-0377  <i>After Hours Phone:</i> (858) 810-8787  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Mandarin, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM, SA 8AM-1PM</p> <p><b>ARONLEE, TRACY S , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83778  <i>NPI:</i> 1619304748  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO FAMILY CARE 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307 Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM, SA 8AM-2PM	950 S EUCLID AVE SAN DIEGO, CA 92114-6201 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours:	SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>ARSENAULT, DARIN J , PSY</b> Provider Gender: Male License number: 24775 NPI: 1528243821 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: SAN YSIDRO HEALTH CENTER	<b>ASH, VIVIAN, CSW</b> Provider Gender: Female License number: 14619 NPI: 1033623293 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE	<b>ASH, VIVIAN, CSW</b> Provider Gender: Female License number: 14619 NPI: 1033623293 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-TH 8:30AM-5PM	Hours: M-F 8AM-5PM
<b>ASH, VIVIAN, CSW</b>	<b>ASH, VIVIAN, CSW</b>	<b>ASH, VIVIAN, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 14619	License number: 14619	License number: 14619
NPI: 1033623293	NPI: 1033623293	NPI: 1033623293
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2	4874 POLK AVE	140 ELM ST
SAN DIEGO, CA 92101-5713	SAN DIEGO, CA 92105-2026	SAN DIEGO, CA 92101-2602

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>ASH, VIVIAN, CSW</b>	<b>ASH, VIVIAN, CSW</b>	<b>ASH, VIVIAN, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 14619	License number: 14619	License number: 14619
NPI: 1033623293	NPI: 1033623293	NPI: 1033623293
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD	1809 NATIONAL AVE	1250 6TH AVE STE 100
SAN DIEGO, CA 92115-3621	SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92101-4368

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2424	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>ASUNCION, JENNIFER, CSW</b>            Provider Gender: Male            License number: LCSW75956            NPI: 1083056279            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>ASUNCION, JENNIFER, CSW</b>            Provider Gender: Male            License number: LCSW75956            NPI: 1083056279            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p><b>ASUNCION, JENNIFER, CSW</b>            Provider Gender: Male            License number: LCSW75956            NPI: 1083056279            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-TH 8:30AM-5PM	Hours: M-F 8AM-5PM
<b>ASUNCION, JENNIFER, CSW</b>	<b>ASUNCION, JENNIFER, CSW</b>	<b>ASUNCION, JENNIFER, CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: LCSW75956	License number: LCSW75956	License number: LCSW75956
NPI: 1083056279	NPI: 1083056279	NPI: 1083056279
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713	4874 POLK AVE SAN DIEGO, CA 92105-2026	5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2424	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>ASUNCION, JENNIFER, CSW</b>	<b>ASUNCION, JENNIFER, CSW</b>	<b>ASUNCION, JENNIFER, CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: LCSW75956	License number: LCSW75956	License number: LCSW75956
NPI: 1083056279	NPI: 1083056279	NPI: 1083056279
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST SAN DIEGO, CA 92104-4120	4725 MARKET ST SAN DIEGO, CA 92102-4715	140 ELM ST SAN DIEGO, CA 92101-2602

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>ASUNCION, JENNIFER, CSW</b>            Provider Gender: Male            License number: LCSW75956            NPI: 1083056279            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>ATALLAH, HANI M , MD</b>            Provider Gender: Male            License number: 132530            NPI: 1104169655            Provider English Spoken: Yes            Provider Language(s) Spoken:            Arabic            Cultural Competency:            EHAB YACOUB MD INC.            3914 3RD AVE            SAN DIEGO, CA 92103-3003</p>	<p>Phone: (310) 515-8113            Fax: (310) 538-2102            After Hours Phone: (310) 515-8113            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Arabic            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-SU 7AM-9PM</p> <p><b>ATALLAH, HANI M , MD</b>            Provider Gender: Male            License number: 132530            NPI: 1104169655            Provider English Spoken: Yes            Provider Language(s) Spoken:            Arabic            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p> <p><b>AUCOIN, DOUGLAS, CSW</b>            Provider Gender: Male            License number: 24707            NPI: 1699007609            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92103-2143</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>AUCOIN, DOUGLAS, CSW</b>            Provider Gender: Male            License number: 24707            NPI: 1699007609            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>AUCOIN, DOUGLAS, CSW</b>            Provider Gender: Male            License number: 24707            NPI: 1699007609            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male  
 License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male  
 License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male  
 License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>AUCOIN, DOUGLAS, CSW</b>            Provider Gender: Male            License number: 24707            NPI: 1699007609            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p><b>AUCOIN, DOUGLAS, CSW</b>            Provider Gender: Male            License number: 24707            NPI: 1699007609            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>AUCOIN, DOUGLAS, CSW</b>            Provider Gender: Male            License number: 24707            NPI: 1699007609            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2520
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM
<b>AUCOIN, DOUGLAS, CSW</b>	<b>AUCOIN, DOUGLAS, CSW</b>	<b>AUCOIN, DOUGLAS, CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: 24707	License number: 24707	License number: 24707
NPI: 1699007609	NPI: 1699007609	NPI: 1699007609
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST SAN DIEGO, CA 92102-4715	140 ELM ST SAN DIEGO, CA 92101-2602	4065 3RD AVE SAN DIEGO, CA 92103-2184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>SAN DIEGO, CA 92101-5713            Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92113-3615            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>AVILA, RADOMIR M , CSW</b>            Provider Gender: Male            License number: 75520            NPI: 1487937330            Provider English Spoken: Yes            Provider Language(s) Spoken:            Portuguese, Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2</p>	<p><b>AVILA, RADOMIR M , CSW</b>            Provider Gender: Male            License number: 75520            NPI: 1487937330            Provider English Spoken: Yes            Provider Language(s) Spoken:            Portuguese, Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE</p>	<p><b>AVILA, RADOMIR M , CSW</b>            Provider Gender: Male            License number: 75520            NPI: 1487937330            Provider English Spoken: Yes            Provider Language(s) Spoken:            Portuguese, Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

### **AVILA, RADOMIR M , CSW**

Provider Gender: Male  
 License number: 75520  
 NPI: 1487937330  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Portuguese, Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

Provider Gender: Male  
 License number: 75520  
 NPI: 1487937330  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Portuguese, Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

Provider Gender: Male  
 License number: 75520  
 NPI: 1487937330  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Portuguese, Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-W,F 8:30AM-5PM</p>
<p><b>AVILA, RADOMIR M , CSW</b> Provider Gender: Male License number: 75520 NPI: 1487937330 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>AVILA, RADOMIR M , CSW</b> Provider Gender: Male License number: 75520 NPI: 1487937330 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>AVILA, RADOMIR M , CSW</b> Provider Gender: Male License number: 75520 NPI: 1487937330 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>AVILA, RADOMIR M , CSW</b> Provider Gender: Male License number: 75520 NPI: 1487937330 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency:</p>	<p><b>AVILA, RADOMIR M , CSW</b> Provider Gender: Male License number: 75520 NPI: 1487937330 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency:</p>	<p><b>AVILA, RADOMIR M , CSW</b> Provider Gender: Male License number: 75520 NPI: 1487937330 Provider English Spoken: Yes Provider Language(s) Spoken: Portuguese, Spanish Cultural Competency:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>AVILES, CHARYSSE MARIE D , CSW</b> Provider Gender: Female License number: 101627 NPI: 1508536582 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p>SOUTHEAST COUNTY MENTAL HEALTH 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1432 Phone: (619) 595-4400 Fax: After Hours Phone: (619) 595-4400 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>BABBITT, CLAIRE M , MFT</b> Provider Gender: Female License number: 88233 NPI: 1306219936 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: BABBITT, CLAIRE 16870 W BERNARDO DR STE 400 SAN DIEGO, CA 92127-1678</p>	<p>Phone: (858) 449-7547 Fax: After Hours Phone: (858) 449-7547 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age: 19/64 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-SA 6:30AM-7PM</p> <p><b>BAHENA, SANDRA, PSY</b> Provider Gender: Female License number: 29792 NPI: 1073742268 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS 4157 FAIRMOUNT AVE SAN DIEGO, CA 92105-1609</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 285-7097	Phone: (619) 280-4213	Phone: (619) 722-0014
Fax: (619) 564-8140	Fax: (619) 281-6738	Fax: (619) 327-4174
After Hours Phone: (619) 285-7097	After Hours Phone: (619) 280-4213	After Hours Phone: (619) 722-0014
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age: 19/64	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8AM-5:30PM	Hours: M-F 9AM-5PM

### **BAHENA, SANDRA, PSY**

Provider Gender: Female  
 License number: 29792  
 NPI: 1073742268  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

### **BAHRO, SONIA A , PSY**

Provider Gender: Female  
 License number: 22039  
 NPI: 1750418042  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 ACCESS PSYCHOLOGY  
 SERVICES, PC  
 750 B ST STE 2870  
 SAN DIEGO, CA 92101-8132

### **BALINGIT, KATRINA T , NPA**

Provider Gender: Female  
 License number: NP95012642  
 NPI: 1538790605  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours:</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p>
<p><b>BANZON, CHARLES, MFT</b></p> <p>Provider Gender: Male</p> <p>License number: 49126</p> <p>NPI: 1457422966</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1809 NATIONAL AVE</p> <p>SAN DIEGO, CA 92113-2113</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>	<p><b>BANZON, CHARLES, MFT</b></p> <p>Provider Gender: Male</p> <p>License number: 49126</p> <p>NPI: 1457422966</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>2204 NATIONAL AVE</p> <p>SAN DIEGO, CA 92113-3615</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>	<p><b>BANZON, CHARLES, MFT</b></p> <p>Provider Gender: Male</p> <p>License number: 49126</p> <p>NPI: 1457422966</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3705 MISSION BLVD</p> <p>SAN DIEGO, CA 92109-7104</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300          Fax:          After Hours Phone: (619) 515-2300          Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours:</p>	<p>SAN DIEGO, CA 92101-2602          Phone: (619) 515-2520          Fax:          After Hours Phone: (619) 515-2520          Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8AM-5PM</p>
<p><b>BARCELOS ANTONIO, TIAGO, CSW</b>          Provider Gender: Male          License number: 90529          NPI: 1194159871          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          FAMILY HEALTH CENTERS OF SAN DIEGO          4065 3RD AVE          SAN DIEGO, CA 92103-2184</p>	<p><b>BARCELOS ANTONIO, TIAGO, CSW</b>          Provider Gender: Male          License number: 90529          NPI: 1194159871          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          FAMILY HEALTH CENTERS OF SAN DIEGO          140 ELM ST</p>	<p><b>BARCELOS ANTONIO, TIAGO, CSW</b>          Provider Gender: Male          License number: 90529          NPI: 1194159871          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          FAMILY HEALTH CENTERS OF SAN DIEGO          1250 6TH AVE STE 100</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

Provider Gender: Male

License number: 90529

NPI: 1194159871

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

### **BARCELOS ANTONIO, TIAGO, CSW**

Provider Gender: Male

License number: 90529

NPI: 1194159871

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

### **BARCELOS ANTONIO, TIAGO, CSW**

Provider Gender: Male

License number: 90529

NPI: 1194159871

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**

Provider Gender: Male  
 License number: 90529  
 NPI: 1194159871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**

Provider Gender: Male  
 License number: 90529  
 NPI: 1194159871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**

Provider Gender: Male  
 License number: 90529  
 NPI: 1194159871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male  
*License number:* 90529  
*NPI:* 1194159871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male  
*License number:* 90529  
*NPI:* 1194159871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male  
*License number:* 90529  
*NPI:* 1194159871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	2630 1ST AVE SAN DIEGO, CA 92103-6599 Phone: (619) 234-2158 Fax: (619) 234-1979 After Hours Phone: (619) 234-2158 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>BARRATT, REBEKAH A , PSY</b> Provider Gender: Female License number: 23471 NPI: 1609060276 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN DIEGO AMERICAN INDIAN HEALTH CENTER	<b>BARTHOLOMEW, SARAH C , CSW</b> Provider Gender: Female License number: 86542 NPI: 1720339708 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602	<b>BARTHOLOMEW, SARAH C , CSW</b> Provider Gender: Female License number: 86542 NPI: 1720339708 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>BARTHOLOMEW, SARAH C , CSW</b>            Provider Gender: Female            License number: 86542            NPI: 1720339708            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p><b>BARTHOLOMEW, SARAH C , CSW</b>            Provider Gender: Female            License number: 86542            NPI: 1720339708            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>	<p><b>BARTHOLOMEW, SARAH C , CSW</b>            Provider Gender: Female            License number: 86542            NPI: 1720339708            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2424	Phone: (619) 515-2338	SAN DIEGO, CA 92115-3621
Fax: (619) 702-8536	Fax: (619) 702-8536	Phone: (619) 515-2338
After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338	Fax: (619) 702-8536
Website:	Website:	After Hours Phone: (619) 515-2338
www.beaconhealthoptions.com	www.beaconhealthoptions.com	Website:
Accepting New Patients: Yes	Accepting New Patients: Yes	www.beaconhealthoptions.com
Site English Spoken: Yes	Site English Spoken: Yes	Accepting New Patients: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site English Spoken: Yes
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken:
TDD: No	TDD: No	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
Min/Max Age: 0/99	Min/Max Age: 0/99	TDD: No
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Min/Max Age: 0/99
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions
Please contact provider for Accessibility information	Please contact provider for Accessibility information	American Sign Language (ASL): Yes
Hours: M-F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM	Please contact provider for Accessibility information
<b>BARTHOLOMEW, SARAH C , CSW</b>	<b>BARTHOLOMEW, SARAH C , CSW</b>	Hours: M-F 8:30AM-5PM
Provider Gender: Female	Provider Gender: Female	<b>BARTHOLOMEW, SARAH C , CSW</b>
License number: 86542	License number: 86542	Provider Gender: Female
NPI: 1720339708	NPI: 1720339708	License number: 86542
Provider English Spoken: Yes	Provider English Spoken: Yes	NPI: 1720339708
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider English Spoken: Yes
Cultural Competency:	Cultural Competency:	Provider Language(s) Spoken:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency:
3705 MISSION BLVD	5454 EL CAJON BLVD	FAMILY HEALTH CENTERS OF SAN DIEGO
SAN DIEGO, CA 92109-7104		1550 BROADWAY STE 2

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE

SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

**BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	SAN DIEGO, CA 92111-6342 Phone: (858) 810-8787 Fax: (858) 279-0377 After Hours Phone: (858) 810-8787 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM, SA 8AM-1PM  <b>BASS, GURGIANA, PSY</b> Provider Gender: Female License number: 24750 NPI: 1639325277 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN DIEGO FAMILY CARE 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307
<b>BARTHOLOMEW, SARAH C , CSW</b> Provider Gender: Female License number: 86542 NPI: 1720339708 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF	<b>BASS, GURGIANA, PSY</b> Provider Gender: Female License number: 24750 NPI: 1639325277 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN DIEGO FAMILY CARE 6973 LINDA VISTA RD	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>Phone: (858) 810-8700            Fax: (858) 633-4680            After Hours Phone: (858) 810-8700            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Farsi, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-F 8AM-5PM, SA            8AM-2PM</p>	<p>Phone: (619) 662-4100            Fax:            After Hours Phone: (619) 662-4100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, Farsi, Hindi, Kannada,            Maithili, Sinhala, Sinhalese,            Spanish, Urdu            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours:</p>	<p>Phone: (619) 233-8500            Fax: (619) 687-1067            After Hours Phone: (619) 233-8500            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM, TH            8:30AM-9PM</p>
<p><b>BAYLON, ALDO, PSY</b>            Provider Gender: Male            License number: PSY29904            NPI: 1649429150            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN YSIDRO HEALTH CENTER            950 S EUCLID AVE            SAN DIEGO, CA 92114-6201</p>	<p><b>BAZZETTA, JAMES J , PSY</b>            Provider Gender: Male            License number: 24443            NPI: 1619162609            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            INTEGRATED HEALTH            PARTNERS - ST VINCENT DE            PAUL VILLAGE INC            1501 IMPERIAL AVE            SAN DIEGO, CA 92101-7638</p>	<p><b>BENNETT, CATHERINE V , MFT</b>            Provider Gender: Female            License number: 18154            NPI: 1861577967            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            BENNETT, KATE            9655 GRANITE RIDGE DR #            200-0027 STE 200-0027            SAN DIEGO, CA 92123-2674</p>

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 823-0204          Fax: (858) 459-2128          After Hours Phone: (619) 823-0204          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-TH 1PM-6PM</p>	<p>Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p>	<p>Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours:</p>
<p><b>BENNETT, RACHEL Q, CSW</b>          Provider Gender: Female          License number: 76466          NPI: 1558659797          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          FAMILY HEALTH CENTERS OF SAN DIEGO          4065 3RD AVE          SAN DIEGO, CA 92103-2184          Phone: (619) 515-2300          Fax:          After Hours Phone: (619) 515-2300</p>	<p><b>BENNETT, RACHEL Q, CSW</b>          Provider Gender: Female          License number: 76466          NPI: 1558659797          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          FAMILY HEALTH CENTERS OF SAN DIEGO          4065 3RD AVE          SAN DIEGO, CA 92103-2184          Phone: (619) 515-2300          Fax:          After Hours Phone: (619) 515-2300</p>	<p><b>BENNETT, RACHEL Q, CSW</b>          Provider Gender: Female          License number: 76466          NPI: 1558659797          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          FAMILY HEALTH CENTERS OF SAN DIEGO          1550 BROADWAY STE 2          SAN DIEGO, CA 92101-5713          Phone: (619) 515-2338          Fax: (619) 702-8535          After Hours Phone: (619) 515-2338</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-TH 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-W,F 8:30AM-5PM</p>
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### **BENNETT, RACHEL Q, CSW**

Provider Gender: Female  
 License number: 76466  
 NPI: 1558659797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338

### **BENNETT, RACHEL Q, CSW**

Provider Gender: Female  
 License number: 76466  
 NPI: 1558659797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338

### **BENNETT, RACHEL Q, CSW**

Provider Gender: Female  
 License number: 76466  
 NPI: 1558659797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **BENNETT, RACHEL Q, CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **BENNETT, RACHEL Q, CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **BENNETT, RACHEL Q, CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p>
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**BENNETT, RACHEL Q, CSW**

Provider Gender: Female  
 License number: 76466  
 NPI: 1558659797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424

**BENNETT, RACHEL Q, CSW**

Provider Gender: Female  
 License number: 76466  
 NPI: 1558659797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338

**BENNETT, RACHEL Q, CSW**

Provider Gender: Female  
 License number: 76466  
 NPI: 1558659797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-W,F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **BENZL, JERRY F , MD**

*Provider Gender:* Male  
*License number:* A154471  
*NPI:* 1487032082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>
<p><b>BERKSON, BARRIE, CSW</b>            Provider Gender: Female            License number: 63313            NPI: 1922305465            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338</p>	<p><b>BERKSON, BARRIE, CSW</b>            Provider Gender: Female            License number: 63313            NPI: 1922305465            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713            Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338</p>	<p><b>BERKSON, BARRIE, CSW</b>            Provider Gender: Female            License number: 63313            NPI: 1922305465            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>BERKSON, BARRIE, CSW</b>            Provider Gender: Female            License number: 63313            NPI: 1922305465            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338</p>	<p>Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>BERKSON, BARRIE, CSW</b>            Provider Gender: Female            License number: 63313            NPI: 1922305465            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338</p>	<p>Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>BERKSON, BARRIE, CSW</b>            Provider Gender: Female            License number: 63313            NPI: 1922305465            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>BERKSON, BARRIE, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 63313 <i>NPI:</i> 1922305465 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184 <i>Phone:</i> (619) 515-2300 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2300</p>	<p><i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p> <p><b>BESTERFIELD, LYDIA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95013060 <i>NPI:</i> 1265929442 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> SAN DIEGO FAMILY CARE 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307 <i>Phone:</i> (858) 810-8700 <i>Fax:</i> (858) 633-4680 <i>After Hours Phone:</i> (858) 810-8700</p>	<p><i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM, SA 8AM-2PM</p> <p><b>BESTERFIELD, LYDIA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95013060 <i>NPI:</i> 1265929442 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> SAN DIEGO FAMILY CARE 6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342 <i>Phone:</i> (858) 810-8787 <i>Fax:</i> (858) 279-0377 <i>After Hours Phone:</i> (858) 810-8787 <i>Website:</i> www.beaconhealthoptions.com</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM, SA  
 8AM-1PM

### **BETTENHAUSEN-BUBULKA, CRYSTAL M , CSW**

Provider Gender: Female  
 License number: 100639  
 NPI: 1790377067  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 THOUGHT THE  
 KALEIDOSCOPE WELLNESS,  
 CRYSTAL  
 BETTENHAUSEN-BUB  
 1050 KETTNER BLVD STE D  
 SAN DIEGO, CA 92101-3339  
 Phone: (808) 319-7896  
 Fax:  
 After Hours Phone: (808)  
 319-7896

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 9AM-6PM

### **BHATIA, PRAKASH K , MD**

Provider Gender: Male  
 License number: A74848  
 NPI: 1164464137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 PACIFIC HEALTH SYSTEMS LP  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120-5208  
 Phone: (619) 287-3270  
 Fax: (619) 267-9273  
 After Hours Phone: (619)  
 287-3270  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female  
 License number: 20A11387  
 NPI: 1639308265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

TDD: No	Min/Max Age:	Gender Restriction: No Gender
Min/Max Age: 0/99	Gender Restriction: No Gender	Restrictions
Gender Restriction: No Gender	Restrictions	American Sign Language (ASL):
Restrictions	American Sign Language (ASL):	Yes
American Sign Language (ASL):	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-TH 8:30AM-5PM
Accessibility information	Hours: M-F 8AM-5PM	
Hours: M-W,F 8:30AM-5PM		
<b>BIRNBAUM, DEBORAH, MD</b>	<b>BIRNBAUM, DEBORAH, MD</b>	<b>BIRNBAUM, DEBORAH, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 20A11387	License number: 20A11387	License number: 20A11387
NPI: 1639308265	NPI: 1639308265	NPI: 1639308265
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
4874 POLK AVE	1550 BROADWAY STE 2	3544 30TH ST
SAN DIEGO, CA 92105-2026	SAN DIEGO, CA 92101-5713	SAN DIEGO, CA 92104-4120
Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2424
Fax: (619) 702-8536	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
515-2338	515-2338	515-2424
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi,	American Sign Language, Farsi,	American Sign Language, Farsi,
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Spanish, Yue Chinese	Spanish, Yue Chinese	Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender	Gender Restriction: No Gender	Gender Restriction: No Gender

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Restrictions	American Sign Language (ASL): Yes	Yes
American Sign Language (ASL): Yes	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Yes	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM
Please contact provider for Accessibility information		
Hours: M-F 8:30AM-5PM		
<b>BIRNBAUM, DEBORAH, MD</b>	<b>BIRNBAUM, DEBORAH, MD</b>	<b>BIRNBAUM, DEBORAH, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 20A11387	License number: 20A11387	License number: 20A11387
NPI: 1639308265	NPI: 1639308265	NPI: 1639308265
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE	140 ELM ST	4725 MARKET ST
SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92101-2602	SAN DIEGO, CA 92102-4715
Phone: (619) 515-2338	Phone: (619) 515-2520	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Restrictions	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **BIRNBAUM, DEBORAH, MD**

*Provider Gender:* Female  
*License number:* 20A11387  
*NPI:* 1639308265  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BIRNBAUM, DEBORAH, MD**

*Provider Gender:* Female  
*License number:* 20A11387  
*NPI:* 1639308265  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

Accessibility information  
*Hours:*

### **BIRNBAUM, DEBORAH, MD**

*Provider Gender:* Female  
*License number:* 20A11387  
*NPI:* 1639308265  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

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

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female  
 License number: 20A11387  
 NPI: 1639308265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female  
 License number: 20A11387  
 NPI: 1639308265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BONDELL, JAMES A , PSY**

Provider Gender: Male  
 License number: 4842  
 NPI: 1558456046  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 BONDELL, JAMES  
 2477 CONGRESS ST  
 SAN DIEGO, CA 92110-2820  
 Phone: (760) 729-4931  
 Fax: (760) 729-3846  
 After Hours Phone: (760)  
 729-4931  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: TU,TH 9AM-7:30PM

### **BOND, ALAN, PSY**

Provider Gender: Male  
 License number: PSY25805  
 NPI: 1881927184  
 Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF SAN DIEGO
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF SAN DIEGO	1250 6TH AVE STE 100
FAMILY HEALTH CENTERS OF SAN DIEGO	2204 NATIONAL AVE	SAN DIEGO, CA 92101-4368
4094 4TH AVE	SAN DIEGO, CA 92113-3615	<i>Phone:</i> (619) 515-2338
SAN DIEGO, CA 92103-2143	<i>Phone:</i> (619) 515-2338	<i>Fax:</i> (619) 702-8536
<i>Phone:</i> (619) 515-2338	<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619) 515-2338	<i>Website:</i>
<i>After Hours Phone:</i> (619) 515-2338	<i>Website:</i>	www.beaconhealthoptions.com
<i>Website:</i>	www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>TDD:</i> No
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>TDD:</i> No	<i>Min/Max Age:</i> 0/99
<i>TDD:</i> No	<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender Restrictions
<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender Restrictions	<i>American Sign Language (ASL):</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>American Sign Language (ASL):</i>	Yes
<i>American Sign Language (ASL):</i>	Yes	Please contact provider for Accessibility information
Yes	Please contact provider for Accessibility information	<i>Hours:</i> M-F 8:30AM-5PM
Please contact provider for Accessibility information	<i>Hours:</i> M-F 8:30AM-5PM	<b>BOND, ALAN, PSY</b>
<i>Hours:</i> M-F 8:30AM-5PM	<b>BOND, ALAN, PSY</b>	<i>Provider Gender:</i> Male
<b>BOND, ALAN, PSY</b>	<i>Provider Gender:</i> Male	<i>License number:</i> PSY25805
<i>Provider Gender:</i> Male	<i>License number:</i> PSY25805	<i>NPI:</i> 1881927184
<i>License number:</i> PSY25805	<i>NPI:</i> 1881927184	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1881927184	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **BOND, ALAN, PSY**

Provider Gender: Male  
 License number: PSY25805  
 NPI: 1881927184  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE

SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

### **BOND, ALAN, PSY**

Provider Gender: Male  
 License number: PSY25805  
 NPI: 1881927184  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE

SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **BOND, ALAN, PSY**

Provider Gender: Male  
 License number: PSY25805  
 NPI: 1881927184  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>BOND, ALAN, PSY</b>            Provider Gender: Male            License number: PSY25805            NPI: 1881927184            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p><b>BORREGO, DIANA E , NPA</b>            Provider Gender: Female            License number: 95005019            NPI: 1184012866            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>	<p><b>BORREGO, DIANA E , NPA</b>            Provider Gender: Female            License number: 95005019            NPI: 1184012866            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>BORREGO, DIANA E , NPA</b>            Provider Gender: Female            License number: 95005019            NPI: 1184012866            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92104-4120</p>	<p><b>BORREGO, DIANA E , NPA</b>            Provider Gender: Female            License number: 95005019            NPI: 1184012866            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>	<p><b>BORREGO, DIANA E , NPA</b>            Provider Gender: Female            License number: 95005019            NPI: 1184012866            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2520	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i>	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2520	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

*Provider Gender:* Female  
*License number:* 95005019  
*NPI:* 1184012866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

### **BORREGO, DIANA E , NPA**

*Provider Gender:* Female  
*License number:* 95005019  
*NPI:* 1184012866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

### **BORREGO, DIANA E , NPA**

*Provider Gender:* Female  
*License number:* 95005019  
*NPI:* 1184012866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BOUCHER, DAVID A , PSY**

Provider Gender: Male  
 License number: 14085  
 NPI: 1518966340  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 BOUCHER, DAVID  
 3760 CONVOY ST STE 118  
 SAN DIEGO, CA 92111-3743

Phone: (619) 296-8097  
 Fax: (619) 260-1036  
 After Hours Phone: (619) 296-8097  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: W,TH 8AM-7PM

### **BOULES, FADY S , NPA**

Provider Gender: Male  
 License number: 95003306  
 NPI: 1639541022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours:</p> <p><b>BOWEN, JOHN DAVID, PSY</b></p> <p>Provider Gender: Male</p> <p>License number: PSY30271</p> <p>NPI: 1861949190</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE SAN DIEGO, CA 92114-6201</p> <p>Phone: (619) 662-4100</p> <p>Fax:</p> <p>After Hours Phone: (619) 662-4100</p> <p>Website: www.beaconhealthoptions.com</p>	<p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours:</p> <p><b>BRADDOCK, ADAM, MD</b></p> <p>Provider Gender: Male</p> <p>License number: A114671</p> <p>NPI: 1013163542</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE SAN DIEGO, CA 92114-6201</p> <p>Phone: (619) 662-4100</p> <p>Fax:</p> <p>After Hours Phone: (619) 662-4100</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p>	<p>Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours:</p> <p><b>BRANTMAN, ANNE E , NPA</b></p> <p>Provider Gender: Female</p> <p>License number: 12343</p> <p>NPI: 1689621633</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: SENIOR MEDICAL ASSOCIATES INC 2810 CAMINO DEL RIO S STE 102 SAN DIEGO, CA 92108-3819</p> <p>Phone: (619) 299-1419</p> <p>Fax: (858) 461-6008</p> <p>After Hours Phone: (619) 299-1419</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>Site English Spoken: Yes            Site Language(s) Spoken: Spanish            TDD: No            Min/Max Age: 13/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>BROMLEY, BRIAN, MD</b>            Provider Gender: Male            License number: 20A5363            NPI: 1306049564            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi,</p>	<p><b>BUBY, MYRA, CSW</b>            Provider Gender: Female            License number: 23172            NPI: 1093747511            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi,</p>	<p><b>BUBY, MYRA, CSW</b>            Provider Gender: Female            License number: 23172            NPI: 1093747511            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120            Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi,</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
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### **BUBY, MYRA, CSW**

Provider Gender: Female  
License number: 23172  
NPI: 1093747511  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi,

### **BUBY, MYRA, CSW**

Provider Gender: Female  
License number: 23172  
NPI: 1093747511  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi,

### **BUBY, MYRA, CSW**

Provider Gender: Female  
License number: 23172  
NPI: 1093747511  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi,

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## J. Directorio de proveedores de salud mental

Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM	Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:
<b>BUBY, MYRA, CSW</b> Provider Gender: Female License number: 23172 NPI: 1093747511 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi,	<b>BUBY, MYRA, CSW</b> Provider Gender: Female License number: 23172 NPI: 1093747511 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign	<b>BUBY, MYRA, CSW</b> Provider Gender: Female License number: 23172 NPI: 1093747511 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

Provider Gender: Female  
 License number: 23172  
 NPI: 1093747511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

Provider Gender: Female  
 License number: 23172  
 NPI: 1093747511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **BUBY, MYRA, CSW**

Provider Gender: Female  
 License number: 23172  
 NPI: 1093747511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUI, ANTHONY, MD**

*Provider Gender:* Male  
*License number:* A146965  
*NPI:* 1346628880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUNNER, SCOTT P , MD**

*Provider Gender:* Male  
*License number:* G83336  
*NPI:* 1720115090  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* SOUTHEAST COUNTY MENTAL HEALTH  
 1250 MORENA BLVD # FL1  
 SAN DIEGO, CA 92110-3815  
*Phone:* (619) 692-8750  
*Fax:* (619) 692-8779  
*After Hours Phone:* (619) 692-8750  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Farsi, French, Russian, Spanish  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/64  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-6PM</p>	<p>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-W,F 8:30AM-5PM</p>
<p><b>BURGOS, EDNA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 85597  <i>NPI:</i> 1134591167  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>  FAMILY HEALTH CENTERS OF SAN DIEGO  3544 30TH ST  SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2424  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i></p>	<p><b>BURGOS, EDNA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 85597  <i>NPI:</i> 1134591167  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>  FAMILY HEALTH CENTERS OF SAN DIEGO  3705 MISSION BLVD  SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i></p>	<p><b>BURGOS, EDNA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 85597  <i>NPI:</i> 1134591167  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>  FAMILY HEALTH CENTERS OF SAN DIEGO  4874 POLK AVE  SAN DIEGO, CA 92105-2026  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM</p>	<p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>BURGOS, EDNA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 85597 <i>NPI:</i> 1134591167 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes</p>	<p><b>BURGOS, EDNA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 85597 <i>NPI:</i> 1134591167 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes</p>	<p><b>BURGOS, EDNA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 85597 <i>NPI:</i> 1134591167 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8535 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-TH 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

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<p>Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>
<p><b>BURNS, PETER B , MD</b>            Provider Gender: Male            License number: G145142            NPI: 1891727533            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes</p>	<p><b>BURNS, PETER B , MD</b>            Provider Gender: Male            License number: G145142            NPI: 1891727533            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes</p>	<p><b>BUTERBAUGH, KRISTY L , CSW</b>            Provider Gender: Female            License number: 65477            NPI: 1346615838            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes</p>

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## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUTERBAUGH, KRISTY L , CSW**

*Provider Gender:* Female  
*License number:* 65477  
*NPI:* 1346615838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUTERBAUGH, KRISTY L , CSW**

*Provider Gender:* Female  
*License number:* 65477  
*NPI:* 1346615838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **BUTERBAUGH, KRISTY L , CSW**

*Provider Gender:* Female  
*License number:* 65477  
*NPI:* 1346615838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM
<b>BUTERBAUGH, KRISTY L , CSW</b>	<b>BUTERBAUGH, KRISTY L , CSW</b>	<b>BUTERBAUGH, KRISTY L , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 65477	License number: 65477	License number: 65477
NPI: 1346615838	NPI: 1346615838	NPI: 1346615838
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST	4094 4TH AVE	3705 MISSION BLVD
SAN DIEGO, CA 92101-2602	SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92109-7104
Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish,	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish,	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Yue Chinese	TDD: No	Min/Max Age: 0/99
TDD: No	Min/Max Age:	Gender Restriction: No Gender
Min/Max Age: 0/99	Gender Restriction: No Gender	Restrictions
Gender Restriction: No Gender	Restrictions	American Sign Language (ASL):
Restrictions	American Sign Language (ASL):	Yes
American Sign Language (ASL):	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-F 8:30AM-5PM
Accessibility information	Hours: M-F 8:30AM-5PM	
Hours: M-W,F 8:30AM-5PM		
<b>BUTERBAUGH, KRISTY L , CSW</b>	<b>BUTERBAUGH, KRISTY L , CSW</b>	<b>BUTERBAUGH, KRISTY L , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 65477	License number: 65477	License number: 65477
NPI: 1346615838	NPI: 1346615838	NPI: 1346615838
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
2204 NATIONAL AVE	4725 MARKET ST	1550 BROADWAY STE 2
SAN DIEGO, CA 92113-3615	SAN DIEGO, CA 92102-4715	SAN DIEGO, CA 92101-5713
Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8535
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
515-2338	515-2338	515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi,	American Sign Language, Farsi,	American Sign Language, Farsi,
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Spanish, Yue Chinese	Spanish, Yue Chinese	Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8:30AM-5PM</p>	<p>Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>	<p>Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8:30AM-5PM</p>
<p><b>BUTERBAUGH, KRISTY L, CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 65477</p> <p><i>NPI:</i> 1346615838</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Portuguese, Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p>	<p><b>CABREJOS, CLAUDIO, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A71653</p> <p><i>NPI:</i> 1033133483</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Portuguese, Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8535</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p>	<p><b>CABREJOS, CLAUDIO, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A71653</p> <p><i>NPI:</i> 1033133483</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Portuguese, Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>140 ELM ST SAN DIEGO, CA 92101-2602</p> <p><i>Phone:</i> (619) 515-2520</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2520</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours: M-F 8AM-5PM</i>	Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours: M-F 8AM-5PM</i>	Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours: M-F 8:30AM-5PM</i>
<b>CABREJOS, CLAUDIO, MD</b> <i>Provider Gender: Male</i> <i>License number: A71653</i> <i>NPI: 1033133483</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> Portuguese, Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 <i>Phone: (619) 515-2338</i> <i>Fax: (619) 702-8536</i> <i>After Hours Phone: (619)</i> 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Yes</i> <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD: No</i> <i>Min/Max Age:</i> <i>Gender Restriction: No Gender</i>	<b>CABREJOS, CLAUDIO, MD</b> <i>Provider Gender: Male</i> <i>License number: A71653</i> <i>NPI: 1033133483</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> Portuguese, Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 <i>Phone: (619) 515-2338</i> <i>Fax: (619) 702-8536</i> <i>After Hours Phone: (619)</i> 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Yes</i> <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD: No</i> <i>Min/Max Age: 0/99</i> <i>Gender Restriction: No Gender</i>	<b>CABREJOS, CLAUDIO, MD</b> <i>Provider Gender: Male</i> <i>License number: A71653</i> <i>NPI: 1033133483</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> Portuguese, Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184 <i>Phone: (619) 515-2300</i> <i>Fax:</i> <i>After Hours Phone: (619)</i> 515-2300 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Yes</i> <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD: No</i> <i>Min/Max Age:</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Gender Restriction:</i> No Gender Restrictions	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>
<i>American Sign Language (ASL):</i> Yes	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
Please contact provider for Accessibility information	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
<i>Hours:</i>	Please contact provider for Accessibility information	Please contact provider for Accessibility information
	<i>Hours:</i> M-W,F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

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## J. Directorio de proveedores de salud mental

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

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

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

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

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

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

### **CABREJOS, CLAUDIO, MD**

*Provider Gender: Male*

*License number: A71653*

*NPI: 1033133483*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Portuguese, Spanish*

*Cultural Competency:*

*FAMILY HEALTH CENTERS OF SAN DIEGO*

*2204 NATIONAL AVE*

*SAN DIEGO, CA 92113-3615*

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*American Sign Language, Farsi,*

*Japanese, Portuguese, Russian,*

*Spanish, Yue Chinese*

*TDD: No*

### **CABREJOS, CLAUDIO, MD**

*Provider Gender: Male*

*License number: A71653*

*NPI: 1033133483*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Portuguese, Spanish*

*Cultural Competency:*

*FAMILY HEALTH CENTERS OF SAN DIEGO*

*1250 6TH AVE STE 100*

*SAN DIEGO, CA 92101-4368*

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*American Sign Language, Farsi,*

*Japanese, Portuguese, Russian,*

*Spanish, Yue Chinese*

*TDD: No*

### **CABREJOS, CLAUDIO, MD**

*Provider Gender: Male*

*License number: A71653*

*NPI: 1033133483*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Portuguese, Spanish*

*Cultural Competency:*

*FAMILY HEALTH CENTERS OF SAN DIEGO*

*3544 30TH ST*

*SAN DIEGO, CA 92104-4120*

*Phone: (619) 515-2424*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2424*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*American Sign Language, Farsi,*

*Japanese, Portuguese, Russian,*

*Spanish, Yue Chinese*

*TDD: No*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<i>Min/Max Age:</i> 0/99	<i>TDD:</i> No	<i>American Sign Language (ASL):</i> No
<i>Gender Restriction:</i> No Gender Restrictions	<i>Min/Max Age:</i> 0/99	<i>Please contact provider for Accessibility information</i>
<i>American Sign Language (ASL):</i> Yes	<i>Gender Restriction:</i> No Gender Restrictions	<i>Hours:</i> M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM
<i>Please contact provider for Accessibility information</i>	<i>American Sign Language (ASL):</i> Yes	
<i>Hours:</i> M-F 8:30AM-5PM	<i>Please contact provider for Accessibility information</i>	
	<i>Hours:</i> M-F 8:30AM-5PM	
<b>CABREJOS, CLAUDIO, MD</b>	<b>CABUSAO, MARILOU M, NPA</b>	<b>CAIN, RUTH A, MFT</b>
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> A71653	<i>License number:</i> 95022360	<i>License number:</i> 106368
<i>NPI:</i> 1033133483	<i>NPI:</i> 1700514957	<i>NPI:</i> 1205248317
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> Portuguese, Spanish	<i>Provider Language(s) Spoken:</i> Cultural Competency: OPERATION SAMAHAN	<i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
<i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Cultural Competency:</i> OPERATION SAMAHAN	<i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE	10737 CAMINO RUIZ STE 235	1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92126-2375	SAN DIEGO, CA 92113-2113
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (844) 200-2426	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (858) 695-9074	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (844) 200-2426	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese	<i>Site Language(s) Spoken:</i> Hindi, Urdu	<i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
	<i>TDD:</i> No	<i>TDD:</i> No
	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Restrictions	Please contact provider for	<b>CARBONELL, SONIA, PSY</b>
American Sign Language (ASL):	Accessibility information	Provider Gender: Female
Yes	Hours: M,W 9AM-8PM, TU,TH,F	License number: 19752
Please contact provider for	9AM-5PM	NPI: 1902976343
Accessibility information	<b>CANN, RONALD, MD</b>	Provider English Spoken: Yes
Hours: M-F 8:30AM-5PM	Provider Gender: Male	Provider Language(s) Spoken:
<b>CANN, RONALD, MD</b>	License number: G83523	Spanish
Provider Gender: Male	NPI: 1285941401	Cultural Competency:
License number: G83523	Provider English Spoken: Yes	LA MAESTRA COMMUNITY
NPI: 1285941401	Provider Language(s) Spoken:	HEALTH CENTERS
Provider English Spoken: Yes	Cultural Competency:	4060 FAIRMOUNT AVE
Provider Language(s) Spoken:	COMMUNITY RESEARCH	SAN DIEGO, CA 92105-1608
Cultural Competency:	FOUNDATION INC	Phone: (619) 280-4213
COMMUNITY RESEARCH	545 LAUREL ST	Fax: (619) 281-6738
FOUNDATION INC	SAN DIEGO, CA 92101-1634	After Hours Phone: (619)
1465 30TH ST STE K	Phone: (619) 433-4399	280-4213
SAN DIEGO, CA 92154-3497	Fax: (619) 233-0453	Website:
Phone: (619) 275-0822	After Hours Phone: (619)	www.beaconhealthoptions.com
Fax: (619) 696-9573	433-4399	Accepting New Patients: Yes
After Hours Phone: (619)	Website:	Site English Spoken: Yes
275-0822	www.beaconhealthoptions.com	Site Language(s) Spoken:
Website:	Accepting New Patients: Yes	Spanish
www.beaconhealthoptions.com	Site English Spoken: Yes	TDD: No
Accepting New Patients: Yes	Site Language(s) Spoken:	Min/Max Age: 0/99
Site English Spoken: Yes	TDD: No	Gender Restriction: No Gender
Site Language(s) Spoken:	Min/Max Age: 0/99	Restrictions
Russian	Gender Restriction: No Gender	American Sign Language (ASL):
TDD: No	Restrictions	No
Min/Max Age: 0/99	American Sign Language (ASL):	Please contact provider for
Gender Restriction: No Gender	No	Accessibility information
Restrictions	Please contact provider for	Hours: M-F 8AM-5:30PM
American Sign Language (ASL):	Accessibility information	<b>CARBONELL, SONIA, PSY</b>
No	Hours:	Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>License number: 19752  NPI: 1902976343  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS  4157 FAIRMOUNT AVE  SAN DIEGO, CA 92105-1609  Phone: (619) 285-7097  Fax: (619) 564-8140  After Hours Phone: (619) 285-7097  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Spanish  TDD: No  Min/Max Age: 19/64  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Hours:</p> <p><b>CARDENAS, ALONSO, MD</b>  Provider Gender: Male  License number: A137940  NPI: 1811212145</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  1250 6TH AVE STE 100  SAN DIEGO, CA 92101-4368  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619) 515-2338  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): Yes  Please contact provider for Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>CARDENAS, ALONSO, MD</b>  Provider Gender: Male  License number: A137940  NPI: 1811212145  Provider English Spoken: Yes</p>	<p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619) 515-2338  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): Yes  Please contact provider for Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>CARDENAS, ALONSO, MD</b>  Provider Gender: Male  License number: A137940  NPI: 1811212145  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-W,F 8:30AM-5PM</p>	<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2424  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF            SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>CARDENAS, ALONSO, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A137940  <i>NPI:</i> 1811212145  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>CARDENAS, ALONSO, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A137940  <i>NPI:</i> 1811212145  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>CARDENAS, ALONSO, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A137940  <i>NPI:</i> 1811212145  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p> <p><b>CARDENAS, ALONSO, MD</b> Provider Gender: Male License number: A137940 NPI: 1811212145 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p>SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p> <p><b>CARDENAS, ALONSO, MD</b> Provider Gender: Male License number: A137940 NPI: 1811212145 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p>1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p> <p><b>CARDENAS, ALONSO, MD</b> Provider Gender: Male License number: A137940 NPI: 1811212145 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>CARDENAS, ALONSO, MD</b> Provider Gender: Male License number: A137940 NPI: 1811212145 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026	<b>CARDENAS, ALONSO, MD</b> Provider Gender: Male License number: A137940 NPI: 1811212145 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026	<b>CARILLO, KRISTAL I, CSW</b> Provider Gender: Female License number: 80068 NPI: 1871906735 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2424	Phone: (619) 234-2158
Fax:	Fax: (619) 702-8536	Fax: (619) 234-1979
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2424	After Hours Phone: (619) 234-2158
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	TDD: No
TDD: No	TDD: No	Min/Max Age:
Min/Max Age:	Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): No
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	Please contact provider for Accessibility information
Yes	Please contact provider for Accessibility information	Hours: M-F 8AM-5PM
Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM	<b>CARINO DIOKNO, RHODA, PSY</b>
Hours:	<b>CARINO DIOKNO, RHODA, PSY</b>	Provider Gender: Female
<b>CARINO DIOKNO, RHODA, PSY</b>	Provider Gender: Female	License number: 28073
Provider Gender: Female	License number: 28073	NPI: 1629109483
License number: 28073	NPI: 1629109483	Provider English Spoken: Yes
NPI: 1629109483	Provider English Spoken: Yes	Provider Language(s) Spoken:
Provider English Spoken: Yes	Provider Language(s) Spoken:	Cultural Competency:
Provider Language(s) Spoken:	Cultural Competency:	FAMILY HEALTH CENTERS OF SAN DIEGO
Cultural Competency:	SAN DIEGO AMERICAN INDIAN HEALTH CENTER	1250 6TH AVE STE 100
FAMILY HEALTH CENTERS OF SAN DIEGO	2630 1ST AVE	SAN DIEGO, CA 92101-4368
3544 30TH ST	SAN DIEGO, CA 92103-6599	Phone: (619) 515-2338
SAN DIEGO, CA 92104-4120		Fax: (619) 702-8536
		After Hours Phone: (619) 515-2338

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>CARINO DIOKNO, RHODA, PSY</b>            Provider Gender: Female            License number: 28073            NPI: 1629109483            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338</p>	<p><b>CARINO DIOKNO, RHODA, PSY</b>            Provider Gender: Female            License number: 28073            NPI: 1629109483            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338</p>	<p><b>CARINO DIOKNO, RHODA, PSY</b>            Provider Gender: Female            License number: 28073            NPI: 1629109483            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

<b>CARINO DIOKNO, RHODA, PSY</b>	<b>CARINO DIOKNO, RHODA, PSY</b>	<b>CARINO DIOKNO, RHODA, PSY</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> 28073	<i>License number:</i> 28073	<i>License number:</i> 28073
<i>NPI:</i> 1629109483	<i>NPI:</i> 1629109483	<i>NPI:</i> 1629109483
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE SAN DIEGO, CA 92103-2143	140 ELM ST SAN DIEGO, CA 92101-2602	3705 MISSION BLVD SAN DIEGO, CA 92109-7104
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2520	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i>	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2520	<i>After Hours Phone:</i> (619) 515-2338

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## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-W,F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-TH 8:30AM-5PM</p>
<p><b>CARINO DIOKNO, RHODA, PSY</b></p> <p>Provider Gender: Female</p> <p>License number: 28073</p> <p>NPI: 1629109483</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>	<p><b>CARINO DIOKNO, RHODA, PSY</b></p> <p>Provider Gender: Female</p> <p>License number: 28073</p> <p>NPI: 1629109483</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8535</p> <p>After Hours Phone: (619) 515-2338</p>	<p><b>CARINO DIOKNO, RHODA, PSY</b></p> <p>Provider Gender: Female</p> <p>License number: 28073</p> <p>NPI: 1629109483</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4065 3RD AVE SAN DIEGO, CA 92103-2184</p> <p>Phone: (619) 515-2300</p> <p>Fax:</p> <p>After Hours Phone: (619) 515-2300</p>

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## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours:</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>CARLTON, SHARMILA G , MD</b></p> <p>Provider Gender: Female</p> <p>License number: A91362</p> <p>NPI: 1558442566</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC</p> <p>743 10TH AVE</p> <p>SAN DIEGO, CA 92101-6673</p> <p>Phone: (619) 239-4663</p> <p>Fax: (619) 239-3045</p> <p>After Hours Phone: (619) 239-4663</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Russian</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours:</p> <p><b>CARLTON, SHARMILA G , MD</b></p> <p>Provider Gender: Female</p> <p>License number: A91362</p> <p>NPI: 1558442566</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC</p> <p>1568 6TH AVE</p> <p>SAN DIEGO, CA 92101-3216</p> <p>Phone: (619) 696-0822</p> <p>Fax: (619) 696-9573</p> <p>After Hours Phone: (619) 696-0822</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>
<p><b>CARINO DIOKNO, RHODA, PSY</b></p> <p>Provider Gender: Female</p> <p>License number: 28073</p> <p>NPI: 1629109483</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>2204 NATIONAL AVE</p> <p>SAN DIEGO, CA 92113-3615</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>	<p><b>CARLTON, SHARMILA G , MD</b></p> <p>Provider Gender: Female</p> <p>License number: A91362</p> <p>NPI: 1558442566</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC</p> <p>743 10TH AVE</p> <p>SAN DIEGO, CA 92101-6673</p> <p>Phone: (619) 239-4663</p> <p>Fax: (619) 239-3045</p> <p>After Hours Phone: (619) 239-4663</p>	<p><b>CARLTON, SHARMILA G , MD</b></p> <p>Provider Gender: Female</p> <p>License number: A91362</p> <p>NPI: 1558442566</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC</p> <p>1568 6TH AVE</p> <p>SAN DIEGO, CA 92101-3216</p> <p>Phone: (619) 696-0822</p> <p>Fax: (619) 696-9573</p> <p>After Hours Phone: (619) 696-0822</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Site English Spoken: Yes          Site Language(s) Spoken: Russian          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-F 8:30AM-6PM</p> <p><b>CARLTON, SHARMILA G , MD</b>          Provider Gender: Female          License number: A91362          NPI: 1558442566          Provider English Spoken: Yes          Provider Language(s) Spoken: COMMUNITY RESEARCH FOUNDATION INC          Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC          995 GATEWAY CENTER WAY          SAN DIEGO, CA 92102-4500          Phone: (619) 398-2156          Fax: (619) 398-2165          After Hours Phone: (619) 398-2156          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Russian</p>	<p>TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours:</p> <p><b>CARLTON, SHARMILA G , MD</b>          Provider Gender: Female          License number: A91362          NPI: 1558442566          Provider English Spoken: Yes          Provider Language(s) Spoken: COMMUNITY RESEARCH FOUNDATION INC          Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC          1465 30TH ST STE K          SAN DIEGO, CA 92154-3497          Phone: (619) 275-0822          Fax: (619) 696-9573          After Hours Phone: (619) 275-0822          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Russian          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions</p>	<p>Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M,W 9AM-8PM, TU,TH,F 9AM-5PM</p> <p><b>CARLTON, SHARMILA G , MD</b>          Provider Gender: Female          License number: A91362          NPI: 1558442566          Provider English Spoken: Yes          Provider Language(s) Spoken: COMMUNITY RESEARCH FOUNDATION INC          Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC          995 GATEWAY CENTER WAY          SAN DIEGO, CA 92102-4500          Phone: (619) 398-2156          Fax: (619) 398-2165          After Hours Phone: (619) 398-2156          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Spanish          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL):</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>Hours: M-F 8:30AM-5PM</p>	<p><b>CSW</b></p>
<p><b>CARLTON, SHARMILA G , MD</b> Provider Gender: Female License number: A91362 NPI: 1558442566 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC 1963 4TH AVE SAN DIEGO, CA 92101-2394 Phone: (619) 233-3432 Fax: (619) 233-7022 After Hours Phone: (619) 233-3432 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Russian TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information</p>	<p><b>CARR-LEE, NICOLE, PSY</b> Provider Gender: Female License number: 26191 NPI: 1316270481 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE SAN DIEGO, CA 92114-6201 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours:</p>	<p>Provider Gender: Female License number: 82782 NPI: 1598165441 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
	<p><b>CASTELLANOS, TERESITA D ,</b></p>	<p><b>CASTELLANOS, TERESITA D ,</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

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### **CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **CASTELLANOS, TERESITA D ,**

### **CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

---

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

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## J. Directorio de proveedores de salud mental

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **CHAMBERS, NICOLE, PSY**

*Provider Gender:* Female  
*License number:* PSY30966  
*NPI:* 1821297029  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*  
**CHANG, YUFANG J , MD**

*Provider Gender:* Female  
*License number:* A119710  
*NPI:* 1093918807  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 743 10TH AVE  
 SAN DIEGO, CA 92101-6673  
*Phone:* (619) 239-4663  
*Fax:* (619) 239-3045  
*After Hours Phone:* (619)  
 239-4663  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*  
**CHANG, YUFANG J , MD**  
*Provider Gender:* Female  
*License number:* A119710  
*NPI:* 1093918807

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Provider English Spoken:</i> Yes	COMMUNITY RESEARCH	SAN DIEGO, CA 92154-3497
<i>Provider Language(s) Spoken:</i>	FOUNDATION INC	<i>Phone:</i> (619) 275-0822
<i>Cultural Competency:</i>	1963 4TH AVE	<i>Fax:</i> (619) 696-9573
COMMUNITY RESEARCH	SAN DIEGO, CA 92101-2394	<i>After Hours Phone:</i> (619)
FOUNDATION INC	<i>Phone:</i> (619) 233-3432	275-0822
1568 6TH AVE	<i>Fax:</i> (619) 233-7022	<i>Website:</i>
SAN DIEGO, CA 92101-3216	<i>After Hours Phone:</i> (619)	www.beaconhealthoptions.com
<i>Phone:</i> (619) 696-0822	233-3432	<i>Accepting New Patients:</i> Yes
<i>Fax:</i> (619) 696-9573	<i>Website:</i>	<i>Site English Spoken:</i> Yes
<i>After Hours Phone:</i> (619)	www.beaconhealthoptions.com	<i>Site Language(s) Spoken:</i>
696-0822	<i>Accepting New Patients:</i> Yes	Russian
<i>Website:</i>	<i>Site English Spoken:</i> Yes	TDD: No
www.beaconhealthoptions.com	<i>Site Language(s) Spoken:</i>	<i>Min/Max Age:</i> 0/99
<i>Accepting New Patients:</i> Yes	Russian	<i>Gender Restriction:</i> No Gender
<i>Site English Spoken:</i> Yes	TDD: No	Restrictions
<i>Site Language(s) Spoken:</i>	<i>Min/Max Age:</i> 0/99	<i>American Sign Language (ASL):</i>
Russian	<i>Gender Restriction:</i> No Gender	No
TDD: No	Restrictions	Please contact provider for
<i>Min/Max Age:</i> 0/99	<i>American Sign Language (ASL):</i>	Accessibility information
<i>Gender Restriction:</i> No Gender	No	<i>Hours:</i> M,W 9AM-8PM, TU,TH,F
Restrictions	Please contact provider for	9AM-5PM
<i>American Sign Language (ASL):</i>	Accessibility information	
No	<i>Hours:</i> M-F 8:30AM-5PM	
Please contact provider for		
Accessibility information	<b>CHANG, YUFANG J , MD</b>	<b>CHANG, YUFANG J , MD</b>
<i>Hours:</i> M-F 8:30AM-6PM	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
	<i>License number:</i> A119710	<i>License number:</i> A119710
<b>CHANG, YUFANG J , MD</b>	<i>NPI:</i> 1093918807	<i>NPI:</i> 1093918807
<i>Provider Gender:</i> Female	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>License number:</i> A119710	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>NPI:</i> 1093918807	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
<i>Provider English Spoken:</i> Yes	COMMUNITY RESEARCH	COMMUNITY RESEARCH
<i>Provider Language(s) Spoken:</i>	FOUNDATION INC	FOUNDATION INC
<i>Cultural Competency:</i>	1465 30TH ST STE K	892 27TH ST
		SAN DIEGO, CA 92154-1444

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 275-0822	Phone: (619) 908-9908	Phone: (310) 515-8113
Fax: (619) 696-9573	Fax:	Fax: (310) 538-2102
After Hours Phone: (619) 275-0822	After Hours Phone: (619) 908-9908	After Hours Phone: (310) 515-8113
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Russian	Site Language(s) Spoken: TDD: No	Site Language(s) Spoken: Arabic
TDD: No	Min/Max Age: 0/99	TDD: No
Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions	Min/Max Age: Gender Restriction: No Gender Restrictions
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): No	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	Please contact provider for Accessibility information	American Sign Language (ASL): No
Please contact provider for Accessibility information	Hours: M,TU 8:30AM-10PM, W 9AM-10PM, F 8:30AM-9PM, SA 8AM-12PM	Please contact provider for Accessibility information
Hours:		Hours: M-SU 7AM-9PM
<b>CHAPMAN, DONNA M , MFT</b>	<b>CHARLES, PATRICK H , NRS</b>	<b>CHAUDHRI, YASHWANT, MD</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Male
License number: 83943	License number: 95017041	License number: A67679
NPI: 1457637068	NPI: 1124538764	NPI: 1043258429
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Hindi, Urdu
CHAPMAN, DONNA	EHAB YACOUB MD INC.	Cultural Competency: SAN YSIDRO HEALTH CENTER
2525 CAMINO DEL RIO S STE 107	3914 3RD AVE	950 S EUCLID AVE
SAN DIEGO, CA 92108-3718	SAN DIEGO, CA 92103-3003	SAN DIEGO, CA 92114-6201
		Phone: (619) 662-4100
		Fax:
		After Hours Phone: (619) 662-4100

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours:</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Hindi, Urdu</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM</p> <p><b>CHAUDHRI, YASHWANT, MD</b></p> <p>Provider Gender: Male</p> <p>License number: A67679</p> <p>NPI: 1043258429</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Hindi, Urdu</p> <p>Cultural Competency: OPERATION SAMAHAN</p> <p>9995 CARMEL MOUNTAIN RD STE B10 &amp; B11</p> <p>SAN DIEGO, CA 92129-2889</p> <p>Phone: (844) 200-2426</p> <p>Fax: (858) 312-6660</p> <p>After Hours Phone: (844) 200-2426</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Hindi, Urdu</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM</p> <p><b>CHAUHAN, SMIT S , MD</b></p> <p>Provider Gender: Male</p> <p>License number: A123312</p> <p>NPI: 1700083391</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: SAN YSIDRO HEALTH CENTER</p> <p>950 S EUCLID AVE</p> <p>SAN DIEGO, CA 92114-6201</p> <p>Phone: (619) 662-4100</p> <p>Fax: 662-4100</p> <p>After Hours Phone: (619) 662-4100</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>
<p><b>CHAUDHRI, YASHWANT, MD</b></p> <p>Provider Gender: Male</p> <p>License number: A67679</p> <p>NPI: 1043258429</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Hindi, Urdu</p> <p>Cultural Competency: OPERATION SAMAHAN</p> <p>10737 CAMINO RUIZ STE 235</p> <p>SAN DIEGO, CA 92126-2375</p> <p>Phone: (844) 200-2426</p> <p>Fax: (858) 695-9074</p> <p>After Hours Phone: (844) 200-2426</p>	<p>9995 CARMEL MOUNTAIN RD STE B10 &amp; B11</p> <p>SAN DIEGO, CA 92129-2889</p> <p>Phone: (844) 200-2426</p> <p>Fax: (858) 312-6660</p> <p>After Hours Phone: (844) 200-2426</p>	<p>950 S EUCLID AVE</p> <p>SAN DIEGO, CA 92114-6201</p> <p>Phone: (619) 662-4100</p> <p>Fax: 662-4100</p> <p>After Hours Phone: (619) 662-4100</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>

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## J. Directorio de proveedores de salud mental

<p>Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, Farsi, Hindi, Kannada,  Maithili, Sinhala, Sinhalese,  Spanish, Urdu  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours:</p>	<p>Site Language(s) Spoken:  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours:</p>	<p>Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: M,TU,TH,F  8:30AM-5:30PM, W 10AM-7PM</p>
<p><b>CHAUHAN, SMIT S , MD</b>  Provider Gender: Male  License number: A123312  NPI: 1700083391  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  YASHWANT CHAUDRI MD A  PROF CORP  4077 FIFTH AVE  SAN DIEGO, CA 92103-2105  Phone: (619) 294-8111  Fax:  After Hours Phone: (619)  294-8111  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes</p>	<p><b>CHAUHAN, SMIT S , MD</b>  Provider Gender: Male  License number: A123312  NPI: 1700083391  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  OPERATION SAMAHAN  10737 CAMINO RUIZ STE 235  SAN DIEGO, CA 92126-2375  Phone: (844) 200-2426  Fax: (858) 695-9074  After Hours Phone: (844)  200-2426  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Hindi,  Urdu  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions</p>	<p><b>CHAUHAN, SMIT S , MD</b>  Provider Gender: Male  License number: A123312  NPI: 1700083391  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  OPERATION SAMAHAN  9995 CARMEL MOUNTAIN RD  STE B10 &amp; B11  SAN DIEGO, CA 92129-2889  Phone: (844) 200-2426  Fax: (858) 312-6660  After Hours Phone: (844)  200-2426  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Hindi,  Urdu  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):</p>

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## J. Directorio de proveedores de salud mental

No	<i>Hours: M-F 6AM-6PM</i>	
Please contact provider for Accessibility information	<b>CHEN, ANGELA, MFT</b>	<b>CHEN, ANGELA, MFT</b>
<i>Hours: M,TU,TH,F</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
8:30AM-5:30PM, W 10AM-7PM	<i>License number: LMFT40923</i>	<i>License number: LMFT40923</i>
<b>CHAUHAN, SMIT S , MD</b>	<i>NPI: 1811027956</i>	<i>NPI: 1811027956</i>
<i>Provider Gender: Male</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>License number: A123312</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>NPI: 1700083391</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
<i>Provider English Spoken: Yes</i>	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
<i>Provider Language(s) Spoken:</i>	SAN DIEGO	SAN DIEGO
<i>Cultural Competency:</i>	3544 30TH ST	1550 BROADWAY STE 2
YASHWANT CHAUDRI MD A	SAN DIEGO, CA 92104-4120	SAN DIEGO, CA 92101-5713
PROF CORP	<i>Phone: (619) 515-2424</i>	<i>Phone: (619) 515-2338</i>
7850 VISTA HILL AVE	<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 702-8535</i>
SAN DIEGO, CA 92123-2717	<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>
<i>Phone: (858) 836-8434</i>	515-2424	515-2338
<i>Fax: (619) 596-9893</i>	<i>Website:</i>	<i>Website:</i>
<i>After Hours Phone: (858)</i>	www.beaconhealthoptions.com	www.beaconhealthoptions.com
836-8434	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Website:</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
www.beaconhealthoptions.com	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
<i>Accepting New Patients: Yes</i>	American Sign Language, Farsi,	American Sign Language, Farsi,
<i>Site English Spoken: Yes</i>	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
<i>Site Language(s) Spoken:</i>	Spanish, Yue Chinese	Spanish, Yue Chinese
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age:</i>	<i>Min/Max Age: 0/99</i>	<i>Min/Max Age: 0/99</i>
<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>
<i>Restrictions</i>	<i>Restrictions</i>	<i>Restrictions</i>
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
No	Yes	Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-TH 8:30AM-5PM</i>
		<b>CHEN, ANGELA, MFT</b>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<i>Provider Gender:</i> Female	<i>License number:</i> LMFT40923	<i>NPI:</i> 1811027956
<i>License number:</i> LMFT40923	<i>NPI:</i> 1811027956	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1811027956	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF	SAN DIEGO
FAMILY HEALTH CENTERS OF	SAN DIEGO	4874 POLK AVE
SAN DIEGO	140 ELM ST	SAN DIEGO, CA 92105-2026
4725 MARKET ST	SAN DIEGO, CA 92101-2602	<i>Phone:</i> (619) 515-2338
SAN DIEGO, CA 92102-4715	<i>Phone:</i> (619) 515-2520	<i>Fax:</i> (619) 702-8536
<i>Phone:</i> (619) 515-2338	<i>Fax:</i>	<i>After Hours Phone:</i> (619)
<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)	515-2338
<i>After Hours Phone:</i> (619)	515-2520	<i>Website:</i>
515-2338	<i>Website:</i>	www.beaconhealthoptions.com
<i>Website:</i>	www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,
<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,	Japanese, Portuguese, Russian,
American Sign Language, Farsi,	Japanese, Portuguese, Russian,	Spanish, Yue Chinese
Japanese, Portuguese, Russian,	Spanish, Yue Chinese	<i>TDD:</i> No
Spanish, Yue Chinese	<i>TDD:</i> No	<i>Min/Max Age:</i>
<i>TDD:</i> No	<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender
<i>Min/Max Age:</i> 0/99	<i>Gender Restriction:</i> No Gender	Restrictions
<i>Gender Restriction:</i> No Gender	Restrictions	<i>American Sign Language (ASL):</i>
Restrictions	<i>American Sign Language (ASL):</i>	Yes
<i>American Sign Language (ASL):</i>	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	<i>Hours:</i> M-F 8AM-5PM
Accessibility information	<i>Hours:</i> M-F 8AM-5PM	
<i>Hours:</i> M-F 8:30AM-5PM		<b>CHEN, ANGELA, MFT</b>
	<b>CHEN, ANGELA, MFT</b>	<i>Provider Gender:</i> Female
<b>CHEN, ANGELA, MFT</b>	<i>Provider Gender:</i> Female	<i>License number:</i> LMFT40923
<i>Provider Gender:</i> Female	<i>License number:</i> LMFT40923	<i>NPI:</i> 1811027956

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## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency:</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>2204 NATIONAL AVE</p> <p>SAN DIEGO, CA 92113-3615</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>CHEN, ANGELA, MFT</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> LMFT40923</p> <p><i>NPI:</i> 1811027956</p> <p><i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Cultural Competency:</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>5454 EL CAJON BLVD</p> <p>SAN DIEGO, CA 92115-3621</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>CHEN, ANGELA, MFT</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> LMFT40923</p> <p><i>NPI:</i> 1811027956</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1250 6TH AVE STE 100</p> <p>SAN DIEGO, CA 92101-4368</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>CHEN, ANGELA, MFT</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> LMFT40923</p> <p><i>NPI:</i> 1811027956</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency:</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-W,F 8:30AM-5PM</p>
<p><b>CHEN, ANGELA, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LMFT40923  <i>NPI:</i> 1811027956  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF</p>	<p><b>CHEN, ANGELA, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LMFT40923  <i>NPI:</i> 1811027956  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF</p>	<p><b>CHEN, ANGELA, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LMFT40923  <i>NPI:</i> 1811027956  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p> <p><b>CHEN, KYLE J , NRS</b> Provider Gender: Male License number: 95014850 NPI: 1154930774 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: EHAB YACOUB MD INC.</p>	<p>3914 3RD AVE SAN DIEGO, CA 92103-3003 Phone: (310) 515-8113 Fax: (310) 538-2102 After Hours Phone: (310) 515-8113 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-SU 7AM-9PM</p> <p><b>CHERNOBELSKY, RONIT L , MD</b> Provider Gender: Female License number: A107075 NPI: 1154468684 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC 892 27TH ST SAN DIEGO, CA 92154-1444</p>	<p>Phone: (619) 275-0822 Fax: (619) 696-9573 After Hours Phone: (619) 275-0822 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Russian TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours:</p> <p><b>CHERNOBELSKY, RONIT L , MD</b> Provider Gender: Female License number: A107075 NPI: 1154468684 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC 1465 30TH ST STE K SAN DIEGO, CA 92154-3497</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 275-0822  
 Fax: (619) 696-9573  
 After Hours Phone: (619) 275-0822  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M,W 9AM-8PM, TU,TH,F 9AM-5PM

**CHERNOBELSKY, RONIT L , MD**  
 Provider Gender: Female  
 License number: A107075  
 NPI: 1154468684  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH FOUNDATION INC  
 1568 6TH AVE  
 SAN DIEGO, CA 92101-3216

Phone: (619) 696-0822  
 Fax: (619) 696-9573  
 After Hours Phone: (619) 696-0822  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-6PM

**CHERNOBELSKY, RONIT L , MD**  
 Provider Gender: Female  
 License number: A107075  
 NPI: 1154468684  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH FOUNDATION INC  
 1260 MORENA BLVD  
 SAN DIEGO, CA 92110-3889

Phone: (619) 398-0355  
 Fax: (619) 398-0350  
 After Hours Phone: (619) 398-0355  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-8PM

**CHERNOBELSKY, RONIT L , MD**  
 Provider Gender: Female  
 License number: A107075  
 NPI: 1154468684  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH FOUNDATION INC  
 995 GATEWAY CENTER WAY  
 SAN DIEGO, CA 92102-4500  
 Phone: (619) 398-2156  
 Fax: (619) 398-2165  
 After Hours Phone: (619) 398-2156

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-5PM</p> <p><b>CHERNOBELSKY, RONIT L , MD</b></p> <p>Provider Gender: Female</p> <p>License number: A107075</p> <p>NPI: 1154468684</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC</p> <p>1963 4TH AVE</p> <p>SAN DIEGO, CA 92101-2394</p> <p>Phone: (619) 233-3432</p> <p>Fax: (619) 233-7022</p> <p>After Hours Phone: (619) 233-3432</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>	<p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Russian</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>CHI, IDA C , CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 21911</p> <p>NPI: 1407003874</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: SAN DIEGO FAMILY CARE</p> <p>7011 LINDA VISTA RD</p> <p>SAN DIEGO, CA 92111-6307</p> <p>Phone: (858) 810-8700</p> <p>Fax: (858) 633-4680</p> <p>After Hours Phone: (858) 810-8700</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese</p>	<p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-5PM, SA 8AM-2PM</p> <p><b>CHMIEL, RENEE L , PSY</b></p> <p>Provider Gender: Female</p> <p>License number: 22592</p> <p>NPI: 1801026984</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p> <p>Cultural Competency: ACCESS PSYCHOLOGY SERVICES, PC</p> <p>750 B ST STE 2870</p> <p>SAN DIEGO, CA 92101-8132</p> <p>Phone: (619) 722-0014</p> <p>Fax: (619) 327-4174</p> <p>After Hours Phone: (619) 722-0014</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p>
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## J. Directorio de proveedores de salud mental

Gender Restriction: No Gender Restrictions	Restrictions	American Sign Language (ASL): Yes
American Sign Language (ASL): No	Yes	Please contact provider for Accessibility information
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM
Hours: M-F 9AM-5PM	Hours: M-F 8AM-5PM	
<b>CHRISTENSEN, MELISSA, CSW</b>	<b>CHRISTENSEN, MELISSA, CSW</b>	<b>CHRISTENSEN, MELISSA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 69616	License number: 69616	License number: 69616
NPI: 1922313394	NPI: 1922313394	NPI: 1922313394
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST	2204 NATIONAL AVE	4725 MARKET ST
SAN DIEGO, CA 92101-2602	SAN DIEGO, CA 92113-3615	SAN DIEGO, CA 92102-4715
Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
		American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-F 8:30AM-5PM
Accessibility information	Hours: M-F 8AM-5PM	
Hours: M-F 8:30AM-5PM		
<b>CHRISTENSEN, MELISSA, CSW</b>	<b>CHRISTENSEN, MELISSA, CSW</b>	<b>CHRISTENSEN, MELISSA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 69616	License number: 69616	License number: 69616
NPI: 1922313394	NPI: 1922313394	NPI: 1922313394
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
4874 POLK AVE	5454 EL CAJON BLVD	3705 MISSION BLVD
SAN DIEGO, CA 92105-2026	SAN DIEGO, CA 92115-3621	SAN DIEGO, CA 92109-7104
Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
515-2338	515-2338	515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi,	American Sign Language, Farsi,	American Sign Language,
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	German, Farsi, Japanese,
Spanish, Yue Chinese	Spanish, Yue Chinese	Portuguese, Russian, Spanish,
TDD: No	TDD: No	Yue Chinese
Min/Max Age:	Min/Max Age: 0/99	TDD: No
Gender Restriction: No Gender	Gender Restriction: No Gender	Min/Max Age: 0/99
Restrictions	Restrictions	Gender Restriction: No Gender
American Sign Language (ASL):	American Sign Language (ASL):	Restrictions
Yes	Yes	American Sign Language (ASL):
Yes	Please contact provider for	Yes
		Please contact provider for

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## J. Directorio de proveedores de salud mental

Accessibility information Hours: M-W,F 8:30AM-5PM	Hours: M-TH 8:30AM-5PM	<b>CHRISTENSEN, MELISSA, CSW</b> Provider Gender: Female License number: 69616 NPI: 1922313394 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>CHRISTENSEN, MELISSA, CSW</b> Provider Gender: Female License number: 69616 NPI: 1922313394 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information	<b>CHRISTENSEN, MELISSA, CSW</b> Provider Gender: Female License number: 69616 NPI: 1922313394 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	<b>CHRISTENSEN, MELISSA, CSW</b> Provider Gender: Female License number: 69616 NPI: 1922313394 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CLARK, MARY M, PSY**

*Provider Gender:* Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>License number: 17897  NPI: 1659374775  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  CLARK, MARY  10981 SAN DIEGO MISSION RD  STE 114  SAN DIEGO, CA 92108-2448  Phone: (619) 280-0285  Fax: (619) 280-0286  After Hours Phone: (619)  280-0285  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  TDD: No  Min/Max Age: 0/64  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: M-F 10AM-5PM</p> <p><b>CLEMENT, LUIS, PSY</b>  Provider Gender: Male  License number: 28534  NPI: 1235364712  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>	<p>Cultural Competency:  SAN DIEGO AMERICAN INDIAN  HEALTH CENTER  2630 1ST AVE  SAN DIEGO, CA 92103-6599  Phone: (619) 234-2158  Fax: (619) 234-1979  After Hours Phone: (619)  234-2158  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: M-F 8AM-5PM</p> <p><b>CLONTS, PAUL A , CSW</b>  Provider Gender: Male  License number: 87259  NPI: 1467808568  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  3705 MISSION BLVD</p>	<p>SAN DIEGO, CA 92109-7104  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-W,F 8:30AM-5PM</p> <p><b>CLONTS, PAUL A , CSW</b>  Provider Gender: Male  License number: 87259  NPI: 1467808568  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  1809 NATIONAL AVE</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92103-6599  <i>Phone:</i> (619) 234-2158  <i>Fax:</i> (619) 234-1979  <i>After Hours Phone:</i> (619) 234-2158  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            TDD: No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>	<p><i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p>
<p><b>COLLINS, CONSTANCE A , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 23330  <i>NPI:</i> 1477600195  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            SAN DIEGO AMERICAN INDIAN HEALTH CENTER            2630 1ST AVE</p>	<p><b>COMBS, LAURI, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW75330  <i>NPI:</i> 1538398979  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p><b>CORBETT, KIMBERLY F , PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 21669  <i>NPI:</i> 1235239823  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            CORBETT, KIMBERLY            5190 GOVERNOR DR STE 104            SAN DIEGO, CA 92122-2848</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 298-2098            Fax: (619) 615-2244            After Hours Phone: (619) 298-2098            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age: 0/64            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W,F 8AM-6PM, TH 8AM-7:30PM</p>	<p>Phone: (619) 662-4100            Fax:            After Hours Phone: (619) 662-4100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>COURT, MARIA C , MD</b>            Provider Gender: Female            License number: A113797            NPI: 1316196108            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency:            SAN YSIDRO HEALTH CENTER            950 S EUCLID AVE            SAN DIEGO, CA 92114-6201</p>	<p><b>CROCKFORD, DANE, PSY</b>            Provider Gender: Male            License number: 28313            NPI: 1780031831            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>	<p><b>CROCKFORD, DANE, PSY</b>            Provider Gender: Male            License number: 28313            NPI: 1780031831            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

Provider Gender: Male  
 License number: 28313  
 NPI: 1780031831  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

Provider Gender: Male  
 License number: 28313  
 NPI: 1780031831  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2424  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

Provider Gender: Male  
 License number: 28313  
 NPI: 1780031831  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>CROCKFORD, DANE, PSY</b>            Provider Gender: Male            License number: 28313            NPI: 1780031831            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>CROCKFORD, DANE, PSY</b>            Provider Gender: Male            License number: 28313            NPI: 1780031831            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p> <p><b>CROCKFORD, DANE, PSY</b>            Provider Gender: Male            License number: 28313            NPI: 1780031831            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)  
515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CROCKFORD, DANE, PSY**

Provider Gender: Male

License number: 28313

NPI: 1780031831

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **CROCKFORD, DANE, PSY**

Provider Gender: Male

License number: 28313

NPI: 1780031831

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **CROCKFORD, DANE, PSY**

Provider Gender: Male

License number: 28313

NPI: 1780031831

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>CROCKFORD, DANE, PSY</b>            Provider Gender: Male            License number: 28313            NPI: 1780031831            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>	<p><b>CRUZ ARAUJO, ANDREA L , MD</b>            Provider Gender: Female            License number: A160789            NPI: 1124401435            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>CRUZ ARAUJO, ANDREA L , MD</b>            Provider Gender: Female            License number: A160789            NPI: 1124401435            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>CUELLAR, BETHANY, MFT</b>            Provider Gender: Female            License number: 79616            NPI: 1720388374            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            LA MAESTRA COMMUNITY            HEALTH CENTERS            4157 FAIRMOUNT AVE            SAN DIEGO, CA 92105-1609</p>	<p>Phone: (619) 280-4213            Fax: (619) 281-6738            After Hours Phone: (619) 280-4213            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-F 8AM-5:30PM</p> <p><b>CUELLAR, BETHANY, MFT</b>            Provider Gender: Female            License number: 79616            NPI: 1720388374            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            LA MAESTRA COMMUNITY            HEALTH CENTERS            4157 FAIRMOUNT AVE            SAN DIEGO, CA 92105-1609</p>	<p>Phone: (619) 285-7097            Fax: (619) 564-8140            After Hours Phone: (619) 285-7097            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age: 19/64            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours:</p> <p><b>CUTLER, APRYL, NPA</b>            Provider Gender: Female            License number: 95012457            NPI: 1467960120            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN YSIDRO HEALTH CENTER            950 S EUCLID AVE            SAN DIEGO, CA 92114-6201            Phone: (619) 662-4100            Fax:            After Hours Phone: (619) 662-4100</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours:</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p>
<p><b>DALONSO, SANDRA L , CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 82240</p> <p>NPI: 1841797644</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4094 4TH AVE</p> <p>SAN DIEGO, CA 92103-2143</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>	<p><b>DALONSO, SANDRA L , CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 82240</p> <p>NPI: 1841797644</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1809 NATIONAL AVE</p> <p>SAN DIEGO, CA 92113-2113</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>	<p><b>DALONSO, SANDRA L , CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 82240</p> <p>NPI: 1841797644</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3705 MISSION BLVD</p> <p>SAN DIEGO, CA 92109-7104</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-W,F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>DALONSO, SANDRA L , CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 82240</p> <p>NPI: 1841797644</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4065 3RD AVE</p> <p>SAN DIEGO, CA 92103-2184</p> <p>Phone: (619) 515-2300</p> <p>Fax: 515-2300</p> <p>After Hours Phone: (619) 515-2300</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours:</p> <p><b>DALONSO, SANDRA L , CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 82240</p> <p>NPI: 1841797644</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1250 6TH AVE STE 100</p> <p>SAN DIEGO, CA 92101-4368</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-TH 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338

**DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

**DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **DAN, WENDY L , CSW**

*Provider Gender:* Female  
*License number:* 26015  
*NPI:* 1700224037  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424

### **DAN, WENDY L , CSW**

*Provider Gender:* Female  
*License number:* 26015  
*NPI:* 1700224037  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **DAN, WENDY L , CSW**

*Provider Gender:* Female  
*License number:* 26015  
*NPI:* 1700224037  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338          Fax: (619) 702-8535          After Hours Phone: (619) 515-2338          Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2338          Fax: (619) 702-8536          After Hours Phone: (619) 515-2338          Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8AM-5PM</p>
<p><b>DAN, WENDY L , CSW</b>          Provider Gender: Female          License number: 26015          NPI: 1700224037          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          1550 BROADWAY STE 2          SAN DIEGO, CA 92101-5713</p>	<p><b>DAN, WENDY L , CSW</b>          Provider Gender: Female          License number: 26015          NPI: 1700224037          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          4874 POLK AVE          SAN DIEGO, CA 92105-2026</p>	<p><b>DAN, WENDY L , CSW</b>          Provider Gender: Female          License number: 26015          NPI: 1700224037          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          4094 4TH AVE          SAN DIEGO, CA 92103-2143</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>DAN, WENDY L , CSW</b>	<b>DAN, WENDY L , CSW</b>	<b>DAN, WENDY L , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 26015	License number: 26015	License number: 26015
NPI: 1700224037	NPI: 1700224037	NPI: 1700224037
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST SAN DIEGO, CA 92102-4715	1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	1250 6TH AVE STE 100

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **DAN, WENDY L , CSW**

Provider Gender: Female

License number: 26015

NPI: 1700224037

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)  
515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **DAN, WENDY L , CSW**

Provider Gender: Female

License number: 26015

NPI: 1700224037

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **DAN, WENDY L , CSW**

Provider Gender: Female

License number: 26015

NPI: 1700224037

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO, CA 92103-2184  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p>	<p>SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-W,F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>DE LA ROSA, LORDES, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 85375  <i>NPI:</i> 1821424623  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD</p>	<p><b>DE LA ROSA, LORDES, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 85375  <i>NPI:</i> 1821424623  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE</p>	<p><b>DE LEEUW, KELLEY, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A114857  <i>NPI:</i> 1720395361  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i>            NESTOR COMMUNITY HEALTH CENTER</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619)  
 429-3733  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 13/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU,TH 8AM-8PM, W,F  
 8AM-5PM, SA 8AM-12PM

### **DE SILVA, NIHAL, MD**

Provider Gender: Male  
 License number: C135933  
 NPI: 1003834789  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

### **DEACON, CASSIE, CSW**

Provider Gender: Female  
 License number: 94105  
 NPI: 1720452998  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
 810-8700  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Farsi, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM, SA  
 8AM-2PM

### **DEACON, CASSIE, CSW**

Provider Gender: Female  
 License number: 94105  
 NPI: 1720452998  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (858) 810-8787	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (858) 279-0377	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (858) 810-8787	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Mandarin, Spanish, Vietnamese, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM, SA 8AM-1PM	Hours: M-W,F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM

### **DEAM, JONATHAN, MD**

Provider Gender: Male  
 License number: A126198  
 NPI: 1982864948  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

### **DEBBOLD, ERIC M , MD**

Provider Gender: Male  
 License number: 164068  
 NPI: 1144726415  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

### **DEIGNAN, PATRICIA, CSW**

Provider Gender: Female  
 License number: 21861  
 NPI: 1679630776  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 PATRICIA, DEIGNAN  
 2496 E ST STE 2F  
 SAN DIEGO, CA 92102-6208

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 723-9244	Website:	Website:
Fax:	www.beaconhealthoptions.com	www.beaconhealthoptions.com
After Hours Phone: (619) 723-9244	Accepting New Patients: Yes	Accepting New Patients: Yes
Website:	Site English Spoken: Yes	Site English Spoken: Yes
www.beaconhealthoptions.com	Site Language(s) Spoken:	Site Language(s) Spoken:
Accepting New Patients: Yes	Mandarin, Spanish,	American Sign Language, Farsi,
Site English Spoken: Yes	Vietnamese, Yue Chinese	Japanese, Portuguese, Russian,
Site Language(s) Spoken:	TDD: No	Spanish, Yue Chinese
TDD: No	Min/Max Age:	TDD: No
Min/Max Age: 0/99	Gender Restriction: No Gender	Min/Max Age: 0/99
Gender Restriction: No Gender	Restrictions	Gender Restriction: No Gender
Restrictions	American Sign Language (ASL):	Restrictions
American Sign Language (ASL):	No	American Sign Language (ASL):
No	Please contact provider for	Yes
Please contact provider for	Accessibility information	Please contact provider for
Accessibility information	Hours: M-F 8AM-5PM, SA	Accessibility information
Hours: TU 9AM-5PM, W,TH	8AM-1PM	Hours: M-F 8:30AM-5PM
9AM-5:30PM, F 9AM-1:30PM		
	<b>DIAZ, LIZETH, CSW</b>	<b>DIAZ, LIZETH, CSW</b>
	Provider Gender: Female	Provider Gender: Female
<b>DEWART, ELIZABETH, NPA</b>	License number: 97277	License number: 97277
Provider Gender: Female	NPI: 1124457023	NPI: 1124457023
License number: 22736	Provider English Spoken: Yes	Provider English Spoken: Yes
NPI: 1407027618	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Provider English Spoken: Yes	Cultural Competency:	Cultural Competency:
Provider Language(s) Spoken:	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
Cultural Competency:	SAN DIEGO	SAN DIEGO
SAN DIEGO FAMILY CARE	3544 30TH ST	5454 EL CAJON BLVD
6973 LINDA VISTA RD	SAN DIEGO, CA 92104-4120	SAN DIEGO, CA 92115-3621
SAN DIEGO, CA 92111-6342	Phone: (619) 515-2424	Phone: (619) 515-2338
Phone: (858) 810-8787	Fax: (619) 702-8536	Fax: (619) 702-8536
Fax: (858) 279-0377	After Hours Phone: (619)	After Hours Phone: (619)
After Hours Phone: (858)	515-2424	515-2338
810-8787		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-W,F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-TH 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i>

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p> <p><b>DIA, ALI R , MD</b>          Provider Gender: Male          License number: A47803          NPI: 1912031030          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: SAN YSIDRO HEALTH CENTER          950 S EUCLID AVE          SAN DIEGO, CA 92114-6201          Phone: (619) 662-4100          Fax:          After Hours Phone: (619) 662-4100          Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a></p>	<p>Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours:</p> <p><b>DOBOS, DAVID, MD</b>          Provider Gender: Male          License number: G57276          NPI: 1548318348          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          4065 3RD AVE          SAN DIEGO, CA 92103-2184          Phone: (619) 515-2300          Fax:          After Hours Phone: (619) 515-2300          Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes</p>	<p>Site English Spoken: Yes          Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours:</p> <p><b>DOBOS, DAVID, MD</b>          Provider Gender: Male          License number: G57276          NPI: 1548318348          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          1250 6TH AVE STE 100          SAN DIEGO, CA 92101-4368          Phone: (619) 515-2338          Fax: (619) 702-8536          After Hours Phone: (619) 515-2338          Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>          Accepting New Patients: Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Site English Spoken: Yes  Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): Yes  Please contact provider for Accessibility information  Hours: M-F 8:30AM-5PM</p>	<p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): Yes  Please contact provider for Accessibility information  Hours: M-F 8:30AM-5PM</p>	<p>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): Yes  Please contact provider for Accessibility information  Hours: M-F 8:30AM-5PM</p>
<p><b>DOBOS, DAVID, MD</b>  Provider Gender: Male  License number: G57276  NPI: 1548318348  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619) 515-2338  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes</p>	<p><b>DOBOS, DAVID, MD</b>  Provider Gender: Male  License number: G57276  NPI: 1548318348  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  3544 30TH ST  SAN DIEGO, CA 92104-4120  Phone: (619) 515-2424  Fax: (619) 702-8536  After Hours Phone: (619) 515-2424  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:</p>	<p><b>DOBOS, DAVID, MD</b>  Provider Gender: Male  License number: G57276  NPI: 1548318348  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  4725 MARKET ST  SAN DIEGO, CA 92102-4715  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619) 515-2338  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: American Sign Language, Farsi,</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Japanese, Portuguese, Russian, Spanish, Yue Chinese	Portuguese, Russian, Spanish, Vietnamese, Yue Chinese	Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM
<b>DOBOS, DAVID, MD</b>	<b>DOBOS, DAVID, MD</b>	<b>DOBOS, DAVID, MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: G57276	License number: G57276	License number: G57276
NPI: 1548318348	NPI: 1548318348	NPI: 1548318348
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE	140 ELM ST	2204 NATIONAL AVE
SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92101-2602	SAN DIEGO, CA 92113-3615
Phone: (619) 515-2338	Phone: (619) 515-2520	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese,	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

TDD: No	Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions
Min/Max Age:	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes	Please contact provider for Accessibility information
American Sign Language (ASL): Yes	Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM
Please contact provider for Accessibility information	Hours: M-TH 8:30AM-5PM	
Hours: M-F 8:30AM-5PM		
<b>DOBOS, DAVID, MD</b>	<b>DOBOS, DAVID, MD</b>	<b>DOBOS, DAVID, MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: G57276	License number: G57276	License number: G57276
NPI: 1548318348	NPI: 1548318348	NPI: 1548318348
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE	4874 POLK AVE	4874 POLK AVE
SAN DIEGO, CA 92105-2026	SAN DIEGO, CA 92105-2026	SAN DIEGO, CA 92105-2026
Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-W,F 8:30AM-5PM	American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 9AM-5PM
<b>DOBOS, DAVID, MD</b> Provider Gender: Male License number: G57276 NPI: 1548318348 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender	<b>DOMINGUEZ- BARROS, INES N , PSY</b> Provider Gender: Female License number: 26075 NPI: 1518031376 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: ACCESS PSYCHOLOGY SERVICES, PC 750 B ST STE 2870 SAN DIEGO, CA 92101-8132 Phone: (619) 722-0014 Fax: (619) 327-4174 After Hours Phone: (619) 722-0014 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions	<b>DRISCOLL, MICHAEL S , CSW</b> Provider Gender: Male License number: 93951 NPI: 1659761880 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Yes	Yes	Please contact provider for
Please contact provider for	Please contact provider for	Accessibility information
Accessibility information	Accessibility information	<i>Hours: M-F 8AM-5PM</i>
<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-F 8:30AM-5PM</i>	
<b>DRISCOLL, MICHAEL S , CSW</b>	<b>DRISCOLL, MICHAEL S , CSW</b>	<b>DRISCOLL, MICHAEL S , CSW</b>
<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>
<i>License number: 93951</i>	<i>License number: 93951</i>	<i>License number: 93951</i>
<i>NPI: 1659761880</i>	<i>NPI: 1659761880</i>	<i>NPI: 1659761880</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
1809 NATIONAL AVE	4874 POLK AVE	1250 6TH AVE STE 100
SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92105-2026	SAN DIEGO, CA 92101-4368
<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 515-2338</i>
<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 702-8536</i>
<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>
<i>515-2338</i>	<i>515-2338</i>	<i>515-2338</i>
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>
<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language,	American Sign Language, Farsi,	American Sign Language, Farsi,
German, Farsi, Japanese,	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Portuguese, Russian, Spanish,	Spanish, Yue Chinese	Spanish, Yue Chinese
Vietnamese, Yue Chinese		
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age: 0/99</i>	<i>Min/Max Age:</i>	<i>Min/Max Age: 0/99</i>
<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>
<i>Restrictions</i>	<i>Restrictions</i>	<i>Restrictions</i>
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
Yes	Yes	Yes
Please contact provider for	Please contact provider for	Please contact provider for

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Accessibility information

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

### **DRISCOLL, MICHAEL S , CSW**

Provider Gender: Male

License number: 93951

NPI: 1659761880

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **DRISCOLL, MICHAEL S , CSW**

Provider Gender: Male

License number: 93951

NPI: 1659761880

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **DRISCOLL, MICHAEL S , CSW**

Provider Gender: Male

License number: 93951

NPI: 1659761880

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Provider Gender:</i> Male	<i>License number:</i> 93951	<i>NPI:</i> 1659761880
<i>License number:</i> 93951	<i>NPI:</i> 1659761880	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1659761880	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF	SAN DIEGO
FAMILY HEALTH CENTERS OF	SAN DIEGO	5454 EL CAJON BLVD
SAN DIEGO	3544 30TH ST	SAN DIEGO, CA 92115-3621
4725 MARKET ST	SAN DIEGO, CA 92104-4120	<i>Phone:</i> (619) 515-2338
SAN DIEGO, CA 92102-4715	<i>Phone:</i> (619) 515-2424	<i>Fax:</i> (619) 702-8536
<i>Phone:</i> (619) 515-2338	<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)
<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)	515-2338
<i>After Hours Phone:</i> (619)	515-2424	<i>Website:</i>
515-2338	<i>Website:</i>	www.beaconhealthoptions.com
<i>Website:</i>	www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,
<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,	Japanese, Portuguese, Russian,
American Sign Language, Farsi,	Japanese, Portuguese, Russian,	Spanish, Yue Chinese
Japanese, Portuguese, Russian,	Spanish, Yue Chinese	<i>TDD:</i> No
Spanish, Yue Chinese	<i>TDD:</i> No	<i>Min/Max Age:</i> 0/99
<i>TDD:</i> No	<i>Min/Max Age:</i> 0/99	<i>Gender Restriction:</i> No Gender
<i>Min/Max Age:</i> 0/99	<i>Gender Restriction:</i> No Gender	Restrictions
<i>Gender Restriction:</i> No Gender	Restrictions	<i>American Sign Language (ASL):</i>
Restrictions	<i>American Sign Language (ASL):</i>	Yes
<i>American Sign Language (ASL):</i>	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	<i>Hours:</i> M-F 8:30AM-5PM
Accessibility information	<i>Hours:</i> M-F 8:30AM-5PM	
<i>Hours:</i> M-F 8:30AM-5PM		<b>DUNFORD, KATELYN C , MFT</b>
<b>DRISCOLL, MICHAEL S , CSW</b>	<b>DRISCOLL, MICHAEL S , CSW</b>	<i>Provider Gender:</i> Female
<i>Provider Gender:</i> Male	<i>Provider Gender:</i> Male	<i>License number:</i> 126626
	<i>License number:</i> 93951	<i>NPI:</i> 1437517497

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken: Cultural Competency:</i>	<i>Provider Language(s) Spoken: Cultural Competency:</i>
<i>Provider Language(s) Spoken: Cultural Competency:</i>	<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>
<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>1809 NATIONAL AVE</i>	<i>3705 MISSION BLVD</i>
<i>140 ELM ST</i>	<i>SAN DIEGO, CA 92113-2113</i>	<i>SAN DIEGO, CA 92109-7104</i>
<i>SAN DIEGO, CA 92101-2602</i>	<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 515-2338</i>
<i>Phone: (619) 515-2520</i>	<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 702-8536</i>
<i>Fax:</i>	<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>
<i>After Hours Phone: (619)</i>	<i>515-2338</i>	<i>515-2338</i>
<i>515-2520</i>	<i>Website:</i>	<i>Website:</i>
<i>Website:</i>	<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>
<i>www.beaconhealthoptions.com</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Accepting New Patients: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
<i>Site Language(s) Spoken:</i>	<i>American Sign Language,</i>	<i>American Sign Language,</i>
<i>American Sign Language, Farsi,</i>	<i>German, Farsi, Japanese,</i>	<i>German, Farsi, Japanese,</i>
<i>Japanese, Portuguese, Russian,</i>	<i>Portuguese, Russian, Spanish,</i>	<i>Portuguese, Russian, Spanish,</i>
<i>Spanish, Yue Chinese</i>	<i>Vietnamese, Yue Chinese</i>	<i>Yue Chinese</i>
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age:</i>	<i>Min/Max Age: 0/99</i>	<i>Min/Max Age: 0/99</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>
<i>American Sign Language (ASL): Yes</i>	<i>American Sign Language (ASL): Yes</i>	<i>American Sign Language (ASL): Yes</i>
<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>
<i>Hours: M-F 8AM-5PM</i>	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-W,F 8:30AM-5PM</i>
<b>DUNFORD, KATELYN C , MFT</b>	<b>DUNFORD, KATELYN C , MFT</b>	<b>DUNFORD, KATELYN C , MFT</b>
<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>License number: 126626</i>	<i>License number: 126626</i>	<i>License number: 126626</i>
<i>NPI: 1437517497</i>	<i>NPI: 1437517497</i>	<i>NPI: 1437517497</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO          FAMILY HEALTH CENTERS OF SAN DIEGO          2204 NATIONAL AVE          SAN DIEGO, CA 92113-3615  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes          Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Provider Gender:</i> Female  <i>License number:</i> 126626  <i>NPI:</i> 1437517497  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          4874 POLK AVE          SAN DIEGO, CA 92105-2026  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes          Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>	<p><b>DUNFORD, KATELYN C , MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 126626  <i>NPI:</i> 1437517497  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          1550 BROADWAY STE 2          SAN DIEGO, CA 92101-5713  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8535  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes          Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:
<b>DUNFORD, KATELYN C , MFT</b> Provider Gender: Female License number: 126626 NPI: 1437517497 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>DUNFORD, KATELYN C , MFT</b> Provider Gender: Female License number: 126626 NPI: 1437517497 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE	<b>DUNFORD, KATELYN C , MFT</b> Provider Gender: Female License number: 126626 NPI: 1437517497 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>DUNFORD, KATELYN C , MFT</b> Provider Gender: Female License number: 126626 NPI: 1437517497 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143	<b>DUNFORD, KATELYN C , MFT</b> Provider Gender: Female License number: 126626 NPI: 1437517497 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715	<b>DWYER, GEORGE, CSW</b> Provider Gender: Male License number: 70988 NPI: 1437606126 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>DWYER, GEORGE, CSW</b>            Provider Gender: Male            License number: 70988            NPI: 1437606126            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p><b>DWYER, GEORGE, CSW</b>            Provider Gender: Male            License number: 70988            NPI: 1437606126            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p><b>DWYER, GEORGE, CSW</b>            Provider Gender: Male            License number: 70988            NPI: 1437606126            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>DWYER, GEORGE, CSW</b>	<b>DWYER, GEORGE, CSW</b>	<b>DWYER, GEORGE, CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: 70988	License number: 70988	License number: 70988
NPI: 1437606126	NPI: 1437606126	NPI: 1437606126
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368	4725 MARKET ST SAN DIEGO, CA 92102-4715	5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>DWYER, GEORGE, CSW</b>	<b>DWYER, GEORGE, CSW</b>	<b>DWYER, GEORGE, CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: 70988	License number: 70988	License number: 70988
NPI: 1437606126	NPI: 1437606126	NPI: 1437606126
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>DWYER, GEORGE, CSW</b>            Provider Gender: Male            License number: 70988            NPI: 1437606126            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>	<p><b>DWYER, GEORGE, CSW</b>            Provider Gender: Male            License number: 70988            NPI: 1437606126            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p><b>DYLAK, JASMINE C , CSW</b>            Provider Gender: Female            License number: 33-0743869            NPI: 1659782498            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

Provider Gender: Male  
 License number: G76886  
 NPI: 1952318289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **ERBE, EDWARD J , MD**

Provider Gender: Male  
 License number: G76886  
 NPI: 1952318289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

Provider Gender: Male  
 License number: G76886  
 NPI: 1952318289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

Provider Gender: Male  
 License number: G76886  
 NPI: 1952318289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

### **ERBE, EDWARD J , MD**

Provider Gender: Male  
 License number: G76886  
 NPI: 1952318289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **ERBE, EDWARD J , MD**

Provider Gender: Male  
 License number: G76886  
 NPI: 1952318289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2424	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2424	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

Provider Gender: Male  
 License number: G76886  
 NPI: 1952318289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

Provider Gender: Male  
 License number: G76886  
 NPI: 1952318289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **ESCAMILLA, KARLA B , CSW**

Provider Gender: Female  
 License number: 87168  
 NPI: 1134613946  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 662-4100            Fax:            After Hours Phone: (619) 662-4100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 722-0014            Fax: (619) 327-4174            After Hours Phone: (619) 722-0014            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 9AM-5PM</p> <p><b>ESTAVILLO, SAUL J , MFT</b>            Provider Gender: Male            License number: 86534            NPI: 1528330073            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>FAJARDO, JACQUELINE M , CSW</b>            Provider Gender: Female            License number: 87322            NPI: 1215342118            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO</p>
<p><b>ESFANDIARI, ALI, PSY</b>            Provider Gender: Male            License number: 30605            NPI: 1215239603            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            ACCESS PSYCHOLOGY SERVICES, PC            750 B ST STE 2870            SAN DIEGO, CA 92101-8132</p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

*Cultural Competency:* Spanish  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M ,  
 CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**FAJARDO, JACQUELINE M ,  
 CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**FAJARDO, JACQUELINE M ,  
 CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>FAJARDO, JACQUELINE M ,            CSW</b>            Provider Gender: Female            License number: 87322</p>	<p>NPI: 1215342118            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120            Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>FAJARDO, JACQUELINE M ,            CSW</b>            Provider Gender: Female</p>	<p>License number: 87322            NPI: 1215342118            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>FAJARDO, JACQUELINE M ,</b></p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

### CSW

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### FAJARDO, JACQUELINE M , CSW

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:*

### FANTINO, RAMONA E , CSW

*Provider Gender:* Female  
*License number:* 70826  
*NPI:* 1215191515  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 INTEGRATED HEALTH  
 PARTNERS - ST VINCENT DE  
 PAUL VILLAGE INC  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:* (619) 687-1067  
*After Hours Phone:* (619)  
 233-8500  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM, TH  
 8:30AM-9PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

### **FAUTH, JAMIE, NPA**

*Provider Gender:* Female  
*License number:* 95002650  
*NPI:* 1396098455  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 810-8787  
*Fax:* (858) 279-0377  
*After Hours Phone:* (858)  
 810-8787  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Spanish,  
 Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
 8AM-1PM

### **FEDEROFF, MONICA, MD**

*Provider Gender:* Female

*License number:* A164677  
*NPI:* 1912404492  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **FEDEROFF, MONICA, MD**

*Provider Gender:* Female  
*License number:* A164677

*NPI:* 1912404492  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FEDEROFF, MONICA, MD**

*Provider Gender:* Female  
*License number:* A164677  
*NPI:* 1912404492

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken: Yes</i></p> <p><i>Provider Language(s) Spoken: Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3705 MISSION BLVD</p> <p>SAN DIEGO, CA 92109-7104</p> <p><i>Phone: (619) 515-2338</i></p> <p><i>Fax: (619) 702-8536</i></p> <p><i>After Hours Phone: (619) 515-2338</i></p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Site English Spoken: Yes</i></p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD: No</i></p> <p><i>Min/Max Age: 0/99</i></p> <p><i>Gender Restriction: No Gender Restrictions</i></p> <p><i>American Sign Language (ASL): Yes</i></p> <p>Please contact provider for Accessibility information</p> <p><i>Hours: M-W,F 8:30AM-5PM</i></p> <p><b>FEDEROFF, MONICA, MD</b></p> <p><i>Provider Gender: Female</i></p> <p><i>License number: A164677</i></p> <p><i>NPI: 1912404492</i></p>	<p><i>Provider English Spoken: Yes</i></p> <p><i>Provider Language(s) Spoken: Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4725 MARKET ST</p> <p>SAN DIEGO, CA 92102-4715</p> <p><i>Phone: (619) 515-2338</i></p> <p><i>Fax: (619) 702-8536</i></p> <p><i>After Hours Phone: (619) 515-2338</i></p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Site English Spoken: Yes</i></p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD: No</i></p> <p><i>Min/Max Age: 0/99</i></p> <p><i>Gender Restriction: No Gender Restrictions</i></p> <p><i>American Sign Language (ASL): Yes</i></p> <p>Please contact provider for Accessibility information</p> <p><i>Hours: M-F 8:30AM-5PM</i></p> <p><b>FEDEROFF, MONICA, MD</b></p> <p><i>Provider Gender: Female</i></p> <p><i>License number: A164677</i></p> <p><i>NPI: 1912404492</i></p> <p><i>Provider English Spoken: Yes</i></p>	<p><i>Provider Language(s) Spoken: Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1809 NATIONAL AVE</p> <p>SAN DIEGO, CA 92113-2113</p> <p><i>Phone: (619) 515-2338</i></p> <p><i>Fax: (619) 702-8536</i></p> <p><i>After Hours Phone: (619) 515-2338</i></p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Site English Spoken: Yes</i></p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese</p> <p><i>TDD: No</i></p> <p><i>Min/Max Age: 0/99</i></p> <p><i>Gender Restriction: No Gender Restrictions</i></p> <p><i>American Sign Language (ASL): Yes</i></p> <p>Please contact provider for Accessibility information</p> <p><i>Hours: M-F 8:30AM-5PM</i></p> <p><b>FEDEROFF, MONICA, MD</b></p> <p><i>Provider Gender: Female</i></p> <p><i>License number: A164677</i></p> <p><i>NPI: 1912404492</i></p> <p><i>Provider English Spoken: Yes</i></p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF SAN DIEGO
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF SAN DIEGO	4094 4TH AVE
FAMILY HEALTH CENTERS OF SAN DIEGO	SAN DIEGO	SAN DIEGO, CA 92103-2143
5454 EL CAJON BLVD	3544 30TH ST	<i>Phone:</i> (619) 515-2338
SAN DIEGO, CA 92115-3621	SAN DIEGO, CA 92104-4120	<i>Fax:</i> (619) 702-8536
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2424	<i>After Hours Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Website:</i>
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2424	www.beaconhealthoptions.com
<i>Website:</i>	<i>Website:</i>	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	American Sign Language, Farsi,
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	Japanese, Portuguese, Russian,
American Sign Language, Farsi,	American Sign Language, Farsi,	Spanish, Yue Chinese
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	<i>TDD:</i> No
Spanish, Yue Chinese	Spanish, Yue Chinese	<i>Min/Max Age:</i>
<i>TDD:</i> No	<i>TDD:</i> No	<i>Gender Restriction:</i> No Gender
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Restrictions:</i>
<i>Gender Restriction:</i> No Gender	<i>Gender Restriction:</i> No Gender	<i>American Sign Language (ASL):</i>
<i>Restrictions:</i>	<i>Restrictions:</i>	Yes
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	Please contact provider for
Yes	Yes	Accessibility information
Please contact provider for	Please contact provider for	<i>Hours:</i> M-F 8:30AM-5PM
Accessibility information	Accessibility information	
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	
	<b>FEDEROFF, MONICA, MD</b>	<b>FEDEROFF, MONICA, MD</b>
<b>FEDEROFF, MONICA, MD</b>	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>Provider Gender:</i> Female	<i>License number:</i> A164677	<i>License number:</i> A164677
<i>License number:</i> A164677	<i>NPI:</i> 1912404492	<i>NPI:</i> 1912404492
<i>NPI:</i> 1912404492	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	4065 3RD AVE SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>FEDEROFF, MONICA, MD</b> Provider Gender: Female License number: A164677 NPI: 1912404492 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>FEDEROFF, MONICA, MD</b> Provider Gender: Female License number: A164677 NPI: 1912404492 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>FEDEROFF, MONICA, MD</b> Provider Gender: Female License number: A164677 NPI: 1912404492 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM	Phone: (619) 275-0822 Fax: (619) 696-9573 After Hours Phone: (619) 275-0822 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Russian TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M,W 9AM-8PM, TU,TH,F 9AM-5PM	Phone: (619) 696-0822 Fax: (619) 696-9573 After Hours Phone: (619) 696-0822 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Russian TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8:30AM-6PM
<b>FERRER, ADAREZZA I , MD</b> Provider Gender: Female License number: A123390 NPI: 1316175524 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC 1465 30TH ST STE K SAN DIEGO, CA 92154-3497	<b>FERRER, ADAREZZA I , MD</b> Provider Gender: Female License number: A123390 NPI: 1316175524 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC 1568 6TH AVE SAN DIEGO, CA 92101-3216	<b>FERRER, ADAREZZA I , MD</b> Provider Gender: Female License number: A123390 NPI: 1316175524 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC 743 10TH AVE SAN DIEGO, CA 92101-6673

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

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Phone: (619) 239-4663

Fax: (619) 239-3045

After Hours Phone: (619)  
239-4663

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **FERRER, ADAREZZA I , MD**

Provider Gender: Female

License number: A123390

NPI: 1316175524

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

1963 4TH AVE

SAN DIEGO, CA 92101-2394

Phone: (619) 233-3432

Fax: (619) 233-7022

After Hours Phone: (619)  
233-3432

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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

### **FERRER, ADAREZZA I , MD**

Provider Gender: Female

License number: A123390

NPI: 1316175524

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

892 27TH ST

SAN DIEGO, CA 92154-1444

Phone: (619) 275-0822

Fax: (619) 696-9573

After Hours Phone: (619)  
275-0822

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **FERRIS, DONALD W , MD**

Provider Gender: Male

License number: G24351

NPI: 1770756835

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

INTEGRATED HEALTH

PARTNERS - ST VINCENT DE

PAUL VILLAGE INC

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 233-8500	Website:	Site English Spoken: Yes
Fax: (619) 687-1067	www.beaconhealthoptions.com	Site Language(s) Spoken:
After Hours Phone: (619) 233-8500	Accepting New Patients: Yes	TDD: No
Website:	Site English Spoken: Yes	Min/Max Age:
www.beaconhealthoptions.com	Site Language(s) Spoken:	Gender Restriction: No Gender Restrictions
Accepting New Patients: Yes	Vietnamese	American Sign Language (ASL): No
Site English Spoken: Yes	TDD: No	Please contact provider for Accessibility information
Site Language(s) Spoken:	Min/Max Age:	Hours: M-F 8AM-5PM, SA 8AM-2PM
TDD: No	Gender Restriction: No Gender Restrictions	
Min/Max Age:	American Sign Language (ASL): No	
Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information	
American Sign Language (ASL): No	Hours: M-F 8AM-5PM, SA 8AM-2PM	
Please contact provider for Accessibility information		
Hours: M-W,F 8:30AM-5PM, TH 8:30AM-9PM		
	<b>FERTIG, PATRICIA A , MD</b>	<b>FIGUEROA, FABIOLA, PSY</b>
	Provider Gender: Female	Provider Gender: Female
	License number: 20A14928	License number: PSY24471
	NPI: 1457642803	NPI: 1720283211
	Provider English Spoken: Yes	Provider English Spoken: Yes
	Provider Language(s) Spoken:	Provider Language(s) Spoken:
	Cultural Competency:	Spanish
	SAN DIEGO FAMILY CARE	Cultural Competency:
	4305 UNIVERSITY AVE	NESTOR COMMUNITY HEALTH CENTER
	SAN DIEGO, CA 92105-1645	1016 OUTER RD
	Phone: (858) 280-2058	SAN DIEGO, CA 92154-1351
	Fax: (619) 563-0015	Phone: (619) 429-3733
	After Hours Phone: (858) 280-2058	Fax: (619) 628-5550
	Website:	After Hours Phone: (619) 429-3733
	www.beaconhealthoptions.com	Website:
	Accepting New Patients: Yes	www.beaconhealthoptions.com
		Accepting New Patients: Yes
		Site English Spoken: Yes
		Site Language(s) Spoken:

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## J. Directorio de proveedores de salud mental

Spanish	Spanish, Yue Chinese	TDD: No
TDD: No	TDD: No	Min/Max Age: 0/99
Min/Max Age: 13/99	Min/Max Age:	Gender Restriction: No Gender
Gender Restriction: No Gender	Gender Restriction: No Gender	Restrictions
Restrictions	Restrictions	American Sign Language (ASL):
American Sign Language (ASL):	American Sign Language (ASL):	Yes
No	Yes	Please contact provider for
Please contact provider for	Please contact provider for	Accessibility information
Accessibility information	Accessibility information	Hours: M-TH 8:30AM-5PM
Hours: M,TU,TH 8AM-8PM, W,F	Hours: M-F 8AM-5PM	
8AM-5PM, SA 8AM-12PM		
	<b>FLORES, MARY LUPE, CSW</b>	<b>FLORES, MARY LUPE, CSW</b>
<b>FLORES, MARY LUPE, CSW</b>	Provider Gender: Female	Provider Gender: Female
Provider Gender: Female	License number: 19815	License number: 19815
License number: 19815	NPI: 1134147457	NPI: 1134147457
NPI: 1134147457	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Provider Language(s) Spoken:	Cultural Competency:	Cultural Competency:
Cultural Competency:	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
FAMILY HEALTH CENTERS OF	SAN DIEGO	SAN DIEGO
SAN DIEGO	1550 BROADWAY STE 2	4874 POLK AVE
140 ELM ST	SAN DIEGO, CA 92101-5713	SAN DIEGO, CA 92105-2026
SAN DIEGO, CA 92101-2602	Phone: (619) 515-2338	Phone: (619) 515-2338
Phone: (619) 515-2520	Fax: (619) 702-8535	Fax: (619) 702-8536
Fax:	After Hours Phone: (619)	After Hours Phone: (619)
After Hours Phone: (619)	515-2338	515-2338
515-2520	Website:	Website:
Website:	www.beaconhealthoptions.com	www.beaconhealthoptions.com
www.beaconhealthoptions.com	Accepting New Patients: Yes	Accepting New Patients: Yes
Accepting New Patients: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site English Spoken: Yes	Site Language(s) Spoken:	Site Language(s) Spoken:
Site Language(s) Spoken:	American Sign Language, Farsi,	American Sign Language, Farsi,
American Sign Language, Farsi,	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Japanese, Portuguese, Russian,	Spanish, Yue Chinese	Spanish, Yue Chinese
Spanish, Portuguese, Russian,	TDD: No	TDD: No

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## J. Directorio de proveedores de salud mental

<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender Restrictions	<i>Restrictions</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
<i>American Sign Language (ASL):</i> Yes	<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>
<i>Please contact provider for Accessibility information</i>	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-F 8:30AM-5PM</i>
<i>Hours: M-F 8AM-5PM</i>		
<b>FLORES, MARY LUPE, CSW</b>	<b>FLORES, MARY LUPE, CSW</b>	<b>FLORES, MARY LUPE, CSW</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> 19815	<i>License number:</i> 19815	<i>License number:</i> 19815
<i>NPI:</i> 1134147457	<i>NPI:</i> 1134147457	<i>NPI:</i> 1134147457
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST	4094 4TH AVE	2204 NATIONAL AVE
SAN DIEGO, CA 92102-4715	SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92113-3615
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>American Sign Language (ASL): Yes          Yes          Please contact provider for Accessibility information          Hours: M-W,F 8:30AM-5PM</p> <p><b>FLORES, MARY LUPE, CSW</b>          Provider Gender: Female          License number: 19815          NPI: 1134147457          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          1250 6TH AVE STE 100          SAN DIEGO, CA 92101-4368          Phone: (619) 515-2338          Fax: (619) 702-8536          After Hours Phone: (619) 515-2338          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes</p>	<p>Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p> <p><b>FLORES, MARY LUPE, CSW</b>          Provider Gender: Female          License number: 19815          NPI: 1134147457          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          5454 EL CAJON BLVD          SAN DIEGO, CA 92115-3621          Phone: (619) 515-2338          Fax: (619) 702-8536          After Hours Phone: (619) 515-2338          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes</p>	<p>Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p> <p><b>FLORES, MARY LUPE, CSW</b>          Provider Gender: Female          License number: 19815          NPI: 1134147457          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          3544 30TH ST          SAN DIEGO, CA 92104-4120          Phone: (619) 515-2424          Fax: (619) 702-8536          After Hours Phone: (619) 515-2424          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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

### **FLOWERS, LAURA L , CSW**

Provider Gender: Female  
License number: 74705  
NPI: 1437648862  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **FLYNN CRUZ, MARY E , CSW**

Provider Gender: Female  
License number: 92918  
NPI: 1942814181  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

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

### **FLYNN CRUZ, MARY E , CSW**

Provider Gender: Female  
License number: 92918  
NPI: 1942814181  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Accessibility information

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

### **FONTANA, LOUIS A , MD**

Provider Gender: Male

License number: G49072

NPI: 1780734343

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Farsi, Hindi, Kannada,

Maithili, Sinhala, Sinhalese,

Spanish, Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for

Accessibility information

Hours:

### **FORZANI, CHRISTINA A , PSY**

Provider Gender: Female

License number: 25710

NPI: 1902939630

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN DIEGO FAMILY CARE

4290 POLK AVE

SAN DIEGO, CA 92105-1524

Phone: (619) 563-0250

Fax: (619) 563-0015

After Hours Phone: (619)

563-0250

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Vietnamese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

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

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male

License number: 71548

NPI: 1952736043

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male

License number: 71548

NPI: 1952736043

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency:</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1250 6TH AVE STE 100</p> <p>SAN DIEGO, CA 92101-4368</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>FRANCO, RODRIGO, CSW</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 71548</p> <p><i>NPI:</i> 1952736043</p> <p><i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Cultural Competency:</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1250 6TH AVE STE 100</p> <p>SAN DIEGO, CA 92101-4368</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>FRANCO, RODRIGO, CSW</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 71548</p> <p><i>NPI:</i> 1952736043</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>140 ELM ST</p> <p>SAN DIEGO, CA 92101-2602</p> <p><i>Phone:</i> (619) 515-2520</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 515-2520</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8AM-5PM</p> <p><b>FRANCO, RODRIGO, CSW</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 71548</p> <p><i>NPI:</i> 1952736043</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>	<p>SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-W,F 8:30AM-5PM</p>
<p><b>FRANCO, RODRIGO, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 71548  <i>NPI:</i> 1952736043  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>FRANCO, RODRIGO, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 71548  <i>NPI:</i> 1952736043  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>FRANCO, RODRIGO, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 71548  <i>NPI:</i> 1952736043  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	4065 3RD AVE SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM
<b>FRANCO, RODRIGO, CSW</b> Provider Gender: Male License number: 71548 NPI: 1952736043 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>FRANCO, RODRIGO, CSW</b> Provider Gender: Male License number: 71548 NPI: 1952736043 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>FRANCO, RODRIGO, CSW</b> Provider Gender: Male License number: 71548 NPI: 1952736043 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-W,F 8:30AM-5PM
<b>FRANCO, RODRIGO, CSW</b> Provider Gender: Male License number: 71548 NPI: 1952736043 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715	<b>FREEMAN, KAY M, MFT</b> Provider Gender: Female License number: 16284 NPI: 1588795298 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104	<b>FREEMAN, KAY M, MFT</b> Provider Gender: Female License number: 16284 NPI: 1588795298 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2338	Phone: (619) 662-4100
Fax:	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 662-4100
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8:30AM-5PM	Hours:
<b>FREEMAN, KAY M , MFT</b>	<b>FRITZ, JENNIFER K , PSY</b>	<b>FUENTES WEST, MARYSOL, MFT</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 16284	License number: PSY24350	License number: 39962
NPI: 1588795298	NPI: 1013071497	NPI: 1285770941
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	SAN YSIDRO HEALTH CENTER	Spanish
4094 4TH AVE	950 S EUCLID AVE	Cultural Competency:
SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92114-6201	FUENTES WEST, MARYSOL
		4080 CENTRE ST STE 207
		SAN DIEGO, CA 92103-2658

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 422-7216	Phone: (619) 515-2338	Phone: (619) 515-2424
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 422-7216	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Spanish	American Sign Language, Farsi,	American Sign Language, Farsi,
TDD: Yes	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Min/Max Age:	Spanish, Yue Chinese	Spanish, Yue Chinese
Gender Restriction: No Gender Restrictions	TDD: No	TDD: No
American Sign Language (ASL): No	Min/Max Age: 0/99	Min/Max Age: 0/99
Please contact provider for Accessibility information	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Hours: M-TH 9AM-6PM	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
	Please contact provider for Accessibility information	Please contact provider for Accessibility information
	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>FUKUI, TOMONORI, MD</b>	<b>FUKUI, TOMONORI, MD</b>	<b>FUKUI, TOMONORI, MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: 75713	License number: 75713	License number: 75713
NPI: 1366519670	NPI: 1366519670	NPI: 1366519670
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Japanese, Spanish	Japanese, Spanish	Japanese, Spanish
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100	3544 30TH ST	1550 BROADWAY STE 2
SAN DIEGO, CA 92101-4368	SAN DIEGO, CA 92104-4120	SAN DIEGO, CA 92101-5713

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8535	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>FUKUI, TOMONORI, MD</b>	<b>FUKUI, TOMONORI, MD</b>	<b>FUKUI, TOMONORI, MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: 75713	License number: 75713	License number: 75713
NPI: 1366519670	NPI: 1366519670	NPI: 1366519670
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Japanese, Spanish	Provider Language(s) Spoken: Japanese, Spanish	Provider Language(s) Spoken: Japanese, Spanish
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE SAN DIEGO, CA 92105-2026	3705 MISSION BLVD SAN DIEGO, CA 92109-7104	4065 3RD AVE

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>FUKUI, TOMONORI, MD</b> Provider Gender: Male License number: 75713 NPI: 1366519670 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese, Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>FUKUI, TOMONORI, MD</b> Provider Gender: Male License number: 75713 NPI: 1366519670 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese, Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>FUKUI, TOMONORI, MD</b> Provider Gender: Male License number: 75713 NPI: 1366519670 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese, Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p> <p><b>GAHAGAN, SHEILA, MD</b> Provider Gender: Female License number: G53666 NPI: 1053327221 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE</p>	<p>SAN DIEGO, CA 92114-6201 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: <b>GALAPON, DIXIE L , PSY</b> Provider Gender: Female License number: 16711 NPI: 1174646301 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143</p>	<p>Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM <b>GALAPON, DIXIE L , PSY</b> Provider Gender: Female License number: 16711 NPI: 1174646301 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)  
515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GALAPON, DIXIE L , PSY**

Provider Gender: Female

License number: 16711

NPI: 1174646301

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **GALAPON, DIXIE L , PSY**

Provider Gender: Female

License number: 16711

NPI: 1174646301

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **GALAPON, DIXIE L , PSY**

Provider Gender: Female

License number: 16711

NPI: 1174646301

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>GALAPON, DIXIE L , PSY</b>            Provider Gender: Female            License number: 16711            NPI: 1174646301            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p> <p><b>GALAPON, DIXIE L , PSY</b>            Provider Gender: Female            License number: 16711            NPI: 1174646301            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>GALAPON, DIXIE L , PSY</b>            Provider Gender: Female            License number: 16711            NPI: 1174646301            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>
<p><b>GALAPON, DIXIE L , PSY</b>            Provider Gender: Female            License number: 16711            NPI: 1174646301            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>	<p><b>GATTEY, JOEL A , MFT</b>            Provider Gender: Male            License number: 112422            NPI: 1487942488            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p><b>GATTEY, JOEL A , MFT</b>            Provider Gender: Male            License number: 112422            NPI: 1487942488            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>GAUD, KRISTINA G , MD</b>            Provider Gender: Female            License number: 170667            NPI: 1508151598            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>GAUD, KRISTINA G , MD</b>            Provider Gender: Female            License number: 170667            NPI: 1508151598            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p> <p><b>GAUD, KRISTINA G , MD</b>            Provider Gender: Female            License number: 170667            NPI: 1508151598            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 233-8500            Fax: (619) 687-1067            After Hours Phone: (619) 233-8500            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM, TH 8:30AM-9PM</p>
<p><b>GAUD, KRISTINA G , MD</b>            Provider Gender: Female            License number: 170667            NPI: 1508151598            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>	<p><b>GENTILE, GILBERT J , CSW</b>            Provider Gender: Male            License number: 17074            NPI: 1164965265            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC            1501 IMPERIAL AVE            SAN DIEGO, CA 92101-7638</p>	<p><b>GERMANOS, THEODORE L , MD</b>            Provider Gender: Male            License number: A174881            NPI: 1780046813            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **GERMANOS, THEODORE L , MD**

Provider Gender: Male  
 License number: A174881  
 NPI: 1780046813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **GIAMONA, KRISTEN, PSY**

Provider Gender: Female  
 License number: 28419  
 NPI: 1376824383  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

Phone: (858) 810-8787  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 810-8787  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM, SA  
 8AM-1PM

### **GIAMONA, KRISTEN, PSY**

Provider Gender: Female  
 License number: 28419  
 NPI: 1376824383  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (858) 810-8700            Fax: (858) 633-4680            After Hours Phone: (858) 810-8700            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM, SA 8AM-2PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>
<p><b>GILLIS, RUTH, MFT</b>            Provider Gender: Female            License number: 50313            NPI: 1568588325            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>GILLIS, RUTH, MFT</b>            Provider Gender: Female            License number: 50313            NPI: 1568588325            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p><b>GILLIS, RUTH, MFT</b>            Provider Gender: Female            License number: 50313            NPI: 1568588325            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>
<p><b>GLASSMAN, JAGA NATH, MD</b>            Provider Gender: Male            License number: G55004            NPI: 1558409771            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>GLASSMAN, JAGA NATH, MD</b>            Provider Gender: Male            License number: G55004            NPI: 1558409771            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p><b>GLASSMAN, JAGA NATH, MD</b>            Provider Gender: Male            License number: G55004            NPI: 1558409771            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>GLASSMAN, JAGA NATH, MD</b>	<b>GLASSMAN, JAGA NATH, MD</b>	<b>GLASSMAN, JAGA NATH, MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: G55004	License number: G55004	License number: G55004
NPI: 1558409771	NPI: 1558409771	NPI: 1558409771
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100	5454 EL CAJON BLVD	3705 MISSION BLVD
SAN DIEGO, CA 92101-4368	SAN DIEGO, CA 92115-3621	SAN DIEGO, CA 92109-7104

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>GLASSMAN, JAGA NATH, MD</b>            Provider Gender: Male            License number: G55004            NPI: 1558409771            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>GLASSMAN, JAGA NATH, MD</b>            Provider Gender: Male            License number: G55004            NPI: 1558409771            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>GLASSMAN, JAGA NATH, MD</b>            Provider Gender: Male            License number: G55004            NPI: 1558409771            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8535	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8:30AM-5PM	Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

Provider Gender: Female  
 License number: 13685  
 NPI: 1366641813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

### **GLEASON, SHEILA, PSY**

Provider Gender: Female  
 License number: 13685  
 NPI: 1366641813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

### **GLEASON, SHEILA, PSY**

Provider Gender: Female  
 License number: 13685  
 NPI: 1366641813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>GLEASON, SHEILA, PSY</b>            Provider Gender: Female            License number: 13685            NPI: 1366641813            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>GLEASON, SHEILA, PSY</b>            Provider Gender: Female            License number: 13685            NPI: 1366641813            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>GLEASON, SHEILA, PSY</b>            Provider Gender: Female            License number: 13685            NPI: 1366641813            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2424
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

Provider Gender: Female  
 License number: 13685  
 NPI: 1366641813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **GLEASON, SHEILA, PSY**

Provider Gender: Female  
 License number: 13685  
 NPI: 1366641813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **GLEASON, SHEILA, PSY**

Provider Gender: Female  
 License number: 13685  
 NPI: 1366641813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>GLEASON, SHEILA, PSY</b>            Provider Gender: Female            License number: 13685            NPI: 1366641813            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p><b>GLEASON, SHEILA, PSY</b>            Provider Gender: Female            License number: 13685            NPI: 1366641813            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>	<p><b>GLEASON, SHEILA, PSY</b>            Provider Gender: Female            License number: 13685            NPI: 1366641813            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **GODDARD, NADINA, CSW**

Provider Gender: Female  
 License number: 95217  
 NPI: 1962048892  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **GODDARD, NADINA, CSW**

Provider Gender: Female  
 License number: 95217  
 NPI: 1962048892  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **GOMEZ-NARANJO, PATRICIA A , MD**

Provider Gender: Female  
 License number: A55544  
 NPI: 1053324541  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO, CA 92114-6201  <i>Phone:</i> (619) 662-4100  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 662-4100  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Hours:</i></p>	<p>SAN DIEGO, CA 92101-5713  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8535  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2424  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>GONZALES, JULIANA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83254  <i>NPI:</i> 1821487406  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2</p>	<p><b>GONZALES, JULIANA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83254  <i>NPI:</i> 1821487406  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST</p>	<p><b>GONZALES, JULIANA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83254  <i>NPI:</i> 1821487406  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>4094 4TH AVE            SAN DIEGO, CA 92103-2143  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>GONZALES, JULIANA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83254  <i>NPI:</i> 1821487406  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>GONZALES, JULIANA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83254  <i>NPI:</i> 1821487406  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>GONZALES, JULIANA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83254  <i>NPI:</i> 1821487406  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GONZALES, JULIANA, CSW**

*Provider Gender:* Female  
*License number:* 83254  
*NPI:* 1821487406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **GONZALES, JULIANA, CSW**

*Provider Gender:* Female  
*License number:* 83254  
*NPI:* 1821487406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GONZALES, JULIANA, CSW**

*Provider Gender:* Female  
*License number:* 83254  
*NPI:* 1821487406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<p>SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>
<p><b>GONZALES, JULIANA, CSW</b> Provider Gender: Female License number: 83254 NPI: 1821487406 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>GONZALES, JULIANA, CSW</b> Provider Gender: Female License number: 83254 NPI: 1821487406 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>GONZALEZ, ANDREA, CSW</b> Provider Gender: Female License number: 97593 NPI: 1326346198 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*

**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*

**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>
<p><b>GONZALEZ, ANDREA, CSW</b> Provider Gender: Female License number: 97593 NPI: 1326346198 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency:</p>	<p><b>GONZALEZ, ANDREA, CSW</b> Provider Gender: Female License number: 97593 NPI: 1326346198 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish</p>	<p><b>GONZALEZ, ANDREA, CSW</b> Provider Gender: Female License number: 97593 NPI: 1326346198 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2424  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>GONZALEZ, ANDREA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 97593  <i>NPI:</i> 1326346198  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish</p>	<p><b>GONZALEZ, ANDREA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 97593  <i>NPI:</i> 1326346198  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish</p>	<p><b>GONZALEZ, ANDREA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 97593  <i>NPI:</i> 1326346198  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-W,F 8:30AM-5PM</p>	<p>Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>	<p>Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>GONZALEZ, ANDREA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 97593  <i>NPI:</i> 1326346198  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>GONZALEZ, ANDREA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 97593  <i>NPI:</i> 1326346198  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>GOTTUNG, CHRISTINA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 87716  <i>NPI:</i> 1134597123  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 <i>Phone:</i> (619) 515-2424 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2424 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>GOTTUNG, CHRISTINA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 87716 <i>NPI:</i> 1134597123 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i></p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>GOTTUNG, CHRISTINA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 87716 <i>NPI:</i> 1134597123 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF</p>	<p>SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 <i>Phone:</i> (619) 515-2520 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2520 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM</p> <p><b>GOTTUNG, CHRISTINA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 87716 <i>NPI:</i> 1134597123 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	SAN DIEGO, CA 92113-2113 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>GOTTUNG, CHRISTINA, CSW</b> Provider Gender: Female License number: 87716 NPI: 1134597123 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE	<b>GOTTUNG, CHRISTINA, CSW</b> Provider Gender: Female License number: 87716 NPI: 1134597123 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE	<b>GOTTUNG, CHRISTINA, CSW</b> Provider Gender: Female License number: 87716 NPI: 1134597123 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-W,F 8:30AM-5PM
<b>GOTTUNG, CHRISTINA, CSW</b> Provider Gender: Female License number: 87716 NPI: 1134597123 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713	<b>GOTTUNG, CHRISTINA, CSW</b> Provider Gender: Female License number: 87716 NPI: 1134597123 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104	<b>GOTTUNG, CHRISTINA, CSW</b> Provider Gender: Female License number: 87716 NPI: 1134597123 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female  
*License number:* 87716  
*NPI:* 1134597123  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female  
*License number:* 87716  
*NPI:* 1134597123  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

### **GOULD, HILARY, PSY**

*Provider Gender:* Female  
*License number:* 31088  
*NPI:* 1104297696  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 662-4100	2423 CAMINO DEL RIO S STE	SAN DIEGO, CA 92114-6201
Fax:	101	Phone: (619) 662-4100
After Hours Phone: (619)	SAN DIEGO, CA 92108-3734	Fax:
662-4100	Phone: (619) 381-8472	After Hours Phone: (619)
Website:	Fax: (619) 839-3973	662-4100
www.beaconhealthoptions.com	After Hours Phone: (619)	Website:
Accepting New Patients: Yes	381-8472	www.beaconhealthoptions.com
Site English Spoken: Yes	Website:	Accepting New Patients: Yes
Site Language(s) Spoken:	www.beaconhealthoptions.com	Site English Spoken: Yes
Arabic, Farsi, Hindi, Kannada,	Accepting New Patients: Yes	Site Language(s) Spoken:
Maithili, Sinhala, Sinhalese,	Site English Spoken: Yes	Arabic, Farsi, Hindi, Kannada,
Spanish, Urdu	Site Language(s) Spoken:	Maithili, Sinhala, Sinhalese,
TDD: No	Modern Greek, French,	Spanish, Urdu
Min/Max Age:	Portuguese, Spanish	TDD: No
Gender Restriction: No Gender	TDD: No	Min/Max Age:
Restrictions	Min/Max Age:	Gender Restriction: No Gender
American Sign Language (ASL):	Gender Restriction: No Gender	Restrictions
No	Restrictions	American Sign Language (ASL):
Please contact provider for	American Sign Language (ASL):	No
Accessibility information	No	Please contact provider for
Hours:	Please contact provider for	Accessibility information
	Accessibility information	Hours:
	Hours: M-SA 8AM-8PM	
<b>GRACE, MONIKA M , PSY</b>	<b>GRAHAM, DEBRA JEANNE,</b>	<b>GRAHAM, DEBRA JEANNE,</b>
Provider Gender: Female	<b>NPA</b>	<b>NPA</b>
License number: 24462	Provider Gender: Female	Provider Gender: Female
NPI: 1497985832	License number: NP15657	License number: NP15657
Provider English Spoken: Yes	NPI: 1790757623	NPI: 1790757623
Provider Language(s) Spoken:	Provider English Spoken: Yes	Provider English Spoken: Yes
Modern Greek, French,	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Portuguese, Spanish	Cultural Competency:	Cultural Competency:
Cultural Competency:	GRACE COUNSELING AND	OPERATION SAMAHAN
GRACE COUNSELING AND	PSYCHOTHERAPY	10737 CAMINO RUIZ STE 235
PSYCHOTHERAPY		SAN DIEGO, CA 92126-2375

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (844) 200-2426	Phone: (844) 200-2426	Phone: (858) 810-8700
Fax: (858) 695-9074	Fax: (858) 312-6660	Fax: (858) 633-4680
After Hours Phone: (844) 200-2426	After Hours Phone: (844) 200-2426	After Hours Phone: (858) 810-8700
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Urdu	Site Language(s) Spoken: Hindi, Urdu	Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM	Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM	Hours: M-F 8AM-5PM, SA 8AM-2PM
<b>GRAHAM, DEBRA JEANNE, NPA</b>	<b>GUARDADO SOTO, RAQUEL E , PSY</b>	<b>GUARDADO SOTO, RAQUEL E , PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: NP15657	License number: 26883	License number: 26883
NPI: 1790757623	NPI: 1194999276	NPI: 1194999276
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: OPERATION SAMAHAN	Provider Language(s) Spoken: Spanish Cultural Competency: SAN DIEGO FAMILY CARE	Provider Language(s) Spoken: Spanish Cultural Competency: SAN DIEGO FAMILY CARE
9995 CARMEL MOUNTAIN RD STE B10 & B11	7011 LINDA VISTA RD	6973 LINDA VISTA RD
SAN DIEGO, CA 92129-2889	SAN DIEGO, CA 92111-6307	SAN DIEGO, CA 92111-6342

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (858) 810-8787	Phone: (619) 356-8387	Phone: (619) 356-8387
Fax: (858) 279-0377	Fax:	Fax: (831) 426-1377
After Hours Phone: (858) 810-8787	After Hours Phone: (619) 356-8387	After Hours Phone: (619) 356-8387
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Mandarin, Spanish, Vietnamese, Yue Chinese	Site Language(s) Spoken: Spanish	Site Language(s) Spoken: Spanish
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 19/99	Min/Max Age: 19/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM, SA 8AM-1PM	Hours: TU,W,F 8AM-5PM	Hours: TU,W,F 8AM-5PM
<b>GUEVARA, ADRIANA, CSW</b>	<b>GUEVARA, ADRIANA, CSW</b>	<b>GUEVARA, ADRIANA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 26974	License number: 26974	License number: 26974
NPI: 1194925842	NPI: 1194925842	NPI: 1194925842
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish
Cultural Competency: GUEVARA, ADRIANA	Cultural Competency: GUEVARA, ADRIANA	Cultural Competency: GUEVARA, ADRIANA
6749 EL BANQUERO PL SAN DIEGO, CA 92119-1129	3990 OLD TOWN AVE STE B100 SAN DIEGO, CA 92110-2967	7290 NAVAJO RD STE 109 SAN DIEGO, CA 92119-1631

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 356-8387            Fax: (831) 426-1377            After Hours Phone: (619) 356-8387            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age: 13/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: TU,W,F 8AM-5PM</p>	<p>Phone: (619) 662-4100            Fax:            After Hours Phone: (619) 662-4100            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>GUILLEN-IBARRA, MIRIAM, CSW</b>            Provider Gender: Female            License number: 103357            NPI: 1164691424            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN YSIDRO HEALTH CENTER            950 S EUCLID AVE            SAN DIEGO, CA 92114-6201</p>	<p><b>GUTIERREZ, APRIL P , CSW</b>            Provider Gender: Female            License number: 86166            NPI: 1356749949            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>	<p><b>GUTIERREZ, APRIL P , CSW</b>            Provider Gender: Female            License number: 86166            NPI: 1356749949            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8535
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-TH 8:30AM-5PM

### **GUTIERREZ, APRIL P , CSW**

*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **GUTIERREZ, APRIL P , CSW**

*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

### **GUTIERREZ, APRIL P , CSW**

*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes

Please contact provider for  
 Accessibility information

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

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes

Please contact provider for  
 Accessibility information

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

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2424  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes

Please contact provider for  
 Accessibility information

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

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2338	Phone: (619) 515-2520
Fax:	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM
<b>GUTIERREZ, APRIL P , CSW</b>	<b>GUTIERREZ, APRIL P , CSW</b>	<b>GUTIERREZ, APRIL P , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 86166	License number: 86166	License number: 86166
NPI: 1356749949	NPI: 1356749949	NPI: 1356749949
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE	140 ELM ST	1809 NATIONAL AVE
SAN DIEGO, CA 92113-3615	SAN DIEGO, CA 92101-2602	SAN DIEGO, CA 92113-2113

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **GUTIERREZ, SARAH, CSW**

Provider Gender: Female

License number: 82040

NPI: 1174909071

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **HARASHEVSKY, MARK, MD**

Provider Gender: Male

License number: 20A10936

NPI: 1699923318

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COMMUNITY RESEARCH  
FOUNDATION INC

545 LAUREL ST

SAN DIEGO, CA 92101-1634

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 433-4399	Website:	Website:
Fax: (619) 233-0453	www.beaconhealthoptions.com	www.beaconhealthoptions.com
After Hours Phone: (619) 433-4399	Accepting New Patients: Yes	Accepting New Patients: Yes
Website:	Site English Spoken: Yes	Site English Spoken: Yes
www.beaconhealthoptions.com	Site Language(s) Spoken:	Site Language(s) Spoken:
Accepting New Patients: Yes	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
Site English Spoken: Yes	TDD: No	TDD: No
Site Language(s) Spoken:	Min/Max Age: 0/99	Min/Max Age: 0/99
TDD: No	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Min/Max Age: 0/99	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information	Please contact provider for Accessibility information
American Sign Language (ASL): No	Hours: M-F 8:30AM-5PM	Hours: M-TH 8:30AM-5PM
Please contact provider for Accessibility information	<b>HARRIMAN, CORAL, PSY</b>	<b>HARRIMAN, CORAL, PSY</b>
Hours:	Provider Gender: Female	Provider Gender: Female
<b>HARRIMAN, CORAL, PSY</b>	License number: 26098	License number: 26098
Provider Gender: Female	NPI: 1417373069	NPI: 1417373069
License number: 26098	Provider English Spoken: Yes	Provider English Spoken: Yes
NPI: 1417373069	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Provider English Spoken: Yes	Cultural Competency:	Cultural Competency:
Provider Language(s) Spoken:	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
Cultural Competency:	1550 BROADWAY STE 2	4874 POLK AVE
FAMILY HEALTH CENTERS OF SAN DIEGO	SAN DIEGO, CA 92101-5713	SAN DIEGO, CA 92105-2026
1250 6TH AVE STE 100	Phone: (619) 515-2338	Phone: (619) 515-2338
SAN DIEGO, CA 92101-4368	Fax: (619) 702-8535	Fax: (619) 702-8536
Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Fax: (619) 702-8536		
After Hours Phone: (619) 515-2338		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i>	<i>Hours:</i> M-F 8AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-TH 8:30AM-5PM	<i>Hours:</i>	<i>Hours:</i> M-F 8:30AM-5PM

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

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## J. Directorio de proveedores de salud mental

---

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

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## J. Directorio de proveedores de salud mental

---

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-5PM</p> <p><b>HAYDEN WADE, HELEN, PSY</b></p> <p>Provider Gender: Female</p> <p>License number: PSY19313</p> <p>NPI: 1366951105</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3705 MISSION BLVD</p> <p>SAN DIEGO, CA 92109-7104</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-W,F 8:30AM-5PM</p> <p><b>HEDMAN, TERI LEE, CSW</b></p> <p>Provider Gender: U</p> <p>License number: 74947</p> <p>NPI: 1154811636</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3544 30TH ST</p> <p>SAN DIEGO, CA 92104-4120</p> <p>Phone: (619) 515-2424</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2424</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>HEDMAN, TERI LEE, CSW</b></p> <p>Provider Gender: U</p> <p>License number: 74947</p> <p>NPI: 1154811636</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>140 ELM ST</p> <p>SAN DIEGO, CA 92101-2602</p> <p>Phone: (619) 515-2520</p> <p>Fax: 515-2520</p> <p>After Hours Phone: (619) 515-2520</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>
<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
<i>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>	<i>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>	<i>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age:</i>	<i>Min/Max Age: 0/99</i>	<i>Min/Max Age:</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>
<i>American Sign Language (ASL): Yes</i>	<i>American Sign Language (ASL): Yes</i>	<i>American Sign Language (ASL): Yes</i>
<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>
<i>Hours: M-F 8AM-5PM</i>	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-F 8:30AM-5PM</i>

**HEDMAN, TERI LEE, CSW**

*Provider Gender: U*  
*License number: 74947*  
*NPI: 1154811636*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*

**HEDMAN, TERI LEE, CSW**

*Provider Gender: U*  
*License number: 74947*  
*NPI: 1154811636*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*

**HEDMAN, TERI LEE, CSW**

*Provider Gender: U*  
*License number: 74947*  
*NPI: 1154811636*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>HEDMAN, TERI LEE, CSW</b></p> <p>Provider Gender: U</p> <p>License number: 74947</p> <p>NPI: 1154811636</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1250 6TH AVE STE 100</p> <p>SAN DIEGO, CA 92101-4368</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>HEDMAN, TERI LEE, CSW</b></p> <p>Provider Gender: U</p> <p>License number: 74947</p> <p>NPI: 1154811636</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1550 BROADWAY STE 2</p> <p>SAN DIEGO, CA 92101-5713</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8535</p> <p>After Hours Phone: (619) 515-2338</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-TH 8:30AM-5PM</p> <p><b>HEDMAN, TERI LEE, CSW</b></p> <p>Provider Gender: U</p> <p>License number: 74947</p> <p>NPI: 1154811636</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3705 MISSION BLVD</p> <p>SAN DIEGO, CA 92109-7104</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-W,F 8:30AM-5PM</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, TDD: No</p> <p>Min/Max Age: No</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-5PM</p>	<p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: TDD: No</p> <p>Min/Max Age: No</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-W,F 8:30AM-5PM, TH 8:30AM-9PM</p>
<p><b>HENLEY, ROBERT, PSY</b></p> <p>Provider Gender: Male</p> <p>License number: 15291</p> <p>NPI: 1225355290</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: SAN DIEGO AMERICAN INDIAN HEALTH CENTER</p> <p>2630 1ST AVE</p> <p>SAN DIEGO, CA 92103-6599</p> <p>Phone: (619) 234-2158</p> <p>Fax: (619) 234-1979</p> <p>After Hours Phone: (619) 234-2158</p>	<p><b>HIGHTOWER, TERRI M, MFT</b></p> <p>Provider Gender: Female</p> <p>License number: 43779</p> <p>NPI: 1063572899</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC</p> <p>1501 IMPERIAL AVE</p> <p>SAN DIEGO, CA 92101-7638</p> <p>Phone: (619) 233-8500</p> <p>Fax: (619) 687-1067</p> <p>After Hours Phone: (619) 233-8500</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p>	<p><b>HODGE, ROGER G, PSY</b></p> <p>Provider Gender: Male</p> <p>License number: 26148</p> <p>NPI: 1306096714</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: OPERATION SAMAHAN</p> <p>9995 CARMEL MOUNTAIN RD</p> <p>STE B10 &amp; B11</p> <p>SAN DIEGO, CA 92129-2889</p> <p>Phone: (844) 200-2426</p> <p>Fax: (858) 312-6660</p> <p>After Hours Phone: (844) 200-2426</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Hindi, Urdu</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>TDD: No  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Hours: M,TU,TH,F  8:30AM-5:30PM, W 10AM-7PM</p> <p><b>HODGE, ROGER G , PSY</b>  Provider Gender: Male  License number: 26148  NPI: 1306096714  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: SAN YSIDRO HEALTH CENTER  950 S EUCLID AVE  SAN DIEGO, CA 92114-6201  Phone: (619) 662-4100  Fax:  After Hours Phone: (619) 662-4100  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  TDD: No</p>	<p>Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Hours:  <b>HODGE, ROGER G , PSY</b>  Provider Gender: Male  License number: 26148  NPI: 1306096714  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: OPERATION SAMAHAN  10737 CAMINO RUIZ STE 235  SAN DIEGO, CA 92126-2375  Phone: (844) 200-2426  Fax: (858) 695-9074  After Hours Phone: (844) 200-2426  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Hindi, Urdu  TDD: No  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL):</p>	<p>No  Please contact provider for Accessibility information  Hours: M,TU,TH,F  8:30AM-5:30PM, W 10AM-7PM</p> <p><b>HORN BROOK, JESSICA, CSW</b>  Provider Gender: Female  License number: 26598  NPI: 1134401805  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619) 515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender Restrictions</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

American Sign Language (ASL): Yes	Yes	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Yes	Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM
Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM		
Hours: M-F 8:30AM-5PM			
<b>HORN BROOK, JESSICA, CSW</b>	<b>HORN BROOK, JESSICA, CSW</b>	<b>HORN BROOK, JESSICA, CSW</b>	<b>HORN BROOK, JESSICA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 26598	License number: 26598	License number: 26598	License number: 26598
NPI: 1134401805	NPI: 1134401805	NPI: 1134401805	NPI: 1134401805
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD	3705 MISSION BLVD	3705 MISSION BLVD	3705 MISSION BLVD
SAN DIEGO, CA 92101-2602	SAN DIEGO, CA 92101-2602	SAN DIEGO, CA 92109-7104	SAN DIEGO, CA 92109-7104
Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **HORN BROOK, JESSICA, CSW**

Provider Gender: Female  
License number: 26598  
NPI: 1134401805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours: M-TH 8:30AM-5PM

### **HORN BROOK, JESSICA, CSW**

Provider Gender: Female  
License number: 26598  
NPI: 1134401805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

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

### **HORN BROOK, JESSICA, CSW**

Provider Gender: Female  
License number: 26598  
NPI: 1134401805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><b>HORNBROOK, JESSICA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 26598  <i>NPI:</i> 1134401805  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>HORNBROOK, JESSICA, CSW</b></p>	<p><i>Provider Gender:</i> Female  <i>License number:</i> 26598  <i>NPI:</i> 1134401805  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p> <p><b>HORNBROOK, JESSICA, CSW</b>  <i>Provider Gender:</i> Female</p>	<p><i>License number:</i> 26598  <i>NPI:</i> 1134401805  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619)            515-2300  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i></p> <p><b>HORNBROOK, JESSICA, CSW</b>  <i>Provider Gender:</i> Female</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>License number: 26598  NPI: 1134401805  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  2204 NATIONAL AVE  SAN DIEGO, CA 92113-3615  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p>	<p>NPI: 1134401805  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>HOUSE, SEAN, PSY</b>  Provider Gender: Male  License number: 25128  NPI: 1659524544</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  HOUSE, SEAN  11417 W BERNARDO CT STE K  SAN DIEGO, CA 92127-1639  Phone: (858) 254-4192  Fax:  After Hours Phone: (858)  254-4192  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  TDD: No  Min/Max Age: 19/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: M 9AM-7:30PM, TU  9:30AM-7PM, W,TH  9:30AM-7:30PM, F 9AM-5PM,  SA 9AM-12PM</p> <p><b>HUBER, REBECCA, MD</b>  Provider Gender: Female  License number: A133711  NPI: 1174960686  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>
<p><b>HORN BROOK, JESSICA, CSW</b>  Provider Gender: Female  License number: 26598</p>	<p><b>HOUSE, SEAN, PSY</b>  Provider Gender: Male  License number: 25128  NPI: 1659524544</p>	<p><b>HUBER, REBECCA, MD</b>  Provider Gender: Female  License number: A133711  NPI: 1174960686  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>  FAMILY HEALTH CENTERS OF  SAN DIEGO  2204 NATIONAL AVE  SAN DIEGO, CA 92113-3615  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF  SAN DIEGO  3705 MISSION BLVD  SAN DIEGO, CA 92109-7104  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-W,F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF  SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p>
<p><b>HUBER, REBECCA, MD</b>  Provider Gender: Female  License number: A133711  NPI: 1174960686  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:</p>	<p><b>HUBER, REBECCA, MD</b>  Provider Gender: Female  License number: A133711  NPI: 1174960686  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:</p>	<p><b>HUBER, REBECCA, MD</b>  Provider Gender: Female  License number: A133711  NPI: 1174960686  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM	SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>HUBER, REBECCA, MD</b> Provider Gender: Female License number: A133711 NPI: 1174960686 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>HUBER, REBECCA, MD</b> Provider Gender: Female License number: A133711 NPI: 1174960686 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100	<b>HUBER, REBECCA, MD</b> Provider Gender: Female License number: A133711 NPI: 1174960686 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>HUBER, REBECCA, MD</b>            Provider Gender: Female            License number: A133711            NPI: 1174960686            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p><b>HUBER, REBECCA, MD</b>            Provider Gender: Female            License number: A133711            NPI: 1174960686            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>HUBER, REBECCA, MD</b>            Provider Gender: Female            License number: A133711            NPI: 1174960686            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>
<p><b>HUBER, REBECCA, MD</b>            Provider Gender: Female            License number: A133711            NPI: 1174960686            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>	<p><b>HUBER, REBECCA, MD</b>            Provider Gender: Female            License number: A133711            NPI: 1174960686            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p><b>HUDSON, KATE, CSW</b>            Provider Gender: Female            License number: 83712            NPI: 1194159384            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>HUDSON, KATE, CSW</b>	<b>HUDSON, KATE, CSW</b>	<b>HUDSON, KATE, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 83712	License number: 83712	License number: 83712
NPI: 1194159384	NPI: 1194159384	NPI: 1194159384
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713	1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	4065 3RD AVE SAN DIEGO, CA 92103-2184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p> <p><b>HUDSON, KATE, CSW</b>            Provider Gender: Female            License number: 83712            NPI: 1194159384            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>	<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>HUDSON, KATE, CSW</b>            Provider Gender: Female            License number: 83712            NPI: 1194159384            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>HUDSON, KATE, CSW</b>            Provider Gender: Female            License number: 83712            NPI: 1194159384            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2424	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2424	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **HUDSON, KATE, CSW**

*Provider Gender:* Female  
*License number:* 83712  
*NPI:* 1194159384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **HUDSON, KATE, CSW**

*Provider Gender:* Female  
*License number:* 83712  
*NPI:* 1194159384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **HUDSON, KATE, CSW**

*Provider Gender:* Female  
*License number:* 83712  
*NPI:* 1194159384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 662-4100
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 662-4100
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours:
<b>HUDSON, KATE, CSW</b>	<b>IBANEZ, BERNICE, PSY</b>	<b>ISHIDA, YO, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 83712	License number: 22080	License number: 29526
NPI: 1194159384	NPI: 1740394386	NPI: 1225154081
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615	Provider Language(s) Spoken: Spanish Cultural Competency: SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE SAN DIEGO, CA 92114-6201	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p> <p><b>ISHIDA, YO, CSW</b>            Provider Gender: Female            License number: 29526            NPI: 1225154081            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>ISHIDA, YO, CSW</b>            Provider Gender: Female            License number: 29526            NPI: 1225154081            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>ISHIDA, YO, CSW</b>            Provider Gender: Female            License number: 29526            NPI: 1225154081            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **ISHIDA, YO, CSW**

Provider Gender: Female

License number: 29526

NPI: 1225154081

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **ISHIDA, YO, CSW**

Provider Gender: Female

License number: 29526

NPI: 1225154081

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **ISHIDA, YO, CSW**

Provider Gender: Female

License number: 29526

NPI: 1225154081

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8535
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-TH 8:30AM-5PM
<b>ISHIDA, YO, CSW</b>	<b>ISHIDA, YO, CSW</b>	<b>ISHIDA, YO, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 29526	License number: 29526	License number: 29526
NPI: 1225154081	NPI: 1225154081	NPI: 1225154081
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368	1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713	4725 MARKET ST SAN DIEGO, CA 92102-4715

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2520
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM

### **ISHIDA, YO, CSW**

Provider Gender: Female  
 License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

### **ISHIDA, YO, CSW**

Provider Gender: Female  
 License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **JACKSON, TIENNA S , CSW**

Provider Gender: Female  
 License number: 89122  
 NPI: 1194976225  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2300	Phone: (619) 515-2520
Fax: (619) 702-8536	Fax:	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2520
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours:	Hours: M-F 8AM-5PM
<b>JACKSON, TIENNA S , CSW</b>	<b>JACKSON, TIENNA S , CSW</b>	<b>JACKSON, TIENNA S , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 89122	License number: 89122	License number: 89122
NPI: 1194976225	NPI: 1194976225	NPI: 1194976225
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8535
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-TH 8:30AM-5PM

### **JACKSON, TIENNA S , CSW**

*Provider Gender:* Female  
*License number:* 89122  
*NPI:* 1194976225  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **JACKSON, TIENNA S , CSW**

*Provider Gender:* Female  
*License number:* 89122  
*NPI:* 1194976225  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

### **JACKSON, TIENNA S , CSW**

*Provider Gender:* Female  
*License number:* 89122  
*NPI:* 1194976225  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>
<p><b>JACKSON, TIENNA S , CSW</b>            Provider Gender: Female            License number: 89122            NPI: 1194976225            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p><b>JACKSON, TIENNA S , CSW</b>            Provider Gender: Female            License number: 89122            NPI: 1194976225            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p><b>JACKSON, TIENNA S , CSW</b>            Provider Gender: Female            License number: 89122            NPI: 1194976225            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>JACKSON, TIENNA S , CSW</b>	<b>JACKSON, TIENNA S , CSW</b>	<b>JALAN, DEVESH, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Male
License number: 89122	License number: 89122	License number: A167754
NPI: 1194976225	NPI: 1194976225	NPI: 1083092134
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2520
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i>
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2520
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **JALAN, DEVESH, MD**

*Provider Gender:* Male  
*License number:* A167754  
*NPI:* 1083092134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

### **JALAN, DEVESH, MD**

*Provider Gender:* Male  
*License number:* A167754  
*NPI:* 1083092134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **JALAN, DEVESH, MD**

*Provider Gender:* Male  
*License number:* A167754  
*NPI:* 1083092134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338	Phone: (619) 515-2300	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours:	Hours: M-F 8:30AM-5PM
<b>JALAN, DEVESH, MD</b>	<b>JALAN, DEVESH, MD</b>	<b>JALAN, DEVESH, MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A167754	License number: A167754	License number: A167754
NPI: 1083092134	NPI: 1083092134	NPI: 1083092134
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE	4094 4TH AVE	3705 MISSION BLVD
SAN DIEGO, CA 92103-2184	SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92109-7104

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2424	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>JALAN, DEVESH, MD</b>	<b>JALAN, DEVESH, MD</b>	<b>JAMES, CHRISTINE E , MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Female
License number: A167754	License number: A167754	License number: 20A13931
NPI: 1083092134	NPI: 1083092134	NPI: 1679834022
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female

License number: 20A13931

NPI: 1679834022

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

Accessibility information

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

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female

License number: 20A13931

NPI: 1679834022

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female

License number: 20A13931

NPI: 1679834022

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>JAMES, CHRISTINE E , MD</b>            Provider Gender: Female            License number: 20A13931            NPI: 1679834022            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p><b>JAMES, CHRISTINE E , MD</b>            Provider Gender: Female            License number: 20A13931            NPI: 1679834022            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>	<p><b>JAMES, CHRISTINE E , MD</b>            Provider Gender: Female            License number: 20A13931            NPI: 1679834022            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>JAMES, CHRISTINE E , MD</b>            Provider Gender: Female            License number: 20A13931            NPI: 1679834022            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>	<p><b>JAMES, CHRISTINE E , MD</b>            Provider Gender: Female            License number: 20A13931            NPI: 1679834022            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>	<p><b>JAMES, CHRISTINE E , MD</b>            Provider Gender: Female            License number: 20A13931            NPI: 1679834022            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

Provider Gender: Female  
 License number: 26493  
 NPI: 1871772020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO, CA 92105-2026  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>	<p>4065 3RD AVE            SAN DIEGO, CA 92103-2184  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>JASSO-RAMIREZ, MARTHA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 26493  <i>NPI:</i> 1871772020  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>JASSO-RAMIREZ, MARTHA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 26493  <i>NPI:</i> 1871772020  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Spanish  <i>Cultural Competency:</i></p>	<p><b>JASSO-RAMIREZ, MARTHA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 26493  <i>NPI:</i> 1871772020  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-W,F 8:30AM-5PM
<b>JASSO-RAMIREZ, MARTHA, CSW</b> Provider Gender: Female License number: 26493 NPI: 1871772020 Provider English Spoken: Yes	<b>JASSO-RAMIREZ, MARTHA, CSW</b> Provider Gender: Female License number: 26493 NPI: 1871772020	<b>JASSO-RAMIREZ, MARTHA, CSW</b> Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

License number: 26493  
 NPI: 1871772020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM  
**JASSO-RAMIREZ, MARTHA, CSW**

Provider Gender: Female  
 License number: 26493  
 NPI: 1871772020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM  
**JASSO-RAMIREZ, MARTHA,**

**CSW**  
 Provider Gender: Female  
 License number: 26493  
 NPI: 1871772020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><b>JASSO-RAMIREZ, MARTHA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 26493  <i>NPI:</i> 1871772020  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information</p>	<p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>JASSO-RAMIREZ, MARTHA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 26493  <i>NPI:</i> 1871772020  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for</p>	<p>Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>JASSO-RAMIREZ, MARTHA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 26493  <i>NPI:</i> 1871772020  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> LA MAESTRA COMMUNITY HEALTH CENTERS            4157 FAIRMOUNT AVE            SAN DIEGO, CA 92105-1609  <i>Phone:</i> (619) 285-7097  <i>Fax:</i> (619) 564-8140  <i>After Hours Phone:</i> (619) 285-7097  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>TDD:</i> No  <i>Min/Max Age:</i> 19/64  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Hours:</i>	Accessibility information <i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-F 8AM-5:30PM</i>
<b>JASSO-RAMIREZ, MARTHA, CSW</b>	<b>JASSO-RAMIREZ, MARTHA, CSW</b>	<b>JAUREGUI, CYNTHIA J , MFT</b>
<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>License number: 26493</i>	<i>License number: 26493</i>	<i>License number: 46152</i>
<i>NPI: 1871772020</i>	<i>NPI: 1871772020</i>	<i>NPI: 1003953886</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken: Spanish</i>	<i>Provider Language(s) Spoken: Spanish</i>	<i>Provider Language(s) Spoken: Spanish</i>
<i>Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS</i>	<i>Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</i>
<i>4725 MARKET ST</i>	<i>4060 FAIRMOUNT AVE</i>	<i>5454 EL CAJON BLVD</i>
<i>SAN DIEGO, CA 92102-4715</i>	<i>SAN DIEGO, CA 92105-1608</i>	<i>SAN DIEGO, CA 92115-3621</i>
<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 280-4213</i>	<i>Phone: (619) 515-2338</i>
<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 281-6738</i>	<i>Fax: (619) 702-8536</i>
<i>After Hours Phone: (619) 515-2338</i>	<i>After Hours Phone: (619) 280-4213</i>	<i>After Hours Phone: (619) 515-2338</i>
<i>Website: www.beaconhealthoptions.com</i>	<i>Website: www.beaconhealthoptions.com</i>	<i>Website: www.beaconhealthoptions.com</i>
<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>	<i>Site Language(s) Spoken: Spanish</i>	<i>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age: 0/99</i>	<i>Min/Max Age: 0/99</i>	<i>Min/Max Age: 0/99</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>
<i>American Sign Language (ASL): Yes</i>	<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): Yes</i>
<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

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

### **JAUREGUI, CYNTHIA J , MFT**

Provider Gender: Female

License number: 46152

NPI: 1003953886

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **JAUREGUI, CYNTHIA J , MFT**

Provider Gender: Female

License number: 46152

NPI: 1003953886

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **JENSEN, DEXTER, MD**

Provider Gender: Male

License number: A67960

NPI: 1740465541

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Please contact provider for Accessibility information Hours:</p>	<p>Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>Hours: M-F 8AM-5PM</p>
<p><b>JONES, ADELE, PSY</b> Provider Gender: Female License number: 25311 NPI: 1558602490 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for</p>	<p><b>JONES, ADELE, PSY</b> Provider Gender: Female License number: 25311 NPI: 1558602490 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information</p>	<p><b>JONES, ADELE, PSY</b> Provider Gender: Female License number: 25311 NPI: 1558602490 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

### **JONES, ADELE, PSY**

*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JONES, ADELE, PSY**

*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **JONES, ADELE, PSY**

*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JONES, ADELE, PSY**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Provider Gender:</i> Female	<i>License number:</i> 25311	<i>NPI:</i> 1558602490
<i>License number:</i> 25311	<i>NPI:</i> 1558602490	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1558602490	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF	SAN DIEGO
FAMILY HEALTH CENTERS OF	SAN DIEGO	4725 MARKET ST
SAN DIEGO	3544 30TH ST	SAN DIEGO, CA 92102-4715
1250 6TH AVE STE 100	SAN DIEGO, CA 92104-4120	<i>Phone:</i> (619) 515-2338
SAN DIEGO, CA 92101-4368	<i>Phone:</i> (619) 515-2424	<i>Fax:</i> (619) 702-8536
<i>Phone:</i> (619) 515-2338	<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)
<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)	515-2338
<i>After Hours Phone:</i> (619)	515-2424	<i>Website:</i>
515-2338	<i>Website:</i>	www.beaconhealthoptions.com
<i>Website:</i>	www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,
<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,	Japanese, Portuguese, Russian,
American Sign Language, Farsi,	Japanese, Portuguese, Russian,	Spanish, Yue Chinese
Japanese, Portuguese, Russian,	Spanish, Yue Chinese	<i>TDD:</i> No
Spanish, Yue Chinese	<i>TDD:</i> No	<i>Min/Max Age:</i> 0/99
<i>TDD:</i> No	<i>Min/Max Age:</i> 0/99	<i>Gender Restriction:</i> No Gender
<i>Min/Max Age:</i> 0/99	<i>Gender Restriction:</i> No Gender	Restrictions
<i>Gender Restriction:</i> No Gender	Restrictions	<i>American Sign Language (ASL):</i>
Restrictions	<i>American Sign Language (ASL):</i>	Yes
<i>American Sign Language (ASL):</i>	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	<i>Hours:</i> M-F 8:30AM-5PM
Accessibility information	<i>Hours:</i> M-F 8:30AM-5PM	
<i>Hours:</i> M-F 8:30AM-5PM		<b>JONES, ADELE, PSY</b>
<b>JONES, ADELE, PSY</b>	<b>JONES, ADELE, PSY</b>	<i>Provider Gender:</i> Female
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>License number:</i> 25311
	<i>License number:</i> 25311	<i>NPI:</i> 1558602490

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF	SAN DIEGO
FAMILY HEALTH CENTERS OF	SAN DIEGO	3705 MISSION BLVD
SAN DIEGO	4094 4TH AVE	SAN DIEGO, CA 92109-7104
1550 BROADWAY STE 2	SAN DIEGO, CA 92103-2143	<i>Phone: (619) 515-2338</i>
SAN DIEGO, CA 92101-5713	<i>Phone: (619) 515-2338</i>	<i>Fax: (619) 702-8536</i>
<i>Phone: (619) 515-2338</i>	<i>Fax: (619) 702-8536</i>	<i>After Hours Phone: (619)</i>
<i>Fax: (619) 702-8535</i>	<i>After Hours Phone: (619)</i>	515-2338
<i>After Hours Phone: (619)</i>	515-2338	<i>Website:</i>
515-2338	<i>Website:</i>	www.beaconhealthoptions.com
<i>Website:</i>	www.beaconhealthoptions.com	<i>Accepting New Patients: Yes</i>
www.beaconhealthoptions.com	<i>Accepting New Patients: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Accepting New Patients: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken: Yes</i>	<i>Site Language(s) Spoken:</i>	American Sign Language,
<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,	German, Farsi, Japanese,
American Sign Language, Farsi,	Japanese, Portuguese, Russian,	Portuguese, Russian, Spanish,
Japanese, Portuguese, Russian,	Spanish, Yue Chinese	Yue Chinese
Spanish, Yue Chinese	<i>TDD: No</i>	<i>TDD: No</i>
<i>TDD: No</i>	<i>Min/Max Age:</i>	<i>Min/Max Age: 0/99</i>
<i>Min/Max Age: 0/99</i>	<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>
<i>Gender Restriction: No Gender</i>	Restrictions	Restrictions
Restrictions	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>American Sign Language (ASL):</i>	Yes	Yes
Yes	Please contact provider for	Please contact provider for
Please contact provider for	Accessibility information	Accessibility information
Accessibility information	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-W,F 8:30AM-5PM</i>
<i>Hours: M-TH 8:30AM-5PM</i>	<b>JONES, ADELE, PSY</b>	<b>JONES, ATAVIA L , CSW</b>
<b>JONES, ADELE, PSY</b>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>Provider Gender: Female</i>	<i>License number: 25311</i>	<i>License number: LCSW76796</i>
<i>License number: 25311</i>	<i>NPI: 1558602490</i>	<i>NPI: 1952734899</i>
<i>NPI: 1558602490</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>JONES, ATAVIA L , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW76796 <i>NPI:</i> 1952734899 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i></p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>JONES, ATAVIA L , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW76796 <i>NPI:</i> 1952734899 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF</p>	<p>SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>JONES, ATAVIA L , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW76796 <i>NPI:</i> 1952734899 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

4065 3RD AVE  
SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours:

### **JONES, ATAVIA L , CSW**

Provider Gender: Female

License number: LCSW76796

NPI: 1952734899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **JONES, ATAVIA L , CSW**

Provider Gender: Female

License number: LCSW76796

NPI: 1952734899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **JONES, ATAVIA L , CSW**

Provider Gender: Female

License number: LCSW76796

NPI: 1952734899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

5454 EL CAJON BLVD

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>JONES, ATAVIA L , CSW</b> Provider Gender: Female License number: LCSW76796 NPI: 1952734899 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713	<b>JONES, ATAVIA L , CSW</b> Provider Gender: Female License number: LCSW76796 NPI: 1952734899 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026	<b>JONES, ATAVIA L , CSW</b> Provider Gender: Female License number: LCSW76796 NPI: 1952734899 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8535
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-TH 8:30AM-5PM
<b>JONES, MICHAEL A , CSW</b>	<b>JONES, MICHAEL A , CSW</b>	<b>JONES, MICHAEL A , CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: LCS22452	License number: LCS22452	License number: LCS22452
NPI: 1548205719	NPI: 1548205719	NPI: 1548205719
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE	1550 BROADWAY STE 2	3544 30TH ST
SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92101-5713	SAN DIEGO, CA 92104-4120

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>JONES, MICHAEL A , CSW</b>            Provider Gender: Male            License number: LCS22452            NPI: 1548205719            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>	<p><b>JONES, MICHAEL A , CSW</b>            Provider Gender: Male            License number: LCS22452            NPI: 1548205719            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p><b>JONES, MICHAEL A , CSW</b>            Provider Gender: Male            License number: LCS22452            NPI: 1548205719            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>JONES, MICHAEL A , CSW</b>            Provider Gender: Male            License number: LCS22452            NPI: 1548205719            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92105-2026</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>JONES, MICHAEL A , CSW</b>            Provider Gender: Male            License number: LCS22452            NPI: 1548205719            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>JONES, MICHAEL A , CSW</b>            Provider Gender: Male            License number: LCS22452            NPI: 1548205719            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2300	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours:	Hours: M-W,F 8:30AM-5PM
<b>JONES, MICHAEL A , CSW</b>	<b>JONES, MICHAEL A , CSW</b>	<b>JONES, MICHAEL A , CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: LCS22452	License number: LCS22452	License number: LCS22452
NPI: 1548205719	NPI: 1548205719	NPI: 1548205719
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 662-4100	<i>Phone:</i> (858) 810-8700
<i>Fax:</i> (619) 702-8536	<i>Fax:</i>	<i>Fax:</i> (858) 633-4680
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 662-4100	<i>After Hours Phone:</i> (858) 810-8700
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	<i>Site Language(s) Spoken:</i> Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i>	<i>Hours:</i> M-F 8AM-5PM, SA 8AM-2PM

### **JUAREZ, AMERICA, CSW**

*Provider Gender:* Female  
*License number:* 92516  
*NPI:* 1386281541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

### **KANE, SADIE P , NPA**

*Provider Gender:* Female  
*License number:* 95004685  
*NPI:* 1942608161  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

### **KAPPER, VICTORIA, CSW**

*Provider Gender:* Female  
*License number:* 100449  
*NPI:* 1801349014  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>KAPPER, VICTORIA, CSW</b>            Provider Gender: Female            License number: 100449            NPI: 1801349014            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>KAPPER, VICTORIA, CSW</b>            Provider Gender: Female            License number: 100449            NPI: 1801349014            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>KAPPER, VICTORIA, CSW</b>            Provider Gender: Female            License number: 100449            NPI: 1801349014            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **KAPPER, VICTORIA, CSW**

Provider Gender: Female

License number: 100449

NPI: 1801349014

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **KAPPER, VICTORIA, CSW**

Provider Gender: Female

License number: 100449

NPI: 1801349014

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **KAPPER, VICTORIA, CSW**

Provider Gender: Female

License number: 100449

NPI: 1801349014

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **KAPPER, VICTORIA, CSW**

Provider Gender: Female  
 License number: 100449  
 NPI: 1801349014  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **KAPPER, VICTORIA, CSW**

Provider Gender: Female  
 License number: 100449  
 NPI: 1801349014  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KAPPER, VICTORIA, CSW**

Provider Gender: Female  
 License number: 100449  
 NPI: 1801349014  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>KAPPER, VICTORIA, CSW</b>            Provider Gender: Female            License number: 100449            NPI: 1801349014            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>KAPPER, VICTORIA, CSW</b>            Provider Gender: Female            License number: 100449            NPI: 1801349014            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>KAUFFMAN, CASSANDRA M , PSY</b>            Provider Gender: Female            License number: 25899            NPI: 1780845396            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            ACCESS PSYCHOLOGY SERVICES, PC            750 B ST STE 2870            SAN DIEGO, CA 92101-8132</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 722-0014  
 Fax: (619) 327-4174  
 After Hours Phone: (619) 722-0014  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 9AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
 License number: A138266  
 NPI: 1396150041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
 License number: A138266  
 NPI: 1396150041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
 License number: A138266  
 NPI: 1396150041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2300
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours:
<b>KEI, JUSTIN, MD</b>	<b>KEI, JUSTIN, MD</b>	<b>KEI, JUSTIN, MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A138266	License number: A138266	License number: A138266
NPI: 1396150041	NPI: 1396150041	NPI: 1396150041
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
 License number: A138266  
 NPI: 1396150041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
 License number: A138266  
 NPI: 1396150041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
 License number: A138266  
 NPI: 1396150041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8535
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-TH 8:30AM-5PM
<b>KEI, JUSTIN, MD</b>	<b>KEI, JUSTIN, MD</b>	<b>KEI, JUSTIN, MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A138266	License number: A138266	License number: A138266
NPI: 1396150041	NPI: 1396150041	NPI: 1396150041
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621	1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713	4874 POLK AVE SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>KELLEY, KIMBERLY L , CSW</b>            Provider Gender: Female            License number: 97888            NPI: 1326447897            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>KERI, JASON S , MD</b>            Provider Gender: Male            License number: A82017            NPI: 1811915812            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SENIOR MEDICAL ASSOCIATES INC            2810 CAMINO DEL RIO S STE 102</p>	<p>SAN DIEGO, CA 92108-3819            Phone: (619) 299-1419            Fax: (858) 461-6008            After Hours Phone: (619) 299-1419            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age: 13/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>KHAN, MAYSUN, CSW</b>            Provider Gender: Female            License number: 71910            NPI: 1033519632            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>KHAN, MAYSUN, CSW</b>            Provider Gender: Female            License number: 71910            NPI: 1033519632            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>KILBURN, STACY L , CSW</b>            Provider Gender: Female            License number: 106433            NPI: 1942554951            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>KISSELOVICH, TERRI L , CSW</b>            Provider Gender: Female            License number: 27673            NPI: 1841386885            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SOUTHEAST COUNTY MENTAL            HEALTH            1250 MORENA BLVD # FL1            SAN DIEGO, CA 92110-3815</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 692-8750  
 Fax: (619) 692-8779  
 After Hours Phone: (619) 692-8750  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Farsi, French, Russian, Spanish  
 TDD: No  
 Min/Max Age: 19/64  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-6PM

**KLOBERDANZ, KELSEY L , NPA**

Provider Gender: Female  
 License number: 95005293  
 NPI: 1235672502  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**

Provider Gender: Female  
 License number: 95005293  
 NPI: 1235672502  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**

Provider Gender: Female  
 License number: 95005293  
 NPI: 1235672502  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2520	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i>	<i>Fax:</i> (619) 702-8535
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2520	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-TH 8:30AM-5PM

<b>KLOBERDANZ, KELSEY L , NPA</b>	<b>KLOBERDANZ, KELSEY L , NPA</b>	<b>KLOBERDANZ, KELSEY L , NPA</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> 95005293	<i>License number:</i> 95005293	<i>License number:</i> 95005293
<i>NPI:</i> 1235672502	<i>NPI:</i> 1235672502	<i>NPI:</i> 1235672502
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i>	<i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i>	<i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST SAN DIEGO, CA 92101-2602	1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713	4874 POLK AVE SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>KLOBERDANZ, KELSEY L , NPA</b>            Provider Gender: Female            License number: 95005293            NPI: 1235672502            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p><b>KLOBERDANZ, KELSEY L , NPA</b>            Provider Gender: Female            License number: 95005293            NPI: 1235672502            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p><b>KLOBERDANZ, KELSEY L , NPA</b>            Provider Gender: Female            License number: 95005293            NPI: 1235672502            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2424
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

<b>KLOBERDANZ, KELSEY L , NPA</b>	<b>KLOBERDANZ, KELSEY L , NPA</b>	<b>KLOBERDANZ, KELSEY L , NPA</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 95005293	License number: 95005293	License number: 95005293
NPI: 1235672502	NPI: 1235672502	NPI: 1235672502
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621	3544 30TH ST SAN DIEGO, CA 92104-4120	3705 MISSION BLVD SAN DIEGO, CA 92109-7104

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (858) 810-8700            Fax: (858) 633-4680            After Hours Phone: (858) 810-8700            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Farsi, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-F 8AM-5PM, SA            8AM-2PM</p>	<p>Phone: (858) 810-8787            Fax: (858) 279-0377            After Hours Phone: (858) 810-8787            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-F 8AM-5PM, SA            8AM-1PM</p>
<p><b>KLUEMPER, NICOLE, PSY</b>            Provider Gender: Female            License number: 27064            NPI: 1902125818            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN DIEGO FAMILY CARE            6973 LINDA VISTA RD            SAN DIEGO, CA 92111-6307</p>	<p><b>KLUEMPER, NICOLE, PSY</b>            Provider Gender: Female            License number: 27064            NPI: 1902125818            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN DIEGO FAMILY CARE            6973 LINDA VISTA RD            SAN DIEGO, CA 92111-6342</p>	<p><b>KNIGHT, MARK A, MD</b>            Provider Gender: Male            License number: A94460            NPI: 1851573554            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>KNIGHT, MARK A , MD</b>            Provider Gender: Male            License number: A94460            NPI: 1851573554            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>KNIGHT, MARK A , MD</b>            Provider Gender: Male            License number: A94460            NPI: 1851573554            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>KNIGHT, MARK A , MD</b>            Provider Gender: Male            License number: A94460            NPI: 1851573554            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **KNIGHT, MARK A , MD**

Provider Gender: Male  
License number: A94460  
NPI: 1851573554  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615

### **KNIGHT, MARK A , MD**

Provider Gender: Male  
License number: A94460  
NPI: 1851573554  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715

### **KNIGHT, MARK A , MD**

Provider Gender: Male  
License number: A94460  
NPI: 1851573554  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2300	Phone: (619) 515-2338
Fax: (619) 702-8535	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8:30AM-5PM	Hours:	Hours: M-F 8:30AM-5PM
<b>KNIGHT, MARK A , MD</b>	<b>KNIGHT, MARK A , MD</b>	<b>KNIGHT, MARK A , MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A94460	License number: A94460	License number: A94460
NPI: 1851573554	NPI: 1851573554	NPI: 1851573554
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>KNIGHT, MARK A , MD</b>            Provider Gender: Male            License number: A94460            NPI: 1851573554            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>KNIGHT, MARK A , MD</b>            Provider Gender: Male            License number: A94460            NPI: 1851573554            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>KNIGHT, TARA J , NPA</b>            Provider Gender: Female            License number: 95012285            NPI: 1801394358            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN YSIDRO HEALTH CENTER            950 S EUCLID AVE            SAN DIEGO, CA 92114-6201</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 662-4100	Phone: (619) 515-2338	Phone: (619) 515-2520
Fax:	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 662-4100	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>KOH, STEVE H , MD</b>            Provider Gender: Male            License number: A103468            NPI: 1467650473            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>KOH, STEVE H , MD</b>            Provider Gender: Male            License number: A103468            NPI: 1467650473            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p><b>KOH, STEVE H , MD</b>            Provider Gender: Male            License number: A103468            NPI: 1467650473            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 662-4100
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 662-4100
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours:

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 294-4119            Fax:            After Hours Phone: (619) 294-4119            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: Yes            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-W,F 8AM-5PM, TH 8AM-5:30PM</p>
<p><b>KOH, STEVE H , MD</b>            Provider Gender: Male            License number: A103468            NPI: 1467650473            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>	<p><b>KOSMACH, JOSEPH J , MD</b>            Provider Gender: Male            License number: 20A16558            NPI: 1801233911            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            KOSMACH, JOSEPH            7850 VISTA HILL AVE            SAN DIEGO, CA 92123-2717</p>	<p><b>KRITTMAN, STUART W , PSY</b>            Provider Gender: Male            License number: PSY20233            NPI: 1174964399            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **KRITTMAN, STUART W , PSY**

Provider Gender: Male  
 License number: PSY20233  
 NPI: 1174964399  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KURANAKA, TRACY R , MD**

Provider Gender: Female  
 License number: A75170  
 NPI: 1619930542  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524

Phone: (619) 563-0250  
 Fax: (619) 563-0015  
 After Hours Phone: (619) 563-0250  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM, SA  
 8AM-2PM

### **KURANAKA, TRACY R , MD**

Provider Gender: Female  
 License number: A75170  
 NPI: 1619930542  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 4305 UNIVERSITY AVE  
 SAN DIEGO, CA 92105-1645

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (858) 280-2058  
 Fax: (619) 563-0015  
 After Hours Phone: (858) 280-2058  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-2PM

### **KURANAKA, TRACY R , MD**

Provider Gender: Female  
 License number: A75170  
 NPI: 1619930542  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: (858) 810-8787  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 810-8787

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-1PM

### **KYLE, MARCIE, CSW**

Provider Gender: Female  
 License number: LCSW78555  
 NPI: 1174981500  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KYLE, MARCIE, CSW**

Provider Gender: Female  
 License number: LCSW78555  
 NPI: 1174981500  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-TH 8:30AM-5PM

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i>

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<p>Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>KYLE, MARCIE, CSW</b>            Provider Gender: Female            License number: LCSW78555            NPI: 1174981500            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338</p>	<p>Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>LAKE, NAOMI B , CSW</b>            Provider Gender: Female            License number: 17413            NPI: 1215084116            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: SAN DIEGO AMERICAN INDIAN HEALTH CENTER            2630 1ST AVE            SAN DIEGO, CA 92103-6599            Phone: (619) 234-2158            Fax: (619) 234-1979            After Hours Phone: (619) 234-2158</p>	<p>Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>LEBLANC, ASHLEY B , CSW</b>            Provider Gender: Female            License number: 83136            NPI: 1275905622            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713            Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8:30AM-5PM</p>	<p>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>	<p>Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>LEBLANC, ASHLEY B , CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 83136</p> <p><i>NPI:</i> 1275905622</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4094 4TH AVE SAN DIEGO, CA 92103-2143</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p>	<p><b>LEBLANC, ASHLEY B , CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 83136</p> <p><i>NPI:</i> 1275905622</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p>	<p><b>LEBLANC, ASHLEY B , CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 83136</p> <p><i>NPI:</i> 1275905622</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian,</p>

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## J. Directorio de proveedores de salud mental

Spanish, Yue Chinese	TDD: No	Min/Max Age:
TDD: No	Min/Max Age:	Gender Restriction: No Gender
Min/Max Age: 0/99	Gender Restriction: No Gender	Restrictions
Gender Restriction: No Gender	Restrictions	American Sign Language (ASL):
Restrictions	American Sign Language (ASL):	Yes
American Sign Language (ASL):	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-F 8AM-5PM
Accessibility information	Hours: M-F 8AM-5PM	
Hours: M-F 8:30AM-5PM		
<b>LEBLANC, ASHLEY B , CSW</b>	<b>LEBLANC, ASHLEY B , CSW</b>	<b>LEBLANC, ASHLEY B , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 83136	License number: 83136	License number: 83136
NPI: 1275905622	NPI: 1275905622	NPI: 1275905622
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
2204 NATIONAL AVE	4874 POLK AVE	2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615	SAN DIEGO, CA 92105-2026	SAN DIEGO, CA 92113-3615
Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
515-2338	515-2338	515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi,	American Sign Language, Farsi,	American Sign Language, Farsi,
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Spanish, Yue Chinese	Spanish, Yue Chinese	Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p><i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>Restrictions  <i>American Sign Language (ASL):</i> Yes  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>LEBLANC, ASHLEY B , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83136  <i>NPI:</i> 1275905622  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  TDD: No  <i>Min/Max Age:</i> 0/99</p>	<p><b>LEBLANC, ASHLEY B , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83136  <i>NPI:</i> 1275905622  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  3544 30TH ST  SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2424  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions</p>	<p><b>LEBLANC, ASHLEY B , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 83136  <i>NPI:</i> 1275905622  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  1250 6TH AVE STE 100  SAN DIEGO, CA 92101-4368  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<p><i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>Accessibility information <i>Hours:</i> M-F 8AM-6PM</p>	<p><b>LIANG, YINGJIAN, MD</b> <i>Provider Gender:</i> Female <i>License number:</i> A127013 <i>NPI:</i> 1912295361 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Mandarin</p>
<p><b>LERNER, BRIAN D , CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 105537 <i>NPI:</i> 1134888423 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> ACCESS PSYCHOLOGY SERVICES, PC SOUTHEAST COUNTY MENTAL HEALTH 1250 MORENA BLVD # FL1 SAN DIEGO, CA 92110-3815 <i>Phone:</i> (619) 692-8750 <i>Fax:</i> (619) 692-8779 <i>After Hours Phone:</i> (619) 692-8750 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Farsi, French, Russian, Spanish <i>TDD:</i> No <i>Min/Max Age:</i> 19/64 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for</p>	<p><b>LEWIS, ARASELI P , PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 25551 <i>NPI:</i> 1144395542 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> ACCESS PSYCHOLOGY SERVICES, PC 750 B ST STE 2870 SAN DIEGO, CA 92101-8132 <i>Phone:</i> (619) 722-0014 <i>Fax:</i> (619) 327-4174 <i>After Hours Phone:</i> (619) 722-0014 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 9AM-5PM</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Mandarin <i>Cultural Competency:</i> LIANG, YINGJIAN 7850 VISTA HILL AVE SAN DIEGO, CA 92123-2717 <i>Phone:</i> (858) 499-8430 <i>Fax:</i> (858) 278-7721 <i>After Hours Phone:</i> (858) 499-8430 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Mandarin <i>TDD:</i> Yes <i>Min/Max Age:</i> 13/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 9AM-5PM</p> <p><b>LIDSTONE, PAVEN, MD</b> <i>Provider Gender:</i> Female <i>License number:</i> 161149</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>NPI: 1942662093            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120            Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619)            515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM</p>
<p><b>LIDSTONE, PAVEN, MD</b>            Provider Gender: Female            License number: 161149            NPI: 1942662093</p>	<p><b>LIDSTONE, PAVEN, MD</b>            Provider Gender: Female            License number: 161149            NPI: 1942662093</p>	<p><b>LIDSTONE, PAVEN, MD</b>            Provider Gender: Female            License number: 161149            NPI: 1942662093</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken: Yes</i></p> <p><i>Provider Language(s) Spoken: Cultural Competency:</i></p> <p><i>Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4874 POLK AVE</p> <p>SAN DIEGO, CA 92105-2026</p> <p><i>Phone: (619) 515-2338</i></p> <p><i>Fax: (619) 702-8536</i></p> <p><i>After Hours Phone: (619) 515-2338</i></p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Site English Spoken: Yes</i></p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD: No</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction: No Gender Restrictions</i></p> <p><i>American Sign Language (ASL): Yes</i></p> <p>Please contact provider for Accessibility information</p> <p><i>Hours: M-F 8AM-5PM</i></p> <p><b>LIDSTONE, PAVEN, MD</b></p> <p><i>Provider Gender: Female</i></p> <p><i>License number: 161149</i></p> <p><i>NPI: 1942662093</i></p> <p><i>Provider English Spoken: Yes</i></p>	<p><i>Provider Language(s) Spoken: Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4065 3RD AVE</p> <p>SAN DIEGO, CA 92103-2184</p> <p><i>Phone: (619) 515-2300</i></p> <p><i>Fax:</i></p> <p><i>After Hours Phone: (619) 515-2300</i></p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Site English Spoken: Yes</i></p> <p><i>Site Language(s) Spoken:</i></p> <p>Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD: No</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction: No Gender Restrictions</i></p> <p><i>American Sign Language (ASL): Yes</i></p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i></p> <p><b>LIDSTONE, PAVEN, MD</b></p> <p><i>Provider Gender: Female</i></p> <p><i>License number: 161149</i></p> <p><i>NPI: 1942662093</i></p> <p><i>Provider English Spoken: Yes</i></p>	<p><i>Provider Language(s) Spoken: Cultural Competency:</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>1550 BROADWAY STE 2</p> <p>SAN DIEGO, CA 92101-5713</p> <p><i>Phone: (619) 515-2338</i></p> <p><i>Fax: (619) 702-8535</i></p> <p><i>After Hours Phone: (619) 515-2338</i></p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Site English Spoken: Yes</i></p> <p><i>Site Language(s) Spoken:</i></p> <p>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD: No</i></p> <p><i>Min/Max Age: 0/99</i></p> <p><i>Gender Restriction: No Gender Restrictions</i></p> <p><i>American Sign Language (ASL): Yes</i></p> <p>Please contact provider for Accessibility information</p> <p><i>Hours: M-TH 8:30AM-5PM</i></p> <p><b>LIDSTONE, PAVEN, MD</b></p> <p><i>Provider Gender: Female</i></p> <p><i>License number: 161149</i></p> <p><i>NPI: 1942662093</i></p> <p><i>Provider English Spoken: Yes</i></p> <p><i>Provider Language(s) Spoken:</i></p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>LIDSTONE, PAVEN, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 161149  <i>NPI:</i> 1942662093  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p>FAMILY HEALTH CENTERS OF            SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>LIDSTONE, PAVEN, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 161149  <i>NPI:</i> 1942662093  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF</p>	<p>SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>LIDSTONE, PAVEN, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 161149  <i>NPI:</i> 1942662093  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO</p>
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## J. Directorio de proveedores de salud mental

140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>LIDSTONE, PAVEN, MD</b> Provider Gender: Female License number: 161149 NPI: 1942662093 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE	<b>LIDSTONE, PAVEN, MD</b> Provider Gender: Female License number: 161149 NPI: 1942662093 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715	<b>LIERA, CARMEN G , CSW</b> Provider Gender: Female License number: 72986 NPI: 1275895443 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE SAN DIEGO, CA 92114-6201

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 662-4100	Phone: (619) 515-2338	Phone: (619) 515-2424
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 662-4100	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

Provider Gender: Female  
 License number: 20A13075  
 NPI: 1083963094  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **LIM, SANDRA S , MD**

Provider Gender: Female  
 License number: 20A13075  
 NPI: 1083963094  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **LIM, SANDRA S , MD**

Provider Gender: Female  
 License number: 20A13075  
 NPI: 1083963094  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

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## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2300	Phone: (619) 515-2338
Fax: (619) 702-8535	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8:30AM-5PM	Hours:	Hours: M-F 8:30AM-5PM
<b>LIM, SANDRA S , MD</b>	<b>LIM, SANDRA S , MD</b>	<b>LIM, SANDRA S , MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 20A13075	License number: 20A13075	License number: 20A13075
NPI: 1083963094	NPI: 1083963094	NPI: 1083963094
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **LIM, SANDRA S , MD**

Provider Gender: Female  
 License number: 20A13075  
 NPI: 1083963094  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

Provider Gender: Female  
 License number: 20A13075  
 NPI: 1083963094  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **LIM, SANDRA S , MD**

Provider Gender: Female  
 License number: 20A13075  
 NPI: 1083963094  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 233-8500	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 687-1067	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 233-8500	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions
TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions	American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-W,F 8:30AM-5PM, TH 8:30AM-9PM	American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>LINDEMAN, KURTIS P , MD</b> Provider Gender: Male License number: A104052 NPI: 1124155791 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC 1501 IMPERIAL AVE SAN DIEGO, CA 92101-7638	<b>LIPPERT, HEATHER M , CSW</b> Provider Gender: Female License number: 22526 NPI: 1093991663 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368	<b>LIPPERT, HEATHER M , CSW</b> Provider Gender: Female License number: 22526 NPI: 1093991663 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-TH 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>LIPPERT, HEATHER M , CSW</b>	<b>LIPPERT, HEATHER M , CSW</b>	<b>LIPPERT, HEATHER M , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 22526	License number: 22526	License number: 22526
NPI: 1093991663	NPI: 1093991663	NPI: 1093991663
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2	3705 MISSION BLVD	4874 POLK AVE
SAN DIEGO, CA 92101-5713	SAN DIEGO, CA 92109-7104	SAN DIEGO, CA 92105-2026

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2424	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>LIPPERT, HEATHER M , CSW</b>	<b>LIPPERT, HEATHER M , CSW</b>	<b>LIPPERT, HEATHER M , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 22526	License number: 22526	License number: 22526
NPI: 1093991663	NPI: 1093991663	NPI: 1093991663
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST SAN DIEGO, CA 92104-4120	4725 MARKET ST SAN DIEGO, CA 92102-4715	2204 NATIONAL AVE SAN DIEGO, CA 92113-3615

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LIPPERT, HEATHER M , CSW**

Provider Gender: Female  
 License number: 22526  
 NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LIPPERT, HEATHER M , CSW**

Provider Gender: Female  
 License number: 22526  
 NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LIPPERT, HEATHER M , CSW**

Provider Gender: Female  
 License number: 22526  
 NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 280-4213            Fax: (619) 281-6738            After Hours Phone: (619) 280-4213            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5:30PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>LIPPERT, HEATHER M , CSW</b>            Provider Gender: Female            License number: 22526            NPI: 1093991663            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            LA MAESTRA COMMUNITY HEALTH CENTERS            4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105-1608</p>	<p><b>LIPPERT, HEATHER M , CSW</b>            Provider Gender: Female            License number: 22526            NPI: 1093991663            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>	<p><b>LIU, TIMOTHY C , MD</b>            Provider Gender: Male            License number: A105535            NPI: 1720262801            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN DIEGO FAMILY CARE            6973 LINDA VISTA RD            SAN DIEGO, CA 92111-6342</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (858) 810-8787

Fax: (858) 279-0377

After Hours Phone: (858)  
810-8787

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM, SA  
8AM-1PM

### **LIU, TIMOTHY C , MD**

Provider Gender: Male

License number: A105535

NPI: 1720262801

Provider English Spoken: Yes

Provider Language(s) Spoken:

Mandarin, Yue Chinese

Cultural Competency:

SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

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

### **LI, YUELING, MD**

Provider Gender: Female

License number: A173698

NPI: 1588157853

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **LI, YUELING, MD**

Provider Gender: Female

License number: A173698

NPI: 1588157853

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

---

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>LLAMAS, SASHA G , CSW</b>            Provider Gender: Female            License number: 94249            NPI: 1356713739            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p><b>LLAMAS, SASHA G , CSW</b>            Provider Gender: Female            License number: 94249            NPI: 1356713739            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>LOEB, CINDY, CSW</b>            Provider Gender: Female            License number: 75333            NPI: 1619108511            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>LOEB, CINDY, CSW</b>            Provider Gender: Female            License number: 75333            NPI: 1619108511            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>	<p><b>LOEB, CINDY, CSW</b>            Provider Gender: Female            License number: 75333            NPI: 1619108511            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>	<p><b>LOEB, CINDY, CSW</b>            Provider Gender: Female            License number: 75333            NPI: 1619108511            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **LOEB, CINDY, CSW**

Provider Gender: Female

License number: 75333

NPI: 1619108511

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

Accessibility information

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

### **LOEB, CINDY, CSW**

Provider Gender: Female

License number: 75333

NPI: 1619108511

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)  
515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **LOEB, CINDY, CSW**

Provider Gender: Female

License number: 75333

NPI: 1619108511

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>LOEB, CINDY, CSW</b>	<b>LOEB, CINDY, CSW</b>	<b>LOEB, CINDY, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 75333	License number: 75333	License number: 75333
NPI: 1619108511	NPI: 1619108511	NPI: 1619108511
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621	3705 MISSION BLVD SAN DIEGO, CA 92109-7104	2204 NATIONAL AVE SAN DIEGO, CA 92113-3615

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes

Please contact provider for  
 Accessibility information

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

### **LOEB, CINDY, CSW**

Provider Gender: Female

License number: 75333

NPI: 1619108511

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes

Please contact provider for  
 Accessibility information

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

### **LOEB, CINDY, CSW**

Provider Gender: Female

License number: 75333

NPI: 1619108511

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes

Please contact provider for  
 Accessibility information

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

### **LOVE-ROBLES, YVONNE, PSY**

Provider Gender: Female

License number: 18321

NPI: 1902812811

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 662-4100            Fax:            After Hours Phone: (619) 662-4100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 569-0777            Fax: (619) 563-4559            After Hours Phone: (619) 569-0777            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: Yes            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M 10AM-6PM, TU-TH 8AM-9PM, F 8AM-7PM</p> <p><b>LYDIARD, JESSICA, MD</b>            Provider Gender: Female            License number: A171775            NPI: 1841731296            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>LYDIARD, JESSICA, MD</b>            Provider Gender: Female            License number: A171775            NPI: 1841731296            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>
<p><b>LUCKS, BONNIE D , PSY</b>            Provider Gender: Female            License number: 22788            NPI: 1609910876            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            LUCKS PSYCHOLOGY INC            2878 CAMINO DEL RIO S STE 315            SAN DIEGO, CA 92108-3846</p>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female  
 License number: A171775  
 NPI: 1841731296  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female  
 License number: A171775  
 NPI: 1841731296  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female  
 License number: A171775  
 NPI: 1841731296  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2520
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM
<b>LYDIARD, JESSICA, MD</b>	<b>LYDIARD, JESSICA, MD</b>	<b>LYDIARD, JESSICA, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: A171775	License number: A171775	License number: A171775
NPI: 1841731296	NPI: 1841731296	NPI: 1841731296
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE SAN DIEGO, CA 92105-2026	140 ELM ST SAN DIEGO, CA 92101-2602	1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8535	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>LYDIARD, JESSICA, MD</b>	<b>LYDIARD, JESSICA, MD</b>	<b>LYDIARD, JESSICA, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: A171775	License number: A171775	License number: A171775
NPI: 1841731296	NPI: 1841731296	NPI: 1841731296
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621	4094 4TH AVE SAN DIEGO, CA 92103-2143	4065 3RD AVE SAN DIEGO, CA 92103-2184

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>LYDIARD, JESSICA, MD</b>	<b>LYONS, KEITH E , CSW</b>	<b>LYONS, KEITH E , CSW</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Male
License number: A171775	License number: 92724	License number: 92724
NPI: 1841731296	NPI: 1538704002	NPI: 1538704002
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST	1809 NATIONAL AVE	2204 NATIONAL AVE
SAN DIEGO, CA 92102-4715	SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92113-3615

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2520
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM
<b>LYONS, KEITH E , CSW</b>	<b>LYONS, KEITH E , CSW</b>	<b>LYONS, KEITH E , CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: 92724	License number: 92724	License number: 92724
NPI: 1538704002	NPI: 1538704002	NPI: 1538704002
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE SAN DIEGO, CA 92105-2026	140 ELM ST SAN DIEGO, CA 92101-2602	4094 4TH AVE SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
 License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
 License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
 License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>LYONS, KEITH E , CSW</b>	<b>LYONS, KEITH E , CSW</b>	<b>LYONS, KEITH E , CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: 92724	License number: 92724	License number: 92724
NPI: 1538704002	NPI: 1538704002	NPI: 1538704002
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621	3705 MISSION BLVD SAN DIEGO, CA 92109-7104	3544 30TH ST SAN DIEGO, CA 92104-4120

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2424	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2520
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i>
<i>After Hours Phone:</i> (619) 515-2424	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2520
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female  
*License number:* 25570  
*NPI:* 1659520179  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

### **MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female  
*License number:* 25570  
*NPI:* 1659520179  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female  
*License number:* 25570  
*NPI:* 1659520179  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>MACMASTER, LINDSAY, PSY</b>            Provider Gender: Female            License number: 25570            NPI: 1659520179            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>MACMASTER, LINDSAY, PSY</b>            Provider Gender: Female            License number: 25570            NPI: 1659520179            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p> <p><b>MACMASTER, LINDSAY, PSY</b>            Provider Gender: Female            License number: 25570            NPI: 1659520179            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2424	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>MACMASTER, LINDSAY, PSY</b>	<b>MACMASTER, LINDSAY, PSY</b>	<b>MACMASTER, LINDSAY, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 25570	License number: 25570	License number: 25570
NPI: 1659520179	NPI: 1659520179	NPI: 1659520179
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE SAN DIEGO, CA 92113-3615	1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2300	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours:	Hours: M-F 8:30AM-5PM
<b>MACMASTER, LINDSAY, PSY</b>	<b>MACMASTER, LINDSAY, PSY</b>	<b>MACMASTER, LINDSAY, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 25570	License number: 25570	License number: 25570
NPI: 1659520179	NPI: 1659520179	NPI: 1659520179
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female

License number: 22296

NPI: 1700200888

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female

License number: 22296

NPI: 1700200888

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female

License number: 22296

NPI: 1700200888

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
License number: 22296  
NPI: 1700200888  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
License number: 22296  
NPI: 1700200888  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
License number: 22296  
NPI: 1700200888  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2424	Phone: (619) 515-2520	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>
<p><b>MAHONEY, PATRICIA A , CSW</b>            Provider Gender: Female            License number: 22296            NPI: 1700200888            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>	<p><b>MAHONEY, PATRICIA A , CSW</b>            Provider Gender: Female            License number: 22296            NPI: 1700200888            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p><b>MAK, HEATHER, MD</b>            Provider Gender: Female            License number: A153551            NPI: 1033430863            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN DIEGO AMERICAN INDIAN HEALTH CENTER            2630 1ST AVE            SAN DIEGO, CA 92103-6599</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 234-2158	Website:	Website:
Fax: (619) 234-1979	www.beaconhealthoptions.com	www.beaconhealthoptions.com
After Hours Phone: (619) 234-2158	Accepting New Patients: Yes	Accepting New Patients: Yes
Website:	Site English Spoken: Yes	Site English Spoken: Yes
www.beaconhealthoptions.com	Site Language(s) Spoken:	Site Language(s) Spoken:
Accepting New Patients: Yes	Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
Site English Spoken: Yes	TDD: No	TDD: No
Site Language(s) Spoken:	Min/Max Age:	Min/Max Age: 0/99
TDD: No	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Min/Max Age:	American Sign Language (ASL): No	American Sign Language (ASL): Yes
Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information	Please contact provider for Accessibility information
American Sign Language (ASL): No	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM
Please contact provider for Accessibility information		
Hours: M-F 8AM-5PM		
	<b>MALAK, LAWRENCE, MD</b>	<b>MALAK, LAWRENCE, MD</b>
	Provider Gender: Male	Provider Gender: Male
	License number: A115345	License number: A115345
	NPI: 1467773028	NPI: 1467773028
	Provider English Spoken: Yes	Provider English Spoken: Yes
	Provider Language(s) Spoken:	Provider Language(s) Spoken:
	Cultural Competency:	Cultural Competency:
	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
	1809 NATIONAL AVE	3705 MISSION BLVD
	SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92109-7104
	Phone: (619) 515-2338	Phone: (619) 515-2338
	Fax: (619) 702-8536	Fax: (619) 702-8536
	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-W,F 8:30AM-5PM</p> <p><b>MANUEL, LUCKVIN P , MD</b>          Provider Gender: Male          License number: A89173          NPI: 1699857813          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC          1568 6TH AVE          SAN DIEGO, CA 92101-3216          Phone: (619) 696-0822          Fax: (619) 696-9573          After Hours Phone: (619) 696-0822</p>	<p>Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Russian          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-F 8:30AM-6PM</p> <p><b>MANUEL, LUCKVIN P , MD</b>          Provider Gender: Male          License number: A89173          NPI: 1699857813          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC          1963 4TH AVE          SAN DIEGO, CA 92101-2394          Phone: (619) 233-3432          Fax: (619) 233-7022          After Hours Phone: (619) 233-3432          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes</p>	<p>Site English Spoken: Yes          Site Language(s) Spoken: Russian          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p> <p><b>MANUEL, LUCKVIN P , MD</b>          Provider Gender: Male          License number: A89173          NPI: 1699857813          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC          1260 MORENA BLVD          SAN DIEGO, CA 92110-3889          Phone: (619) 398-0355          Fax: (619) 398-0350          After Hours Phone: (619) 398-0355          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          TDD: No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Min/Max Age: 0/99	American Sign Language (ASL):	Accessibility information
Gender Restriction: No Gender Restrictions	No	Hours: M,W 9AM-8PM, TU,TH,F 9AM-5PM
American Sign Language (ASL): No	Please contact provider for	
Please contact provider for	Accessibility information	
Accessibility information	Hours:	
Hours: M-F 8:30AM-8PM		
<b>MANUEL, LUCKVIN P , MD</b>	<b>MANUEL, LUCKVIN P , MD</b>	<b>MANUEL, LUCKVIN P , MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A89173	License number: A89173	License number: A89173
NPI: 1699857813	NPI: 1699857813	NPI: 1699857813
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
COMMUNITY RESEARCH	COMMUNITY RESEARCH	COMMUNITY RESEARCH
FOUNDATION INC	FOUNDATION INC	FOUNDATION INC
892 27TH ST	1465 30TH ST STE K	743 10TH AVE
SAN DIEGO, CA 92154-1444	SAN DIEGO, CA 92154-3497	SAN DIEGO, CA 92101-6673
Phone: (619) 275-0822	Phone: (619) 275-0822	Phone: (619) 239-4663
Fax: (619) 696-9573	Fax: (619) 696-9573	Fax: (619) 239-3045
After Hours Phone: (619) 275-0822	After Hours Phone: (619) 275-0822	After Hours Phone: (619) 239-4663
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Russian	Russian	Russian
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL):	American Sign Language (ASL):
Please contact provider for	No	No
Accessibility information	Please contact provider for	Please contact provider for
Hours:	Accessibility information	Hours:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

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### **MARTINEZ, IVONNE B , CSW**

*Provider Gender:* Female  
*License number:* 85604  
*NPI:* 1225355498  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MARTINEZ, IVONNE B , CSW**

*Provider Gender:* Female  
*License number:* 85604  
*NPI:* 1225355498  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **MARTINEZ, STEPHANIE, MD**

*Provider Gender:* Female  
*License number:* 152787  
*NPI:* 1699126367  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

### **MARTINEZ, STEPHANIE, MD**

*Provider Gender:* Female  
*License number:* 152787  
*NPI:* 1699126367  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **MARTINEZ, STEPHANIE, MD**

*Provider Gender:* Female

*License number:* 152787  
*NPI:* 1699126367  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female

*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>License number: 73174            NPI: 1356528434            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>MARTIR, MICHEL, CSW</b></p>	<p>Provider Gender: Female            License number: 73174            NPI: 1356528434            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>MARTIR, MICHEL, CSW</b></p>	<p>Provider Gender: Female            License number: 73174            NPI: 1356528434            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>MARTIR, MICHEL, CSW</b></p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Provider Gender:* Female

*License number:* 73174

*NPI:* 1356528434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours:*

**MARTIR, MICHEL, CSW**

*Provider Gender:* Female

*License number:* 73174

*NPI:* 1356528434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

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

**MARTIR, MICHEL, CSW**

*Provider Gender:* Female

*License number:* 73174

*NPI:* 1356528434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

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

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information

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

### **MASTERS, MARCHITA, PSY**

*Provider Gender:* Female  
*License number:* 17265  
*NPI:* 1043330467  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:*  
**MATTHEWS, ELIZABETH B ,**

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## J. Directorio de proveedores de salud mental

<p><b>CSW</b></p> <p>Provider Gender: Female</p> <p>License number: 74447</p> <p>NPI: 1285385914</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: MA, CI</p> <p>Cultural Competency: 7850 VISTA HILL AVE</p> <p>SOUTHEAST COUNTY MENTAL HEALTH</p> <p>1250 MORENA BLVD # FL1</p> <p>SAN DIEGO, CA 92110-3815</p> <p>Phone: (619) 692-8750</p> <p>Fax: (619) 692-8779</p> <p>After Hours Phone: (619) 692-8750</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Farsi, French, Russian, Spanish</p> <p>TDD: No</p> <p>Min/Max Age: 19/64</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-6PM</p> <p><b>MA, CI, MD</b></p> <p>Provider Gender: Female</p> <p>License number: A134158</p>	<p>NPI: 1801185400</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Mandarin</p> <p>Cultural Competency: MA, CI</p> <p>7850 VISTA HILL AVE</p> <p>SAN DIEGO, CA 92123-2717</p> <p>Phone: (858) 848-5386</p> <p>Fax: (858) 836-8765</p> <p>After Hours Phone: (858) 848-5386</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Mandarin</p> <p>TDD: No</p> <p>Min/Max Age: 13/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 9AM-5PM</p> <p><b>MCADAMS, HILDA, NPA</b></p> <p>Provider Gender: Female</p> <p>License number: 14201</p> <p>NPI: 1396838082</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p>	<p>Spanish</p> <p>Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>2204 NATIONAL AVE</p> <p>SAN DIEGO, CA 92113-3615</p> <p>Phone: (619) 515-2338</p> <p>Fax: (619) 702-8536</p> <p>After Hours Phone: (619) 515-2338</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>MCADAMS, HILDA, NPA</b></p> <p>Provider Gender: Female</p> <p>License number: 14201</p> <p>NPI: 1396838082</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken:</p>
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## J. Directorio de proveedores de salud mental

Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM	Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 <i>Phone:</i> (619) 515-2424 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2424 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM	Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8535 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM
<b>MCADAMS, HILDA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 14201 <i>NPI:</i> 1396838082 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i>	<b>MCADAMS, HILDA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 14201 <i>NPI:</i> 1396838082 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i>	<b>MCADAMS, HILDA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 14201 <i>NPI:</i> 1396838082 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i>

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## J. Directorio de proveedores de salud mental

Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM	Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-W,F 8:30AM-5PM	<i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 <i>Phone:</i> (619) 515-2520 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2520 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM
<b>MCADAMS, HILDA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 14201 <i>NPI:</i> 1396838082 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i>	<b>MCADAMS, HILDA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 14201 <i>NPI:</i> 1396838082 <i>Provider English Spoken:</i> Yes	<b>MCADAMS, HILDA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 14201 <i>NPI:</i> 1396838082 <i>Provider English Spoken:</i> Yes

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184 <i>Phone:</i> (619) 515-2300 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2300 <i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i></p> <p><b>MCADAMS, HILDA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 14201 <i>NPI:</i> 1396838082</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>MCADAMS, HILDA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 14201 <i>NPI:</i> 1396838082</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM</p> <p><b>MCADAMS, HILDA, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 14201 <i>NPI:</i> 1396838082</p>
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## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>MCADAMS, HILDA, NPA</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 14201</p>	<p><i>NPI:</i> 1396838082  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>MCDANIEL, REBECCA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 86534</p>	<p><i>NPI:</i> 1518623818  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p> <p><b>MCDANIEL, REBECCA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 86534</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>NPI: 1518623818  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  140 ELM ST  SAN DIEGO, CA 92101-2602  Phone: (619) 515-2520  Fax:  After Hours Phone: (619)  515-2520  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8AM-5PM</p> <p><b>MCDANIEL, REBECCA, CSW</b>  Provider Gender: Female  License number: 86534  NPI: 1518623818</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>MCDANIEL, REBECCA, CSW</b>  Provider Gender: Female  License number: 86534  NPI: 1518623818  Provider English Spoken: Yes</p>	<p>Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  1250 6TH AVE STE 100  SAN DIEGO, CA 92101-4368  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>MCDANIEL, REBECCA, CSW</b>  Provider Gender: Female  License number: 86534  NPI: 1518623818  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>  FAMILY HEALTH CENTERS OF  SAN DIEGO  4725 MARKET ST  SAN DIEGO, CA 92102-4715  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>MCDANIEL, REBECCA, CSW</b>  Provider Gender: Female  License number: 86534  NPI: 1518623818  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:</p>	<p>FAMILY HEALTH CENTERS OF  SAN DIEGO  1550 BROADWAY STE 2  SAN DIEGO, CA 92101-5713  Phone: (619) 515-2338  Fax: (619) 702-8535  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-TH 8:30AM-5PM</p> <p><b>MCDANIEL, REBECCA, CSW</b>  Provider Gender: Female  License number: 86534  NPI: 1518623818  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:</p>	<p>SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Vietnamese, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>MCDANIEL, REBECCA, CSW</b>  Provider Gender: Female  License number: 86534  NPI: 1518623818  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>MCDANIEL, REBECCA, CSW</b> Provider Gender: Female License number: 86534 NPI: 1518623818 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>MCDANIEL, REBECCA, CSW</b> Provider Gender: Female License number: 86534 NPI: 1518623818 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE	<b>MCDANIEL, REBECCA, CSW</b> Provider Gender: Female License number: 86534 NPI: 1518623818 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>MCDANIEL, REBECCA, CSW</b>            Provider Gender: Female            License number: 86534            NPI: 1518623818            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p><b>MCGINLEY, NANCY R, MD</b>            Provider Gender: Female            License number: A167231            NPI: 1649765124            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>MCHENRY, KELLY, CSW</b>            Provider Gender: Female            License number: 29689            NPI: 1851544340            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            American Sign Language            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

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SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**  
 Provider Gender: Female  
 License number: 29689  
 NPI: 1851544340  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 American Sign Language  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

**MCHENRY, KELLY, CSW**  
 Provider Gender: Female  
 License number: 29689  
 NPI: 1851544340  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 American Sign Language  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

**MCHENRY, KELLY, CSW**  
 Provider Gender: Female  
 License number: 29689  
 NPI: 1851544340  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 American Sign Language  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **MCHENRY, KELLY, CSW**

*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MCHENRY, KELLY, CSW**

*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **MCHENRY, KELLY, CSW**

*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>MCHENRY, KELLY, CSW</b> Provider Gender: Female License number: 29689 NPI: 1851544340 Provider English Spoken: Yes Provider Language(s) Spoken: American Sign Language Cultural Competency:</p>	<p><b>MCHENRY, KELLY, CSW</b> Provider Gender: Female License number: 29689 NPI: 1851544340 Provider English Spoken: Yes Provider Language(s) Spoken: American Sign Language Cultural Competency:</p>	<p><b>MCHENRY, KELLY, CSW</b> Provider Gender: Female License number: 29689 NPI: 1851544340 Provider English Spoken: Yes Provider Language(s) Spoken: American Sign Language Cultural Competency:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>MCHENRY, KELLY, CSW</b> Provider Gender: Female License number: 29689 NPI: 1851544340 Provider English Spoken: Yes Provider Language(s) Spoken: American Sign Language Cultural Competency:</p>	<p><b>MCHENRY, KELLY, CSW</b> Provider Gender: Female License number: 29689 NPI: 1851544340 Provider English Spoken: Yes Provider Language(s) Spoken: American Sign Language Cultural Competency:</p>	<p><b>MCKELLOGG GUAJARDO, MEGAN A, PSY</b> Provider Gender: Female License number: 23450 NPI: 1952454043 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> MCKELLOGG GUAJARDO, MEGAN 3821 FRONT ST SAN DIEGO, CA 92103-3019 <i>Phone:</i> (619) 354-9081 <i>Fax:</i> <i>After Hours Phone:</i> (619) 354-9081 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> TU,W 9AM-8PM, SA 9AM-2PM</p>	<p>SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>LA MAESTRA COMMUNITY HEALTH CENTERS 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608 <i>Phone:</i> (619) 280-4213 <i>Fax:</i> (619) 281-6738 <i>After Hours Phone:</i> (619) 280-4213 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5:30PM</p>
<p><b>MCMAHILL, JAMES V , MFT</b> <i>Provider Gender:</i> Male <i>License number:</i> 80506 <i>NPI:</i> 1053616961 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF</p>	<p><b>MEJIAS, JUAN C , PSY</b> <i>Provider Gender:</i> Male <i>License number:</i> 26953 <i>NPI:</i> 1558560730 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i></p>	<p><b>MEJIA, RITA I , MFT</b> <i>Provider Gender:</i> Female <i>License number:</i> 99697 <i>NPI:</i> 1952741506 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>MEJIA, RITA I, MFT</b> Provider Gender: Female License number: 99697 NPI: 1952741506 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	<b>MEJIA, RITA I, MFT</b> Provider Gender: Female License number: 99697 NPI: 1952741506 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026	<b>MEJIA, RITA I, MFT</b> Provider Gender: Female License number: 99697 NPI: 1952741506 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2424
Fax: (619) 702-8535	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **MEJIA, RITA I , MFT**

Provider Gender: Female  
 License number: 99697  
 NPI: 1952741506  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

### **MEJIA, RITA I , MFT**

Provider Gender: Female  
 License number: 99697  
 NPI: 1952741506  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **MEJIA, RITA I , MFT**

Provider Gender: Female  
 License number: 99697  
 NPI: 1952741506  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MEJIA, RITA I, MFT**

Provider Gender: Female  
 License number: 99697  
 NPI: 1952741506  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **MEJIA, RITA I, MFT**

Provider Gender: Female  
 License number: 99697  
 NPI: 1952741506  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MEJIA, RITA I, MFT**

Provider Gender: Female  
 License number: 99697  
 NPI: 1952741506  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>
<p><b>MEJIA, RITA I , MFT</b>            Provider Gender: Female            License number: 99697            NPI: 1952741506            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p><b>MEJIA, RITA I , MFT</b>            Provider Gender: Female            License number: 99697            NPI: 1952741506            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p><b>MENDEZ PEREZ, MARIA C , CSW</b>            Provider Gender: Female            License number: 89151            NPI: 1356902795            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-W,F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92103-2184  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i></p>	<p>SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>MENDEZ, ANDRES G , PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 28907  <i>NPI:</i> 1841482692  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE</p>	<p><b>MENDEZ, ANDRES G , PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 28907  <i>NPI:</i> 1841482692  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE</p>	<p><b>MENDEZ, ANDRES G , PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 28907  <i>NPI:</i> 1841482692  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>MENDEZ, ANDRES G , PSY</b> Provider Gender: Male License number: 28907 NPI: 1841482692 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143	<b>MENDEZ, ANDRES G , PSY</b> Provider Gender: Male License number: 28907 NPI: 1841482692 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143	<b>MENDEZ, ANDRES G , PSY</b> Provider Gender: Male License number: 28907 NPI: 1841482692 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MENDEZ, ANDRES G , PSY**

Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **MENDEZ, ANDRES G , PSY**

Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MENDEZ, ANDRES G , PSY**

Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8535	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM

### **MENDEZ, ANDRES G , PSY**

Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **MENDEZ, ANDRES G , PSY**

Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **MENDEZ, ANDRES G , PSY**

Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2424	<i>Phone:</i> (619) 515-2520	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i>	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2424	<i>After Hours Phone:</i> (619) 515-2520	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

*Provider Gender:* Female  
*License number:* 79014  
*NPI:* 1639403884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **MERRILL, SARAH M , CSW**

*Provider Gender:* Female  
*License number:* 79014  
*NPI:* 1639403884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

### **MERRILL, SARAH M , CSW**

*Provider Gender:* Female  
*License number:* 79014  
*NPI:* 1639403884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>MERRILL, SARAH M , CSW</b>            Provider Gender: Female            License number: 79014            NPI: 1639403884            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>MERRILL, SARAH M , CSW</b>            Provider Gender: Female            License number: 79014            NPI: 1639403884            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>MERRILL, SARAH M , CSW</b>            Provider Gender: Female            License number: 79014            NPI: 1639403884            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>
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## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2424	Phone: (619) 515-2338	Phone: (619) 515-2300
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours:
<b>MERRILL, SARAH M , CSW</b>	<b>MERRILL, SARAH M , CSW</b>	<b>MERRILL, SARAH M , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 79014	License number: 79014	License number: 79014
NPI: 1639403884	NPI: 1639403884	NPI: 1639403884
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE	4065 3RD AVE	4725 MARKET ST
SAN DIEGO, CA 92105-2026	SAN DIEGO, CA 92103-2184	SAN DIEGO, CA 92102-4715

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (858) 254-6590	Website:
Fax: (619) 702-8536	Fax:	www.beaconhealthoptions.com
After Hours Phone: (619) 515-2338	After Hours Phone: (858) 254-6590	Accepting New Patients: Yes
Website:	Website:	Site English Spoken: Yes
www.beaconhealthoptions.com	www.beaconhealthoptions.com	Site Language(s) Spoken:
Accepting New Patients: Yes	Accepting New Patients: Yes	TDD: No
Site English Spoken: Yes	Site English Spoken: Yes	Min/Max Age:
Site Language(s) Spoken:	Site Language(s) Spoken:	Gender Restriction: No Gender Restrictions
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	TDD: No	American Sign Language (ASL): No
TDD: No	Min/Max Age: 0/99	Please contact provider for Accessibility information
Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions	Hours: M-F 8AM-5PM
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): No	
American Sign Language (ASL): Yes	Please contact provider for Accessibility information	<b>MILLICAN, RUTH, PSY</b>
Please contact provider for Accessibility information	Hours: TU 7PM-8PM	Provider Gender: Female
Hours: M-F 8:30AM-5PM		License number: 25354
	<b>MILLER, BRIAN P , MD</b>	NPI: 1346472305
<b>METZLER, CINDEA J , MFT</b>	Provider Gender: Male	Provider English Spoken: Yes
Provider Gender: Female	License number: A68180	Provider Language(s) Spoken:
License number: LMFT38808	NPI: 1861411381	Cultural Competency:
NPI: 1487690483	Provider English Spoken: Yes	FAMILY HEALTH CENTERS OF SAN DIEGO
Provider English Spoken: Yes	Provider Language(s) Spoken:	4094 4TH AVE
Provider Language(s) Spoken:	Cultural Competency:	SAN DIEGO, CA 92103-2143
Cultural Competency:	MILLER, BRIAN	Phone: (619) 515-2338
CINDEA J METZLER, LMFT	7850 VISTA HILL AVE	Fax: (619) 702-8536
3633 CAMINO DEL RIO S STE 102	SAN DIEGO, CA 92123-2717	After Hours Phone: (619) 515-2338
SAN DIEGO, CA 92108-4012	Phone: (858) 836-8434	Website:
	Fax: (619) 740-5055	www.beaconhealthoptions.com
	After Hours Phone: (858) 836-8434	Accepting New Patients: Yes
		Site English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>	<p>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>	<p>German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-W,F 8:30AM-5PM</p>
<p><b>MILLICAN, RUTH, PSY</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 25354</p> <p><i>NPI:</i> 1346472305</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language,</p>	<p><b>MILLICAN, RUTH, PSY</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 25354</p> <p><i>NPI:</i> 1346472305</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3705 MISSION BLVD SAN DIEGO, CA 92109-7104</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language,</p>	<p><b>MILLICAN, RUTH, PSY</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 25354</p> <p><i>NPI:</i> 1346472305</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3544 30TH ST SAN DIEGO, CA 92104-4120</p> <p><i>Phone:</i> (619) 515-2424</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2424</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi,</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Japanese, Portuguese, Russian, Spanish, Yue Chinese	Spanish, Yue Chinese	TDD: No
Spanish, Yue Chinese	TDD: No	Min/Max Age:
TDD: No	Min/Max Age:	Gender Restriction: No Gender Restrictions
Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions	American Sign Language (ASL):
Gender Restriction: No Gender Restrictions	American Sign Language (ASL):	Yes
American Sign Language (ASL):	Yes	Please contact provider for Accessibility information
Yes	Please contact provider for Accessibility information	Hours: M-F 8AM-5PM
Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM	
Hours: M-F 8:30AM-5PM		
<b>MILLICAN, RUTH, PSY</b>	<b>MILLICAN, RUTH, PSY</b>	<b>MILLICAN, RUTH, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 25354	License number: 25354	License number: 25354
NPI: 1346472305	NPI: 1346472305	NPI: 1346472305
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE	140 ELM ST	1550 BROADWAY STE 2
SAN DIEGO, CA 92113-3615	SAN DIEGO, CA 92101-2602	SAN DIEGO, CA 92101-5713
Phone: (619) 515-2338	Phone: (619) 515-2520	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8535
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Min/Max Age: 0/99</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>American Sign Language (ASL): Yes</i>	<i>American Sign Language (ASL): Yes</i>
<i>American Sign Language (ASL): Yes</i>	<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>
<i>Please contact provider for Accessibility information</i>	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours:</i>
<i>Hours: M-TH 8:30AM-5PM</i>	<b>MILLICAN, RUTH, PSY</b>	<b>MILLICAN, RUTH, PSY</b>
<b>MILLICAN, RUTH, PSY</b>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>Provider Gender: Female</i>	<i>License number: 25354</i>	<i>License number: 25354</i>
<i>License number: 25354</i>	<i>NPI: 1346472305</i>	<i>NPI: 1346472305</i>
<i>NPI: 1346472305</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider English Spoken: Yes</i>	<i>Provider Language(s) Spoken: Cultural Competency:</i>	<i>Provider Language(s) Spoken: Cultural Competency:</i>
<i>Provider Language(s) Spoken: Cultural Competency:</i>	<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>
<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>4065 3RD AVE</i>	<i>4874 POLK AVE</i>
<i>4725 MARKET ST</i>	<i>SAN DIEGO, CA 92103-2184</i>	<i>SAN DIEGO, CA 92105-2026</i>
<i>SAN DIEGO, CA 92102-4715</i>	<i>Phone: (619) 515-2300</i>	<i>Phone: (619) 515-2338</i>
<i>Phone: (619) 515-2338</i>	<i>Fax:</i>	<i>Fax: (619) 702-8536</i>
<i>Fax: (619) 702-8536</i>	<i>After Hours Phone: (619) 515-2300</i>	<i>After Hours Phone: (619) 515-2338</i>
<i>After Hours Phone: (619) 515-2338</i>	<i>Website:</i>	<i>Website:</i>
<i>Website:</i>	<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>
<i>www.beaconhealthoptions.com</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Accepting New Patients: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>	<i>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>
<i>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>TDD: No</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Min/Max Age: 0/99</i>		<i>Gender Restriction: No Gender Restrictions</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>MILLICAN, RUTH, PSY</b> Provider Gender: Female License number: 25354 NPI: 1346472305 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender	<b>MILLICAN, RUTH, PSY</b> Provider Gender: Female License number: 25354 NPI: 1346472305 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions	<b>MIRANDA, CYNTHIA, PSY</b> Provider Gender: Female License number: 21188 NPI: 1023186970 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS 4157 FAIRMOUNT AVE SAN DIEGO, CA 92105-1609 Phone: (619) 285-7097 Fax: (619) 564-8140 After Hours Phone: (619) 285-7097 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish TDD: No Min/Max Age: 19/64 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Please contact provider for Accessibility information Hours:	Hours: M-F 8AM-5:30PM	Hours:
<b>MIRANDA, CYNTHIA, PSY</b> Provider Gender: Female License number: 21188 NPI: 1023186970 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608 Phone: (619) 280-4213 Fax: (619) 281-6738 After Hours Phone: (619) 280-4213 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No	<b>MISHRA, GAURAV, MD</b> Provider Gender: Male License number: A129941 NPI: 1689804866 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi, Kannada, Maithili, Spanish Cultural Competency: SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE SAN DIEGO, CA 92114-6201 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No	<b>MITCHELL, NORA K , CSW</b> Provider Gender: Female License number: 88855 NPI: 1245607043 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SOUTHEAST COUNTY MENTAL HEALTH 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1432 Phone: (619) 595-4400 Fax: After Hours Phone: (619) 595-4400 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM
Please contact provider for Accessibility information	Please contact provider for Accessibility information	<b>MODAD, ALBERT, PSY</b> Provider Gender: Female License number: 29697

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

NPI: 1629453691	NPI: 1629453691	Provider English Spoken: Yes
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider Language(s) Spoken:
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Cultural Competency:
Cultural Competency:	Cultural Competency:	FAMILY HEALTH CENTERS OF
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	SAN DIEGO
SAN DIEGO	SAN DIEGO	4874 POLK AVE
1809 NATIONAL AVE	1250 6TH AVE STE 100	SAN DIEGO, CA 92105-2026
SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92101-4368	Phone: (619) 515-2338
Phone: (619) 515-2338	Phone: (619) 515-2338	Fax: (619) 702-8536
Fax: (619) 702-8536	Fax: (619) 702-8536	After Hours Phone: (619)
After Hours Phone: (619)	After Hours Phone: (619)	515-2338
515-2338	515-2338	Website:
Website:	Website:	www.beaconhealthoptions.com
www.beaconhealthoptions.com	www.beaconhealthoptions.com	Accepting New Patients: Yes
Accepting New Patients: Yes	Accepting New Patients: Yes	Site English Spoken: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site Language(s) Spoken:
Site Language(s) Spoken:	Site Language(s) Spoken:	American Sign Language, Farsi,
American Sign Language,	American Sign Language, Farsi,	Japanese, Portuguese, Russian,
German, Farsi, Japanese,	Japanese, Portuguese, Russian,	Spanish, Yue Chinese
Portuguese, Russian, Spanish,	Spanish, Yue Chinese	TDD: No
Vietnamese, Yue Chinese	TDD: No	Min/Max Age:
TDD: No	Min/Max Age: 0/99	Gender Restriction: No Gender
Min/Max Age: 0/99	Gender Restriction: No Gender	Restrictions
Gender Restriction: No Gender	Restrictions	American Sign Language (ASL):
Restrictions	American Sign Language (ASL):	Yes
American Sign Language (ASL):	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-F 8AM-5PM
Accessibility information	Hours: M-F 8:30AM-5PM	
Hours: M-F 8:30AM-5PM		<b>MODAD, ALBERT, PSY</b>
<b>MODAD, ALBERT, PSY</b>	<b>MODAD, ALBERT, PSY</b>	Provider Gender: Female
Provider Gender: Female	Provider Gender: Female	License number: 29697
License number: 29697	License number: 29697	NPI: 1629453691
	NPI: 1629453691	Provider English Spoken: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> Cultural Competency:          Cultural Competency:          FAMILY HEALTH CENTERS OF          SAN DIEGO          4065 3RD AVE          SAN DIEGO, CA 92103-2184  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619)          515-2300  <i>Website:</i>          www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>          Arabic, American Sign          Language, Farsi, Japanese,          Portuguese, Russian, Spanish,          Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender          Restrictions  <i>American Sign Language (ASL):</i>          Yes          Please contact provider for          Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><b>MODAD, ALBERT, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 29697  <i>NPI:</i> 1629453691  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>MODAD, ALBERT, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 29697  <i>NPI:</i> 1629453691  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Cultural Competency:</p>
<p><i>Provider Language(s) Spoken:</i> Cultural Competency:          Cultural Competency:          FAMILY HEALTH CENTERS OF          SAN DIEGO          5454 EL CAJON BLVD          SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)          515-2338  <i>Website:</i>          www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>          American Sign Language, Farsi,          Japanese, Portuguese, Russian,          Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender          Restrictions  <i>American Sign Language (ASL):</i>          Yes          Please contact provider for          Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><b>MODAD, ALBERT, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 29697  <i>NPI:</i> 1629453691  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>MODAD, ALBERT, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 29697  <i>NPI:</i> 1629453691  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Cultural Competency:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p> <p><b>MODAD, ALBERT, PSY</b> Provider Gender: Female License number: 29697 NPI: 1629453691 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p>SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>MODAD, ALBERT, PSY</b> Provider Gender: Female License number: 29697 NPI: 1629453691 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p>3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-W,F 8:30AM-5PM</p> <p><b>MODAD, ALBERT, PSY</b> Provider Gender: Female License number: 29697 NPI: 1629453691 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>MODAD, ALBERT, PSY</b> Provider Gender: Female License number: 29697 NPI: 1629453691 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2	<b>MODAD, ALBERT, PSY</b> Provider Gender: Female License number: 29697 NPI: 1629453691 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143	<b>MORALES MORENO, MINERVA, CSW</b> Provider Gender: Female License number: 63550 NPI: 1841337565 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2520	Phone: (619) 515-2338	SAN DIEGO, CA 92103-2184
Fax:	Fax: (619) 702-8536	Phone: (619) 515-2300
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	Fax:
Website:	Website:	After Hours Phone: (619) 515-2300
www.beaconhealthoptions.com	www.beaconhealthoptions.com	Website:
Accepting New Patients: Yes	Accepting New Patients: Yes	www.beaconhealthoptions.com
Site English Spoken: Yes	Site English Spoken: Yes	Accepting New Patients: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site English Spoken: Yes
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese	Site Language(s) Spoken:
TDD: No	TDD: No	Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
Min/Max Age:	Min/Max Age: 0/99	TDD: No
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Min/Max Age:
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions
Please contact provider for Accessibility information	Please contact provider for Accessibility information	American Sign Language (ASL): Yes
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Please contact provider for Accessibility information
<b>MORALES MORENO, MINERVA, CSW</b>	<b>MORALES MORENO, MINERVA, CSW</b>	<b>MORALES MORENO, MINERVA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 63550	License number: 63550	License number: 63550
NPI: 1841337565	NPI: 1841337565	NPI: 1841337565
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE	4065 3RD AVE	
SAN DIEGO, CA 92113-2113		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>MORALES MORENO, MINERVA, CSW</b> Provider Gender: Female License number: 63550 NPI: 1841337565 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>MORALES MORENO, MINERVA, CSW</b> Provider Gender: Female License number: 63550 NPI: 1841337565 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>MORALES MORENO, MINERVA, CSW</b> Provider Gender: Female License number: 63550 NPI: 1841337565 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

3705 MISSION BLVD SAN DIEGO, CA 92109-7104 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-W,F 8:30AM-5PM	SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM	SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM
<b>MORALES MORENO, MINERVA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 63550 <i>NPI:</i> 1841337565 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF	<b>MORALES MORENO, MINERVA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 63550 <i>NPI:</i> 1841337565 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF	<b>MORALES MORENO, MINERVA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 63550 <i>NPI:</i> 1841337565 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p>SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>MORALES MORENO, MINERVA, CSW</b> Provider Gender: Female License number: 63550 NPI: 1841337565 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>MORALES MORENO, MINERVA, CSW</b> Provider Gender: Female License number: 63550 NPI: 1841337565 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>MORRISON, TYLER E , MD</b> Provider Gender: Male License number: A144917 NPI: 1912391814 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency: FAMILY HEALTH CENTERS OF</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<p>SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p>SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>
<p><b>MORRISON, TYLER E , MD</b> Provider Gender: Male License number: A144917 NPI: 1912391814 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>MORRISON, TYLER E , MD</b> Provider Gender: Male License number: A144917 NPI: 1912391814 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>MORRISON, TYLER E , MD</b> Provider Gender: Male License number: A144917 NPI: 1912391814 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency: FAMILY HEALTH CENTERS OF</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MORRISON, TYLER E , MD**

Provider Gender: Male  
License number: A144917  
NPI: 1912391814  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Japanese  
Cultural Competency:  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MORRISON, TYLER E , MD**

Provider Gender: Male  
License number: A144917  
NPI: 1912391814  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Japanese  
Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MORRISON, TYLER E , MD**

Provider Gender: Male  
License number: A144917  
NPI: 1912391814  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Japanese  
Cultural Competency:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>MORRISON, TYLER E , MD</b> Provider Gender: Male License number: A144917 NPI: 1912391814 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency:</p>	<p><b>MORRISON, TYLER E , MD</b> Provider Gender: Male License number: A144917 NPI: 1912391814 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency:</p>	<p><b>MORRISON, TYLER E , MD</b> Provider Gender: Male License number: A144917 NPI: 1912391814 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese Cultural Competency:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p><i>Cultural Competency:</i> MOTAGHED, HENGAMEH 411 CAMINO DEL RIO S STE 200 SAN DIEGO, CA 92108-3550 Phone: (858) 922-4959 Fax: (619) 294-8190 After Hours Phone: (858) 922-4959 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Farsi TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M,TU,TH 8AM-8PM</p>
<p><b>MORRISON, TYLER E , MD</b> Provider Gender: Male License number: A144917 NPI: 1912391814 Provider English Spoken: Yes Provider Language(s) Spoken: Japanese</p>	<p><b>MOTAGHED, HENGAMEH, PSY</b> Provider Gender: Female License number: 12707 NPI: 1366550592 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi</p>	<p><b>MOTAGHED, HENGAMEH, PSY</b> Provider Gender: Female License number: 12707 NPI: 1366550592 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi <i>Cultural Competency:</i> MOTAGHED, HENGAMEH 591 CAMINO DE LA REINA STE 918</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92108-3111  
 Phone: (858) 922-4959  
 Fax: (619) 294-8190  
 After Hours Phone: (858) 922-4959  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Farsi  
 TDD: No  
 Min/Max Age: 19/64  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M,TU,TH 7AM-7PM

### **MUIR, KATHLEEN G , MFT**

Provider Gender: Female  
 License number: 52081  
 NPI: 1093009334  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MUIR, KATHLEEN  
 8885 RIO SAN DIEGO DR STE 365  
 SAN DIEGO, CA 92108-1627

Phone: (619) 873-7738  
 Fax: (619) 324-4154  
 After Hours Phone: (619) 873-7738  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M 4PM-9PM, W 12PM-4PM

### **MUNOZ, VIVIANA, CSW**

Provider Gender: Female  
 License number: 66637  
 NPI: 1497987713  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MUNOZ, VIVIANA, CSW**

Provider Gender: Female  
 License number: 66637  
 NPI: 1497987713  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 786-6062            Fax: (859) 724-3034            After Hours Phone: (619) 786-6062            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age: 19/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-TH 11AM-7PM</p>
<p><b>MURPHY, ERIN, MFT</b>            Provider Gender: Female            License number: 42623            NPI: 1063571925            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p><b>MURPHY, VALERIE R , MFT</b>            Provider Gender: Female            License number: 84920            NPI: 1770732992            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            MURPHY, VALERIE            3974 SORRENTO VALLEY BLVD UNIT 910255            SAN DIEGO, CA 92191-7012</p>	<p><b>NACHE-MORRIS MCCULLUM, TIFFANY, PSY</b>            Provider Gender: Female            License number: 29329            NPI: 1528306206            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN YSIDRO HEALTH CENTER            950 S EUCLID AVE            SAN DIEGO, CA 92114-6201            Phone: (619) 662-4100            Fax:            After Hours Phone: (619) 662-4100</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i>	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-TH 8:30AM-5PM

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i>

**NADEAU MANNING, JULIE,  
CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

**NADEAU MANNING, JULIE,  
CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300

**NADEAU MANNING, JULIE,  
CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2424	Phone: (619) 515-2338	SAN DIEGO, CA 92109-7104
Fax: (619) 702-8536	Fax: (619) 702-8536	Phone: (619) 515-2338
After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338	Fax: (619) 702-8536
Website:	Website:	After Hours Phone: (619) 515-2338
www.beaconhealthoptions.com	www.beaconhealthoptions.com	Website:
Accepting New Patients: Yes	Accepting New Patients: Yes	www.beaconhealthoptions.com
Site English Spoken: Yes	Site English Spoken: Yes	Accepting New Patients: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site English Spoken: Yes
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese	Site Language(s) Spoken:
TDD: No	TDD: No	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
Min/Max Age: 0/99	Min/Max Age: 0/99	TDD: No
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Min/Max Age: 0/99
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions
Please contact provider for Accessibility information	Please contact provider for Accessibility information	American Sign Language (ASL): Yes
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Please contact provider for Accessibility information
<b>NADEAU MANNING, JULIE, CSW</b>	<b>NADEAU MANNING, JULIE, CSW</b>	Hours: M-W,F 8:30AM-5PM
Provider Gender: Female	Provider Gender: Female	<b>NADEAU MANNING, JULIE, CSW</b>
License number: 25094	License number: 25094	Provider Gender: Female
NPI: 1275609760	NPI: 1275609760	License number: 25094
Provider English Spoken: Yes	Provider English Spoken: Yes	NPI: 1275609760
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider English Spoken: Yes
Cultural Competency:	Cultural Competency:	Provider Language(s) Spoken:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency:
1809 NATIONAL AVE	3705 MISSION BLVD	FAMILY HEALTH CENTERS OF SAN DIEGO
SAN DIEGO, CA 92113-2113		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **NADEAU MANNING, JULIE, CSW**

Provider Gender: Female

License number: 25094

NPI: 1275609760

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **NADEAU MANNING, JULIE, CSW**

Provider Gender: Female

License number: 25094

NPI: 1275609760

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **NADEAU MANNING, JULIE, CSW**

Provider Gender: Female

License number: 25094

NPI: 1275609760

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	SAN DIEGO, CA 92114-6201 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours:	Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours:
<b>NAFICY, MAJID, MD</b> Provider Gender: Male License number: G70878 NPI: 1265564553 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE	<b>NARANJO, JORGE, MD</b> Provider Gender: Male License number: A62504 NPI: 1992838684 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE SAN DIEGO, CA 92114-6201	<b>NAVAKAS MD, EDWARD, MD</b> Provider Gender: Female License number: 88320 NPI: 1184648248 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE SAN DIEGO, CA 92114-6201

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 662-4100	Phone: (619) 233-3432	Phone: (619) 239-4663
Fax:	Fax: (619) 233-7022	Fax: (619) 239-3045
After Hours Phone: (619) 662-4100	After Hours Phone: (619) 233-3432	After Hours Phone: (619) 239-4663
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	Russian	Russian
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8:30AM-5PM	Hours:
<b>NAWROCKI, KSENIA, MD</b>	<b>NAWROCKI, KSENIA, MD</b>	<b>NAWROCKI, KSENIA, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: A123879	License number: A123879	License number: A123879
NPI: 1487882742	NPI: 1487882742	NPI: 1487882742
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Russian	Russian	Russian
Cultural Competency:	Cultural Competency:	Cultural Competency:
COMMUNITY RESEARCH FOUNDATION INC	COMMUNITY RESEARCH FOUNDATION INC	COMMUNITY RESEARCH FOUNDATION INC
1963 4TH AVE	743 10TH AVE	892 27TH ST
SAN DIEGO, CA 92101-2394	SAN DIEGO, CA 92101-6673	SAN DIEGO, CA 92154-1444

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 275-0822  
 Fax: (619) 696-9573  
 After Hours Phone: (619)  
 275-0822  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 No

Please contact provider for  
 Accessibility information

Hours:

### **NAWROCKI, KSENIA, MD**

Provider Gender: Female

License number: A123879

NPI: 1487882742

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

1465 30TH ST STE K

SAN DIEGO, CA 92154-3497

Phone: (619) 275-0822  
 Fax: (619) 696-9573  
 After Hours Phone: (619)  
 275-0822  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 No

Please contact provider for  
 Accessibility information

Hours: M,W 9AM-8PM, TU,TH,F  
 9AM-5PM

### **NAWROCKI, KSENIA, MD**

Provider Gender: Female

License number: A123879

NPI: 1487882742

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

1568 6TH AVE

SAN DIEGO, CA 92101-3216

Phone: (619) 696-0822  
 Fax: (619) 696-9573  
 After Hours Phone: (619)  
 696-0822  
 Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 No

Please contact provider for  
 Accessibility information

Hours: M-F 8:30AM-6PM

### **NAZARIO, JACOBETH, PSY**

Provider Gender: Female

License number: PSY32092

NPI: 1326648684

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>NAZARIO, JACOBETH, PSY</b>            Provider Gender: Female            License number: PSY32092            NPI: 1326648684            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>	<p><b>NAZARIO, JACOBETH, PSY</b>            Provider Gender: Female            License number: PSY32092            NPI: 1326648684            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>NAZARIO, JACOBETH, PSY</b>            Provider Gender: Female            License number: PSY32092            NPI: 1326648684            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>NAZARIO, JACOBETH, PSY</b>            Provider Gender: Female            License number: PSY32092            NPI: 1326648684            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>NAZARIO, JACOBETH, PSY</b>            Provider Gender: Female            License number: PSY32092            NPI: 1326648684            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>NAZARIO, JACOBETH, PSY</b>            Provider Gender: Female            License number: PSY32092            NPI: 1326648684            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **NAZARIO, JACOBETH, PSY**

*Provider Gender:* Female  
*License number:* PSY32092  
*NPI:* 1326648684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **NAZARIO, JACOBETH, PSY**

*Provider Gender:* Female  
*License number:* PSY32092  
*NPI:* 1326648684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **NAZARIO, JACOBETH, PSY**

*Provider Gender:* Female  
*License number:* PSY32092  
*NPI:* 1326648684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2424	Phone: (619) 515-2300
Fax: (619) 702-8535	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2300
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours:
<b>NAZARIO, JACOBETH, PSY</b>	<b>NAZARIO, JACOBETH, PSY</b>	<b>NELSON, THEODORA, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: PSY32092	License number: PSY32092	License number: G75021
NPI: 1326648684	NPI: 1326648684	NPI: 1326130584
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	SAN YSIDRO HEALTH CENTER
3544 30TH ST	4065 3RD AVE	950 S EUCLID AVE
SAN DIEGO, CA 92104-4120	SAN DIEGO, CA 92103-2184	SAN DIEGO, CA 92114-6201

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 662-4100	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 662-4100	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-W,F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **NEWBERRY, LISA, CSW**

Provider Gender: Female  
 License number: 15615  
 NPI: 1578041083  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

### **NEWBERRY, LISA, CSW**

Provider Gender: Female  
 License number: 15615  
 NPI: 1578041083  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

### **NGUYEN, MINH G , MD**

Provider Gender: Female  
 License number: 20A19170  
 NPI: 1720575566  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

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<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>NGUYEN, MINH G , MD</b>            Provider Gender: Female            License number: 20A19170            NPI: 1720575566            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p><b>NICHOLLS, MELANIE J , CSW</b>            Provider Gender: Female            License number: 104819            NPI: 1922767581            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>NICHOLLS, MELANIE J , CSW</b>            Provider Gender: Female            License number: 104819            NPI: 1922767581            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **NING, GRACE J , PSY**

Provider Gender: Female  
 License number: 27293  
 NPI: 1598911315  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Farsi, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM, SA  
 8AM-2PM

### **NING, GRACE J , PSY**

Provider Gender: Female  
 License number: 27293  
 NPI: 1598911315  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

Phone: (858) 810-8787  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 810-8787  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM, SA  
 8AM-1PM

### **NING, GRACE J , PSY**

Provider Gender: Female  
 License number: 27293  
 NPI: 1598911315  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 563-0250	Phone: (619) 515-2338	SAN DIEGO, CA 92109-7104
Fax: (619) 563-0015	Fax: (619) 702-8536	Phone: (619) 515-2338
After Hours Phone: (619) 563-0250	After Hours Phone: (619) 515-2338	Fax: (619) 702-8536
Website:	Website:	After Hours Phone: (619) 515-2338
www.beaconhealthoptions.com	www.beaconhealthoptions.com	Website:
Accepting New Patients: Yes	Accepting New Patients: Yes	www.beaconhealthoptions.com
Site English Spoken: Yes	Site English Spoken: Yes	Accepting New Patients: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site English Spoken: Yes
Vietnamese	American Sign Language,	Site Language(s) Spoken:
TDD: No	German, Farsi, Japanese,	American Sign Language,
Min/Max Age:	Portuguese, Russian, Spanish,	German, Farsi, Japanese,
Gender Restriction: No Gender Restrictions	Vietnamese, Yue Chinese	Portuguese, Russian, Spanish,
American Sign Language (ASL):	TDD: No	Yue Chinese
No	Min/Max Age: 0/99	TDD: No
Please contact provider for Accessibility information	Gender Restriction: No Gender Restrictions	Min/Max Age: 0/99
Hours: M-F 8AM-5PM, SA 8AM-2PM	American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions
	Please contact provider for Accessibility information	American Sign Language (ASL): Yes
	Hours: M-F 8:30AM-5PM	Please contact provider for Accessibility information
<b>NORTH, NANCY A , CSW</b>	<b>NORTH, NANCY A , CSW</b>	Hours: M-W,F 8:30AM-5PM
Provider Gender: Female	Provider Gender: Female	<b>NOUHI, NUSHA, PSY</b>
License number: LCS19018	License number: LCS19018	Provider Gender: Female
NPI: 1053445213	NPI: 1053445213	License number: 27670
Provider English Spoken: Yes	Provider English Spoken: Yes	NPI: 1942433917
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider English Spoken: Yes
German	German	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Farsi
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency:
1809 NATIONAL AVE	3705 MISSION BLVD	SAN DIEGO FAMILY CARE
SAN DIEGO, CA 92113-2113		7011 LINDA VISTA RD

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)

810-8700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Farsi, Spanish,

Vietnamese, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

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

8AM-2PM

### **NOUHI, NUSHA, PSY**

Provider Gender: Female

License number: 27670

NPI: 1942433917

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **NOUHI, NUSHA, PSY**

Provider Gender: Female

License number: 27670

NPI: 1942433917

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **NOUHI, NUSHA, PSY**

Provider Gender: Female

License number: 27670

NPI: 1942433917

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **NOUHI, NUSHA, PSY**

Provider Gender: Female

License number: 27670

NPI: 1942433917

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **NOUHI, NUSHA, PSY**

Provider Gender: Female

License number: 27670

NPI: 1942433917

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours:

### **NOUHI, NUSHA, PSY**

Provider Gender: Female

License number: 27670

NPI: 1942433917

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<p>SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>NOUHI, NUSHA, PSY</b> Provider Gender: Female License number: 27670 NPI: 1942433917 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>NOUHI, NUSHA, PSY</b> Provider Gender: Female License number: 27670 NPI: 1942433917 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>NOUHI, NUSHA, PSY</b> Provider Gender: Female License number: 27670 NPI: 1942433917 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: FAMILY HEALTH CENTERS OF</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>
<p><b>NWANGANGA, OKECHUKU R , CSW</b> Provider Gender: Male License number: 27072 NPI: 1285984450 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p><b>NWANGANGA, OKECHUKU R , CSW</b> Provider Gender: Male License number: 27072 NPI: 1285984450 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p><b>NWANGANGA, OKECHUKU R , CSW</b> Provider Gender: Male License number: 27072 NPI: 1285984450 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>NWANGANGA, OKECHUKU R , CSW</b> Provider Gender: Male License number: 27072 NPI: 1285984450 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p><b>NWANGANGA, OKECHUKU R , CSW</b> Provider Gender: Male License number: 27072 NPI: 1285984450 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p><b>NWANGANGA, OKECHUKU R , CSW</b> Provider Gender: Male License number: 27072 NPI: 1285984450 Provider English Spoken: Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>NWANGANGA, OKECHUKU R , CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 27072 <i>NPI:</i> 1285984450 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-W,F 8:30AM-5PM</p> <p><b>NWANGANGA, OKECHUKU R , CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 27072 <i>NPI:</i> 1285984450</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 <i>Phone:</i> (619) 515-2424 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2424 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>NWANGANGA, OKECHUKU R , CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 27072 <i>NPI:</i> 1285984450</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8535  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>
<p><b>NWANGANGA, OKECHUKU R , CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 27072  <i>NPI:</i> 1285984450</p>	<p><b>NWANGANGA, OKECHUKU R , CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 27072  <i>NPI:</i> 1285984450</p>	<p><b>NWANGANGA, OKECHUKU R , CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 27072  <i>NPI:</i> 1285984450</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken: Yes</i>  <i>Provider Language(s) Spoken: Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone: (619) 515-2338</i>  <i>Fax: (619) 702-8536</i>  <i>After Hours Phone: (619) 515-2338</i>  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i>  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD: No</i>  <i>Min/Max Age: 0/99</i>  <i>Gender Restriction: No Gender Restrictions</i>  <i>American Sign Language (ASL): Yes</i>            Please contact provider for Accessibility information  <i>Hours: M-F 8:30AM-5PM</i></p>	<p><i>Provider Language(s) Spoken: Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone: (619) 515-2338</i>  <i>Fax: (619) 702-8536</i>  <i>After Hours Phone: (619) 515-2338</i>  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i>  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD: No</i>  <i>Min/Max Age: 0/99</i>  <i>Gender Restriction: No Gender Restrictions</i>  <i>American Sign Language (ASL): Yes</i>            Please contact provider for Accessibility information  <i>Hours: M-F 8:30AM-5PM</i></p>	<p><i>Provider Language(s) Spoken: Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone: (619) 515-2338</i>  <i>Fax: (619) 702-8536</i>  <i>After Hours Phone: (619) 515-2338</i>  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i>  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD: No</i>  <i>Min/Max Age: 0/99</i>  <i>Gender Restriction: No Gender Restrictions</i>  <i>American Sign Language (ASL): Yes</i>            Please contact provider for Accessibility information  <i>Hours: M-W,F 8:30AM-5PM</i></p>
<p><b>OBESO, DENISSE P , PSY</b>  <i>Provider Gender: Female</i>  <i>License number: 28337</i>  <i>NPI: 1881851384</i>  <i>Provider English Spoken: Yes</i></p>	<p><b>OBESO, DENISSE P , PSY</b>  <i>Provider Gender: Female</i>  <i>License number: 28337</i>  <i>NPI: 1881851384</i>  <i>Provider English Spoken: Yes</i></p>	<p><b>OBRYAN, KELLY, PSY</b>  <i>Provider Gender: Female</i>  <i>License number: 24966</i>  <i>NPI: 1093882698</i>  <i>Provider English Spoken: Yes</i></p>

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>OBRYAN, KELLY, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 24966 <i>NPI:</i> 1093882698 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>OBRYAN, KELLY, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 24966 <i>NPI:</i> 1093882698 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-W,F 8:30AM-5PM</p> <p><b>OBRYAN, KELLY, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 24966 <i>NPI:</i> 1093882698 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i></p>
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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8535 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>OBRYAN, KELLY, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 24966 <i>NPI:</i> 1093882698 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i></p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM</p> <p><b>OBRYAN, KELLY, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 24966 <i>NPI:</i> 1093882698 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF</p>	<p>SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 <i>Phone:</i> (619) 515-2520 <i>Fax:</i> <i>After Hours Phone:</i> (619) 515-2520 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM</p> <p><b>OBRYAN, KELLY, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 24966 <i>NPI:</i> 1093882698 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p>
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## J. Directorio de proveedores de salud mental

5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>OBRYAN, KELLY, PSY</b> Provider Gender: Female License number: 24966 NPI: 1093882698 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE	<b>OBRYAN, KELLY, PSY</b> Provider Gender: Female License number: 24966 NPI: 1093882698 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120	<b>OBRYAN, KELLY, PSY</b> Provider Gender: Female License number: 24966 NPI: 1093882698 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>
<p><b>OBRYAN, KELLY, PSY</b>            Provider Gender: Female            License number: 24966            NPI: 1093882698            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p><b>OBRYAN, KELLY, PSY</b>            Provider Gender: Female            License number: 24966            NPI: 1093882698            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p><b>OCAMPO, ELAINE, NPA</b>            Provider Gender: Female            License number: 95003427            NPI: 1063856805            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN DIEGO FAMILY CARE            4290 POLK AVE            SAN DIEGO, CA 92105-1524</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

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Phone: (619) 563-0250  
 Fax: (619) 563-0015  
 After Hours Phone: (619) 563-0250  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-2PM

### **OCAMPO, ELAINE, NPA**

Provider Gender: Female  
 License number: 95003427  
 NPI: 1063856805  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

Phone: (858) 810-8787  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 810-8787  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-1PM

### **OCAMPO, ELAINE, NPA**

Provider Gender: Female  
 License number: 95003427  
 NPI: 1063856805  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-2PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2424	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
 License number: 73903  
 NPI: 1215015227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>OHARA, FELECIA, CSW</b>	<b>OHARA, FELECIA, CSW</b>	<b>OJHA, PRITI, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 73903	License number: 73903	License number: A139807
NPI: 1215015227	NPI: 1215015227	NPI: 1760897284
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: SAN DIEGO FAMILY CARE
2204 NATIONAL AVE SAN DIEGO, CA 92113-3615	3705 MISSION BLVD SAN DIEGO, CA 92109-7104	7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<p>Phone: (858) 810-8700            Fax: (858) 633-4680            After Hours Phone: (858) 810-8700            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM, SA 8AM-2PM</p> <p><b>OJHA, PRITI, MD</b>            Provider Gender: Female            License number: A139807            NPI: 1760897284            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: SAN YSIDRO HEALTH CENTER            950 S EUCLID AVE            SAN DIEGO, CA 92114-6201</p>	<p>Phone: (619) 662-4100            Fax:            After Hours Phone: (619) 662-4100            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours:</p> <p><b>OJHA, PRITI, MD</b>            Provider Gender: Female            License number: A139807            NPI: 1760897284            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>OJHA, PRITI, MD</b>            Provider Gender: Female            License number: A139807            NPI: 1760897284            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: SAN DIEGO FAMILY CARE            4305 UNIVERSITY AVE            SAN DIEGO, CA 92105-1645</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (858) 280-2058          Fax: (619) 563-0015          After Hours Phone: (858) 280-2058          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-F 8AM-5PM, SA 8AM-2PM</p>	<p>Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Vietnamese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-F 8AM-5PM, SA 8AM-2PM</p>	<p>Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-W,F 8:30AM-5PM</p>
<p><b>OJHA, PRITI, MD</b>          Provider Gender: Female          License number: A139807          NPI: 1760897284          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          SAN DIEGO FAMILY CARE          4290 POLK AVE          SAN DIEGO, CA 92105-1524          Phone: (619) 563-0250          Fax: (619) 563-0015          After Hours Phone: (619) 563-0250</p>	<p><b>OJHA, PRITI, MD</b>          Provider Gender: Female          License number: A139807          NPI: 1760897284          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          FAMILY HEALTH CENTERS OF SAN DIEGO          3705 MISSION BLVD          SAN DIEGO, CA 92109-7104          Phone: (619) 515-2338          Fax: (619) 702-8536          After Hours Phone: (619) 515-2338          Website:          www.beaconhealthoptions.com</p>	<p><b>OJHA, PRITI, MD</b>          Provider Gender: Female          License number: A139807          NPI: 1760897284          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          SAN DIEGO FAMILY CARE          6973 LINDA VISTA RD          SAN DIEGO, CA 92111-6342          Phone: (858) 810-8787          Fax: (858) 279-0377          After Hours Phone: (858) 810-8787          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Site English Spoken: Yes  Site Language(s) Spoken:  Mandarin, Spanish,  Vietnamese, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: M-F 8AM-5PM, SA  8AM-1PM</p> <p><b>OLIVEIRA, SHANNON J , MFT</b>  Provider Gender: Female  License number: 100161  NPI: 1386874626  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  OLIVEIRA, SHANNON  2535 CAMINO DEL RIO S STE  230  SAN DIEGO, CA 92108-3795  Phone: (707) 738-3453  Fax:  After Hours Phone: (707)  738-3453  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes</p>	<p>Site Language(s) Spoken:  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours:</p> <p><b>OLIVER, ELIZABETH, CSW</b>  Provider Gender: Female  License number: 66862  NPI: 1326296351  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  1250 6TH AVE STE 100  SAN DIEGO, CA 92101-4368  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese</p>	<p>TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>OLIVER, ELIZABETH, CSW</b>  Provider Gender: Female  License number: 66862  NPI: 1326296351  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  1809 NATIONAL AVE  SAN DIEGO, CA 92113-2113  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language,  German, Farsi, Japanese,  Portuguese, Russian, Spanish,  Vietnamese, Yue Chinese</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

TDD: No	Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions
Min/Max Age: 0/99	Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): Yes	Please contact provider for Accessibility information
American Sign Language (ASL): Yes	Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM
Please contact provider for Accessibility information	Hours: M-F 8:30AM-5PM	
Hours: M-F 8:30AM-5PM		
<b>OLIVER, ELIZABETH, CSW</b>	<b>OLIVER, ELIZABETH, CSW</b>	<b>OLIVER, ELIZABETH, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 66862	License number: 66862	License number: 66862
NPI: 1326296351	NPI: 1326296351	NPI: 1326296351
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD	4094 4TH AVE	4725 MARKET ST
SAN DIEGO, CA 92115-3621	SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92102-4715
Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM
<b>OLIVER, ELIZABETH, CSW</b> Provider Gender: Female License number: 66862 NPI: 1326296351 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender	<b>OLIVER, ELIZABETH, CSW</b> Provider Gender: Female License number: 66862 NPI: 1326296351 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions	<b>OLIVER, ELIZABETH, CSW</b> Provider Gender: Female License number: 66862 NPI: 1326296351 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>American Sign Language (ASL): Yes          Yes          Please contact provider for Accessibility information          Hours: M-W,F 8:30AM-5PM</p> <p><b>OLIVER, ELIZABETH, CSW</b>          Provider Gender: Female          License number: 66862          NPI: 1326296351          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          3544 30TH ST          SAN DIEGO, CA 92104-4120          Phone: (619) 515-2424          Fax: (619) 702-8536          After Hours Phone: (619) 515-2424          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes</p>	<p>Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p> <p><b>OLIVER, ELIZABETH, CSW</b>          Provider Gender: Female          License number: 66862          NPI: 1326296351          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          4874 POLK AVE          SAN DIEGO, CA 92105-2026          Phone: (619) 515-2338          Fax: (619) 702-8536          After Hours Phone: (619) 515-2338          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes</p>	<p>Please contact provider for Accessibility information          Hours: M-F 8AM-5PM</p> <p><b>OLIVER, ELIZABETH, CSW</b>          Provider Gender: Female          License number: 66862          NPI: 1326296351          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO          2204 NATIONAL AVE          SAN DIEGO, CA 92113-3615          Phone: (619) 515-2338          Fax: (619) 702-8536          After Hours Phone: (619) 515-2338          Website: www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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

### **OLIVER, ELIZABETH, CSW**

Provider Gender: Female  
License number: 66862  
NPI: 1326296351  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520  
Fax:  
After Hours Phone: (619)  
515-2520  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **ORBE, KERIN, MD**

Provider Gender: Female  
License number: 20A17225  
NPI: 1114256690  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

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

### **ORBE, KERIN, MD**

Provider Gender: Female  
License number: 20A17225  
NPI: 1114256690  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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

### **ORTEGA, MARIA G , MFT**

Provider Gender: Female

License number: 49264

NPI: 1154545739

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **ORTIZ, MARIA, PSY**

Provider Gender: Female

License number: 30953

NPI: 1497980775

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours:

### **OSTEEN, VICTORIA G , CSW**

Provider Gender: Female

License number: 69748

NPI: 1033403027

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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## J. Directorio de proveedores de salud mental

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

### **OSTEEN, VICTORIA G , CSW**

Provider Gender: Female

License number: 69748

NPI: 1033403027

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

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

### **PAI, SARAH A , NPA**

Provider Gender: Female

License number: 23711

NPI: 1255762167

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN DIEGO AMERICAN INDIAN  
HEALTH CENTER

2630 1ST AVE

SAN DIEGO, CA 92103-6599

Phone: (619) 234-2158

Fax: (619) 234-1979

After Hours Phone: (619)

234-2158

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **PAI, SARAH A , NPA**

Provider Gender: Female

License number: 23711

NPI: 1255762167

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)

810-8700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Farsi, Spanish,

Vietnamese, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

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

8AM-2PM

### **PATTON, MICHAEL A , CSW**

Provider Gender: Male

License number: 18244

NPI: 1184756702

Provider English Spoken: Yes

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## J. Directorio de proveedores de salud mental

<i>Provider Language(s) Spoken:</i>	SAN DIEGO FAMILY CARE	SAN DIEGO, CA 92111-6342
<i>Cultural Competency:</i>	7011 LINDA VISTA RD	<i>Phone:</i> (858) 810-8787
INTEGRATED HEALTH	SAN DIEGO, CA 92111-6307	<i>Fax:</i> (858) 279-0377
PARTNERS - ST VINCENT DE	<i>Phone:</i> (858) 810-8700	<i>After Hours Phone:</i> (858)
PAUL VILLAGE INC	<i>Fax:</i> (858) 633-4680	810-8787
1501 IMPERIAL AVE	<i>After Hours Phone:</i> (858)	<i>Website:</i>
SAN DIEGO, CA 92101-7638	810-8700	www.beaconhealthoptions.com
<i>Phone:</i> (619) 233-8500	<i>Website:</i>	<i>Accepting New Patients:</i> Yes
<i>Fax:</i> (619) 687-1067	www.beaconhealthoptions.com	<i>Site English Spoken:</i> Yes
<i>After Hours Phone:</i> (619)	<i>Accepting New Patients:</i> Yes	<i>Site Language(s) Spoken:</i>
233-8500	<i>Site English Spoken:</i> Yes	Mandarin, Spanish,
<i>Website:</i>	<i>Site Language(s) Spoken:</i>	Vietnamese, Yue Chinese
www.beaconhealthoptions.com	Mandarin, Farsi, Spanish,	<i>TDD:</i> No
<i>Accepting New Patients:</i> Yes	Vietnamese, Yue Chinese	<i>Min/Max Age:</i>
<i>Site English Spoken:</i> Yes	<i>TDD:</i> No	<i>Gender Restriction:</i> No Gender
<i>Site Language(s) Spoken:</i>	<i>Min/Max Age:</i>	Restrictions
<i>TDD:</i> No	<i>Gender Restriction:</i> No Gender	<i>American Sign Language (ASL):</i>
<i>Min/Max Age:</i>	Restrictions	No
<i>Gender Restriction:</i> No Gender	<i>American Sign Language (ASL):</i>	Please contact provider for
Restrictions	No	Accessibility information
<i>American Sign Language (ASL):</i>	Please contact provider for	<i>Hours:</i> M-F 8AM-5PM, SA
No	Accessibility information	8AM-1PM
Please contact provider for	<i>Hours:</i> M-F 8AM-5PM, SA	
Accessibility information	8AM-2PM	
<i>Hours:</i> M-W,F 8:30AM-5PM, TH	<b>PEDERSEN, SUESAN, MD</b>	<b>PELLECCHIA, KRISTYN G , NPA</b>
8:30AM-9PM	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<b>PEDERSEN, SUESAN, MD</b>	<i>License number:</i> A138369	<i>License number:</i> 21354
<i>Provider Gender:</i> Female	<i>NPI:</i> 1558603837	<i>NPI:</i> 1780981266
<i>License number:</i> A138369	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1558603837	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
<i>Provider Language(s) Spoken:</i>	SAN DIEGO FAMILY CARE	SENIOR MEDICAL ASSOCIATES
<i>Cultural Competency:</i>	6973 LINDA VISTA RD	INC
		2810 CAMINO DEL RIO S STE
		102

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92108-3819 Phone: (619) 299-1419 Fax: (858) 461-6008 After Hours Phone: (619) 299-1419 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish TDD: No Min/Max Age: 13/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Phone: (310) 515-8113 Fax: (310) 538-2102 After Hours Phone: (310) 515-8113 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-SU 7AM-9PM	Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>PENNER, ANDREW W , NPA</b> Provider Gender: Male License number: 94025490 NPI: 1285862326 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: EHAB YACOUB MD INC. 3914 3RD AVE SAN DIEGO, CA 92103-3003	<b>PERALTA, KUSI H , CSW</b> Provider Gender: Female License number: 92052 NPI: 1669856365 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338	<b>PERRY, KATHERINE, NPA</b> Provider Gender: Female License number: 95014964 NPI: 1215543426 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN DIEGO AMERICAN INDIAN HEALTH CENTER 2630 1ST AVE SAN DIEGO, CA 92103-6599 Phone: (619) 234-2158 Fax: (619) 234-1979 After Hours Phone: (619) 234-2158

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: TDD: No</p> <p>Min/Max Age: Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-5PM</p> <p><b>PHAN, HY V , MD</b></p> <p>Provider Gender: Male</p> <p>License number: C56033</p> <p>NPI: 1144373408</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC</p> <p>1568 6TH AVE SAN DIEGO, CA 92101-3216</p> <p>Phone: (619) 696-0822</p> <p>Fax: (619) 696-9573</p> <p>After Hours Phone: (619) 696-0822</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p>	<p>Site Language(s) Spoken: Russian</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-6PM</p> <p><b>PHAN, HY V , MD</b></p> <p>Provider Gender: Male</p> <p>License number: C56033</p> <p>NPI: 1144373408</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC</p> <p>1963 4TH AVE SAN DIEGO, CA 92101-2394</p> <p>Phone: (619) 233-3432</p> <p>Fax: (619) 233-7022</p> <p>After Hours Phone: (619) 233-3432</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Russian</p> <p>TDD: No</p>	<p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8:30AM-5PM</p> <p><b>PHAN, HY V , MD</b></p> <p>Provider Gender: Male</p> <p>License number: C56033</p> <p>NPI: 1144373408</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC</p> <p>743 10TH AVE SAN DIEGO, CA 92101-6673</p> <p>Phone: (619) 239-4663</p> <p>Fax: (619) 239-3045</p> <p>After Hours Phone: (619) 239-4663</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Russian</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

American Sign Language (ASL): Hours: M-F 9:30AM-6PM

No

Please contact provider for  
Accessibility information

Hours:

### **PHAN, HY V , MD**

Provider Gender: Male

License number: C56033

NPI: 1144373408

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

10717 CAMINO RUIZ STE 207

SAN DIEGO, CA 92126-2364

Phone: (858) 695-2211

Fax: (858) 695-3521

After Hours Phone: (858)

695-2211

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

### **PHAN, HY V , MD**

Provider Gender: Male

License number: C56033

NPI: 1144373408

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

1465 30TH ST STE K

SAN DIEGO, CA 92154-3497

Phone: (619) 275-0822

Fax: (619) 696-9573

After Hours Phone: (619)

275-0822

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M,W 9AM-8PM, TU,TH,F

9AM-5PM

### **PHAN, HY V , MD**

Provider Gender: Male

License number: C56033

NPI: 1144373408

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

892 27TH ST

SAN DIEGO, CA 92154-1444

Phone: (619) 275-0822

Fax: (619) 696-9573

After Hours Phone: (619)

275-0822

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours:

### **PINEDO, YANELI, CSW**

Provider Gender: Male

License number: 91103

NPI: 1710361712

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-W,F 8:30AM-5PM</p> <p><b>PINEDO, YANELI, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 91103  <i>NPI:</i> 1710361712</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p> <p><b>PINEDO, YANELI, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 91103  <i>NPI:</i> 1710361712  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8535  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p> <p><b>PINEDO, YANELI, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 91103  <i>NPI:</i> 1710361712  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>PINEDO, YANELI, CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 91103 <i>NPI:</i> 1710361712 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i></p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>PINEDO, YANELI, CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 91103 <i>NPI:</i> 1710361712 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF</p>	<p>SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 <i>Phone:</i> (619) 515-2424 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2424 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>PINEDO, YANELI, CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 91103 <i>NPI:</i> 1710361712 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>PINEDO, YANELI, CSW</b> Provider Gender: Male License number: 91103 NPI: 1710361712 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE	<b>PINEDO, YANELI, CSW</b> Provider Gender: Male License number: 91103 NPI: 1710361712 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602	<b>PINEDO, YANELI, CSW</b> Provider Gender: Male License number: 91103 NPI: 1710361712 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>PINEDO, YANELI, CSW</b>	<b>PINEDO, YANELI, CSW</b>	<b>PRASEK, LAUREN, NPA</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Female
License number: 91103	License number: 91103	License number: 95004145
NPI: 1710361712	NPI: 1710361712	NPI: 1932566031
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE	1809 NATIONAL AVE	1809 NATIONAL AVE
SAN DIEGO, CA 92113-3615	SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92113-2113

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours:</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>PRASEK, LAUREN, NPA</b>            Provider Gender: Female            License number: 95004145            NPI: 1932566031            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p><b>PRASEK, LAUREN, NPA</b>            Provider Gender: Female            License number: 95004145            NPI: 1932566031            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p><b>PRASEK, LAUREN, NPA</b>            Provider Gender: Female            License number: 95004145            NPI: 1932566031            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

Provider Gender: Female  
 License number: 95004145  
 NPI: 1932566031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

### **PRASEK, LAUREN, NPA**

Provider Gender: Female  
 License number: 95004145  
 NPI: 1932566031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

### **PRASEK, LAUREN, NPA**

Provider Gender: Female  
 License number: 95004145  
 NPI: 1932566031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2520	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i>	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2520	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

Provider Gender: Female  
 License number: 95004145  
 NPI: 1932566031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

Provider Gender: Female  
 License number: 95004145  
 NPI: 1932566031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **PRINCE, RENEE K , PSY**

Provider Gender: Female  
 License number: 32206  
 NPI: 1467737908  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 OPERATION SAMAHAN  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (844) 200-2426	Phone: (619) 515-2424	Phone: (619) 515-2338
Fax: (858) 695-9074	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (844) 200-2426	After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Urdu	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM

### **PROCTOR, MELISSA S , CSW**

Provider Gender: Female  
 License number: 62650  
 NPI: 1336188655  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **PROCTOR, MELISSA S , CSW**

Provider Gender: Female  
 License number: 62650  
 NPI: 1336188655  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **PROCTOR, MELISSA S , CSW**

Provider Gender: Female  
 License number: 62650  
 NPI: 1336188655  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2520
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM	Hours: M-F 8AM-5PM
<b>PROCTOR, MELISSA S , CSW</b>	<b>PROCTOR, MELISSA S , CSW</b>	<b>PROCTOR, MELISSA S , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 62650	License number: 62650	License number: 62650
NPI: 1336188655	NPI: 1336188655	NPI: 1336188655
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD SAN DIEGO, CA 92109-7104	140 ELM ST SAN DIEGO, CA 92101-2602	1809 NATIONAL AVE SAN DIEGO, CA 92113-2113

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>PROCTOR, MELISSA S , CSW</b>            Provider Gender: Female            License number: 62650            NPI: 1336188655            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>PROCTOR, MELISSA S , CSW</b>            Provider Gender: Female            License number: 62650            NPI: 1336188655            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>PROCTOR, MELISSA S , CSW</b>            Provider Gender: Female            License number: 62650            NPI: 1336188655            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2300	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8535
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours:	Hours: M-TH 8:30AM-5PM
<b>PROCTOR, MELISSA S , CSW</b>	<b>PROCTOR, MELISSA S , CSW</b>	<b>PROCTOR, MELISSA S , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 62650	License number: 62650	License number: 62650
NPI: 1336188655	NPI: 1336188655	NPI: 1336188655
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>
<p><b>PROOSASELTS, YULIYA, MD</b>            Provider Gender: Female            License number: A133675            NPI: 1952747875            Provider English Spoken: Yes            Provider Language(s) Spoken: Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>	<p><b>PROOSASELTS, YULIYA, MD</b>            Provider Gender: Female            License number: A133675            NPI: 1952747875            Provider English Spoken: Yes            Provider Language(s) Spoken: Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p><b>PROOSASELTS, YULIYA, MD</b>            Provider Gender: Female            License number: A133675            NPI: 1952747875            Provider English Spoken: Yes            Provider Language(s) Spoken: Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<p>SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                      American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes                      Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>5454 EL CAJON BLVD                      SAN DIEGO, CA 92115-3621  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                      American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes                      Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>4065 3RD AVE                      SAN DIEGO, CA 92103-2184  <i>Phone:</i> (619) 515-2300  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2300  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                      Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes                      Please contact provider for Accessibility information  <i>Hours:</i></p>
<p><b>PROOSASELTS, YULIYA, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A133675  <i>NPI:</i> 1952747875  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                      Russian  <i>Cultural Competency:</i>                      FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>PROOSASELTS, YULIYA, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A133675  <i>NPI:</i> 1952747875  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                      Russian  <i>Cultural Competency:</i>                      FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>PROOSASELTS, YULIYA, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A133675  <i>NPI:</i> 1952747875  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                      Russian  <i>Cultural Competency:</i>                      FAMILY HEALTH CENTERS OF</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM</p>	<p>SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>
<p><b>PROOSASELTS, YULIYA, MD</b> Provider Gender: Female License number: A133675 NPI: 1952747875 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>PROOSASELTS, YULIYA, MD</b> Provider Gender: Female License number: A133675 NPI: 1952747875 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>PROOSASELTS, YULIYA, MD</b> Provider Gender: Female License number: A133675 NPI: 1952747875 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>PROOSASELTS, YULIYA, MD</b> Provider Gender: Female License number: A133675 NPI: 1952747875 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>PROOSASELTS, YULIYA, MD</b> Provider Gender: Female License number: A133675 NPI: 1952747875 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>PROOSASELTS, YULIYA, MD</b> Provider Gender: Female License number: A133675 NPI: 1952747875 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF</p>

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## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92109-7104 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-W,F 8:30AM-5PM</p>
<p><b>QUIROZ, NORMA, MFT</b> Provider Gender: Female License number: 50504 NPI: 1902945199 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>RABBAN, DIANA, CSW</b> Provider Gender: Female License number: 72987 NPI: 1033426374 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD</p>	<p><b>RABBAN, DIANA, CSW</b> Provider Gender: Female License number: 72987 NPI: 1033426374 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE</p>

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## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92113-2113 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (858) 810-8787 Fax: (858) 279-0377 After Hours Phone: (858) 810-8787 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM, SA 8AM-1PM	Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM, SA 8AM-2PM
<b>RADOJEVIC, NATASHA, PSY</b> Provider Gender: Female License number: PSYD28495 NPI: 1821365008 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN DIEGO FAMILY CARE 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6342	<b>RADOJEVIC, NATASHA, PSY</b> Provider Gender: Female License number: PSYD28495 NPI: 1821365008 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN DIEGO FAMILY CARE 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307	<b>RAHMANKHAH, SOUDABEH, PSY</b> Provider Gender: Female License number: 30875 NPI: 1942523691 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: SOUTHEAST COUNTY MENTAL HEALTH 1250 MORENA BLVD # FL1

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## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92110-3815 Phone: (619) 692-8750 Fax: (619) 692-8779 After Hours Phone: (619) 692-8750 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Farsi, French, Russian, Spanish TDD: No Min/Max Age: 19/64 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-6PM	Phone: (619) 563-0250 Fax: (619) 563-0015 After Hours Phone: (619) 563-0250 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Vietnamese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM, SA 8AM-2PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>RAMIREZ, LORIEN, CSW</b> Provider Gender: Male License number: 88678 NPI: 1356906259 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN DIEGO FAMILY CARE 4290 POLK AVE SAN DIEGO, CA 92105-1524	<b>RAMOS, ELIZABETH, CSW</b> Provider Gender: Female License number: 73374 NPI: 1992046890 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715	<b>RAMOS, ELIZABETH, CSW</b> Provider Gender: Female License number: 73374 NPI: 1992046890 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>SAN DIEGO, CA 92113-3615            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92109-7104            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>
<p><b>RAMOS, ELIZABETH, CSW</b>            Provider Gender: Female            License number: 73374            NPI: 1992046890            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE</p>	<p><b>RAMOS, ELIZABETH, CSW</b>            Provider Gender: Female            License number: 73374            NPI: 1992046890            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD</p>	<p><b>RAMOS, ELIZABETH, CSW</b>            Provider Gender: Female            License number: 73374            NPI: 1992046890            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO</p>

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## J. Directorio de proveedores de salud mental

<p>3544 30TH ST            SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2424  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>4094 4TH AVE            SAN DIEGO, CA 92103-2143  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>140 ELM ST            SAN DIEGO, CA 92101-2602  <i>Phone:</i> (619) 515-2520  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2520  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>
<p><b>RAMOS, ELIZABETH, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 73374  <i>NPI:</i> 1992046890  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>RAMOS, ELIZABETH, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 73374  <i>NPI:</i> 1992046890  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>RAMOS, ELIZABETH, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 73374  <i>NPI:</i> 1992046890  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO</p>

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## J. Directorio de proveedores de salud mental

<p>1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8535 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p>SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>RAMOS, ELIZABETH, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 73374 <i>NPI:</i> 1992046890 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF</p>	<p><b>RAMOS, ELIZABETH, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 73374 <i>NPI:</i> 1992046890 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF</p>	<p><b>RAMOS, ELIZABETH, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 73374 <i>NPI:</i> 1992046890 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>2630 1ST AVE SAN DIEGO, CA 92103-6599 Phone: (619) 234-2158 Fax: (619) 234-1979 After Hours Phone: (619) 234-2158 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>
<p><b>RAMOS, ELIZABETH, CSW</b> Provider Gender: Female License number: 73374 NPI: 1992046890 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>REED, STEPHANIE, NPA</b> Provider Gender: Female License number: 95015647 NPI: 1396358024 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN DIEGO AMERICAN INDIAN HEALTH CENTER</p>	<p><b>REGHABI, NASEEM, PSY</b> Provider Gender: Female License number: 21940 NPI: 1225573421 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104</p>

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **REGHABI, NASEEM, PSY**

Provider Gender: Female  
 License number: 21940  
 NPI: 1225573421  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **REID, EMILY, NPA**

Provider Gender: Female  
 License number: 95002766  
 NPI: 1083081467  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 4157 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1609

Phone: (619) 285-7097  
 Fax: (619) 564-8140  
 After Hours Phone: (619) 285-7097  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 19/64  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

### **REID, EMILY, NPA**

Provider Gender: Female  
 License number: 95002766  
 NPI: 1083081467  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

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## J. Directorio de proveedores de salud mental

Phone: (619) 280-4213  
 Fax: (619) 281-6738  
 After Hours Phone: (619) 280-4213  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5:30PM

### **RENE, RACHELLE, PSY**

Provider Gender: Female  
 License number: 23993  
 NPI: 1629108188  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

### **RENTERIA, SABRINA, MD**

Provider Gender: Female  
 License number: A145894  
 NPI: 1285029421  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **RENTERIA, SABRINA, MD**

Provider Gender: Female  
 License number: A145894  
 NPI: 1285029421  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age: 0/99</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): Yes</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-W,F 8:30AM-5PM</p> <p><b>ROBITZ, RACHEL A , MD</b></p> <p>Provider Gender: Female</p> <p>License number: A127641</p> <p>NPI: 1700140159</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: SAN YSIDRO HEALTH CENTER</p> <p>950 S EUCLID AVE</p> <p>SAN DIEGO, CA 92114-6201</p> <p>Phone: (619) 662-4100</p> <p>Fax:</p> <p>After Hours Phone: (619) 662-4100</p>	<p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours:</p> <p><b>RODENMEYER, EVE, NPA</b></p> <p>Provider Gender: Female</p> <p>License number: 95019971</p> <p>NPI: 1225782022</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: SAN DIEGO FAMILY CARE</p> <p>6973 LINDA VISTA RD</p> <p>SAN DIEGO, CA 92111-6342</p> <p>Phone: (858) 810-8787</p> <p>Fax: (858) 279-0377</p> <p>After Hours Phone: (858) 810-8787</p> <p>Website: www.beaconhealthoptions.com</p>	<p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Mandarin, Spanish, Vietnamese, Yue Chinese</p> <p>TDD: No</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Hours: M-F 8AM-5PM, SA 8AM-1PM</p> <p><b>RODENMEYER, EVE, NPA</b></p> <p>Provider Gender: Female</p> <p>License number: 95019971</p> <p>NPI: 1225782022</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: SAN DIEGO FAMILY CARE</p> <p>4305 UNIVERSITY AVE</p> <p>SAN DIEGO, CA 92105-1645</p> <p>Phone: (858) 280-2058</p> <p>Fax: (619) 563-0015</p> <p>After Hours Phone: (858) 280-2058</p> <p>Website: www.beaconhealthoptions.com</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>Site Language(s) Spoken: TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM, SA 8AM-2PM</p> <p><b>RODENMEYER, EVE, NPA</b> Provider Gender: Female License number: 95019971 NPI: 1225782022 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: SAN DIEGO FAMILY CARE 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307 Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese TDD: No</p>	<p>Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-5PM, SA 8AM-2PM</p> <p><b>RODRIGUEZ, CHRISTINE, PSY</b> Provider Gender: Female License number: 30472 NPI: 1568656619 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No</p>	<p>Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p> <p><b>RODRIGUEZ, CHRISTINE, PSY</b> Provider Gender: Female License number: 30472 NPI: 1568656619 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Min/Max Age: 0/99</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>American Sign Language (ASL): Yes</i>	<i>American Sign Language (ASL): Yes</i>
<i>American Sign Language (ASL): Yes</i>	<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>
<i>Please contact provider for Accessibility information</i>	<i>Hours: M-F 8AM-5PM</i>	<i>Hours:</i>
<i>Hours: M-F 8:30AM-5PM</i>		
<b>RODRIGUEZ, CHRISTINE, PSY</b>	<b>RODRIGUEZ, CHRISTINE, PSY</b>	<b>RODRIGUEZ, CHRISTINE, PSY</b>
<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>License number: 30472</i>	<i>License number: 30472</i>	<i>License number: 30472</i>
<i>NPI: 1568656619</i>	<i>NPI: 1568656619</i>	<i>NPI: 1568656619</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken: Cultural Competency:</i>	<i>Provider Language(s) Spoken: Cultural Competency:</i>	<i>Provider Language(s) Spoken: Cultural Competency:</i>
<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>
<i>4874 POLK AVE</i>	<i>4065 3RD AVE</i>	<i>4725 MARKET ST</i>
<i>SAN DIEGO, CA 92105-2026</i>	<i>SAN DIEGO, CA 92103-2184</i>	<i>SAN DIEGO, CA 92102-4715</i>
<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 515-2300</i>	<i>Phone: (619) 515-2338</i>
<i>Fax: (619) 702-8536</i>	<i>Fax:</i>	<i>Fax: (619) 702-8536</i>
<i>After Hours Phone: (619) 515-2338</i>	<i>After Hours Phone: (619) 515-2300</i>	<i>After Hours Phone: (619) 515-2338</i>
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>
<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>	<i>Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>	<i>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</i>
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age: 0/99</i>
		<i>Gender Restriction: No Gender Restrictions</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Restrictions	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>American Sign Language (ASL):</i>	Yes	Yes
Yes	Please contact provider for	Please contact provider for
Please contact provider for	Accessibility information	Accessibility information
Accessibility information	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-W,F 8:30AM-5PM</i>
<i>Hours: M-F 8:30AM-5PM</i>		
<b>RODRIGUEZ, CHRISTINE, PSY</b>	<b>RODRIGUEZ, CHRISTINE, PSY</b>	<b>RODRIGUEZ, CHRISTINE, PSY</b>
<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>License number: 30472</i>	<i>License number: 30472</i>	<i>License number: 30472</i>
<i>NPI: 1568656619</i>	<i>NPI: 1568656619</i>	<i>NPI: 1568656619</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
2204 NATIONAL AVE	3705 MISSION BLVD	4094 4TH AVE
SAN DIEGO, CA 92113-3615	SAN DIEGO, CA 92109-7104	SAN DIEGO, CA 92103-2143
<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 515-2338</i>
<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 702-8536</i>
<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>
<i>515-2338</i>	<i>515-2338</i>	<i>515-2338</i>
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>
<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi,	American Sign Language,	American Sign Language, Farsi,
Japanese, Portuguese, Russian,	German, Farsi, Japanese,	Japanese, Portuguese, Russian,
Spanish, Yue Chinese	Portuguese, Russian, Spanish,	Spanish, Yue Chinese
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age:</i>	<i>Min/Max Age: 0/99</i>	<i>Min/Max Age:</i>
<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>
<i>Restrictions</i>	<i>Restrictions</i>	<i>Restrictions</i>
		<i>American Sign Language (ASL):</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-F 8:30AM-5PM
Accessibility information	Hours: M-TH 8:30AM-5PM	
Hours: M-F 8:30AM-5PM		
<b>RODRIGUEZ, CHRISTINE, PSY</b>	<b>RODRIGUEZ, CHRISTINE, PSY</b>	<b>RODRIGUEZ, CHRISTINE, PSY</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 30472	License number: 30472	License number: 30472
NPI: 1568656619	NPI: 1568656619	NPI: 1568656619
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
1250 6TH AVE STE 100	1250 6TH AVE STE 100	1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368	SAN DIEGO, CA 92104-4120	SAN DIEGO, CA 92101-4368
Phone: (619) 515-2338	Phone: (619) 515-2424	Phone: (619) 515-2338
Fax: (619) 702-8535	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
515-2338	515-2424	515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi,	American Sign Language, Farsi,	American Sign Language, Farsi,
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Spanish, Yue Chinese	Spanish, Yue Chinese	Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender	Gender Restriction: No Gender	Gender Restriction: No Gender
Restrictions	Restrictions	Restrictions
American Sign Language (ASL):	American Sign Language (ASL):	American Sign Language (ASL):
Yes	Yes	Yes
Please contact provider for	Please contact provider for	Please contact provider for
Accessibility information	Accessibility information	Accessibility information

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

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

### **RODRIGUEZ, CHRISTINE, PSY**

Provider Gender: Female  
 License number: 30472  
 NPI: 1568656619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ROSENFARB, BARBARA, CSW**

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<i>Provider Gender:</i> Female	<i>License number:</i> 28590	<i>NPI:</i> 1447477781
<i>License number:</i> 28590	<i>NPI:</i> 1447477781	<i>Provider English Spoken:</i> Yes
<i>NPI:</i> 1447477781	<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF	SAN DIEGO
FAMILY HEALTH CENTERS OF	SAN DIEGO	3705 MISSION BLVD
SAN DIEGO	3544 30TH ST	SAN DIEGO, CA 92109-7104
1250 6TH AVE STE 100	SAN DIEGO, CA 92104-4120	<i>Phone:</i> (619) 515-2338
SAN DIEGO, CA 92101-4368	<i>Phone:</i> (619) 515-2424	<i>Fax:</i> (619) 702-8536
<i>Phone:</i> (619) 515-2338	<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)
<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619)	515-2338
<i>After Hours Phone:</i> (619)	515-2424	<i>Website:</i>
515-2338	<i>Website:</i>	www.beaconhealthoptions.com
<i>Website:</i>	www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>	American Sign Language,
<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,	German, Farsi, Japanese,
American Sign Language, Farsi,	Japanese, Portuguese, Russian,	Portuguese, Russian, Spanish,
Japanese, Portuguese, Russian,	Spanish, Yue Chinese	Yue Chinese
Spanish, Yue Chinese	<i>TDD:</i> No	<i>TDD:</i> No
<i>TDD:</i> No	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Min/Max Age:</i> 0/99	<i>Gender Restriction:</i> No Gender	<i>Gender Restriction:</i> No Gender
<i>Gender Restriction:</i> No Gender	Restrictions	Restrictions
Restrictions	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>American Sign Language (ASL):</i>	Yes	Yes
Yes	Please contact provider for	Please contact provider for
Please contact provider for	Accessibility information	Accessibility information
Accessibility information	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-W,F 8:30AM-5PM
<i>Hours:</i> M-F 8:30AM-5PM		
	<b>ROSENFARB, BARBARA, CSW</b>	<b>ROSENFARB, BARBARA, CSW</b>
<b>ROSENFARB, BARBARA, CSW</b>	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>Provider Gender:</i> Female	<i>License number:</i> 28590	<i>License number:</i> 28590

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>NPI: 1447477781  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  4094 4TH AVE  SAN DIEGO, CA 92103-2143  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>ROSENFARB, BARBARA, CSW</b>  Provider Gender: Female  License number: 28590  NPI: 1447477781</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  2204 NATIONAL AVE  SAN DIEGO, CA 92113-3615  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>ROSENFARB, BARBARA, CSW</b>  Provider Gender: Female  License number: 28590  NPI: 1447477781  Provider English Spoken: Yes</p>	<p>Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  4065 3RD AVE  SAN DIEGO, CA 92103-2184  Phone: (619) 515-2300  Fax:  After Hours Phone: (619)  515-2300  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours:</p> <p><b>ROSENFARB, BARBARA, CSW</b>  Provider Gender: Female  License number: 28590  NPI: 1447477781  Provider English Spoken: Yes</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF SAN DIEGO
<i>Cultural Competency:</i>	FAMILY HEALTH CENTERS OF SAN DIEGO	4874 POLK AVE
FAMILY HEALTH CENTERS OF SAN DIEGO	140 ELM ST	SAN DIEGO, CA 92105-2026
5454 EL CAJON BLVD	SAN DIEGO, CA 92101-2602	<i>Phone:</i> (619) 515-2338
SAN DIEGO, CA 92115-3621	<i>Phone:</i> (619) 515-2520	<i>Fax:</i> (619) 702-8536
<i>Phone:</i> (619) 515-2338	<i>Fax:</i>	<i>After Hours Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619) 515-2520	<i>Website:</i>
<i>After Hours Phone:</i> (619) 515-2338	<i>Website:</i>	www.beaconhealthoptions.com
<i>Website:</i>	www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes
www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>
<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,
<i>Site Language(s) Spoken:</i>	American Sign Language, Farsi,	Japanese, Portuguese, Russian,
American Sign Language, Farsi,	Japanese, Portuguese, Russian,	Spanish, Yue Chinese
Japanese, Portuguese, Russian,	Spanish, Yue Chinese	<i>TDD:</i> No
Spanish, Yue Chinese	<i>TDD:</i> No	<i>Min/Max Age:</i>
<i>TDD:</i> No	<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender
<i>Min/Max Age:</i> 0/99	<i>Gender Restriction:</i> No Gender	Restrictions
<i>Gender Restriction:</i> No Gender	Restrictions	<i>American Sign Language (ASL):</i>
Restrictions	<i>American Sign Language (ASL):</i>	Yes
<i>American Sign Language (ASL):</i>	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	<i>Hours:</i> M-F 8AM-5PM
Accessibility information	<i>Hours:</i> M-F 8AM-5PM	
<i>Hours:</i> M-F 8:30AM-5PM		
	<b>ROSENFARB, BARBARA, CSW</b>	<b>ROSENFARB, BARBARA, CSW</b>
<b>ROSENFARB, BARBARA, CSW</b>	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>Provider Gender:</i> Female	<i>License number:</i> 28590	<i>License number:</i> 28590
<i>License number:</i> 28590	<i>NPI:</i> 1447477781	<i>NPI:</i> 1447477781
<i>NPI:</i> 1447477781	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider English Spoken:</i> Yes	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Provider Language(s) Spoken:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8535 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-TH 8:30AM-5PM	2810 CAMINO DEL RIO S STE 102 SAN DIEGO, CA 92108-3819 <i>Phone:</i> (619) 299-1419 <i>Fax:</i> (858) 461-6008 <i>After Hours Phone:</i> (619) 299-1419 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish <i>TDD:</i> No <i>Min/Max Age:</i> 13/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Hours:</i> M-F 8AM-5PM	<i>Phone:</i> (619) 515-2424 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2424 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM
<b>ROSE, RICHARD S , MD</b> <i>Provider Gender:</i> Male <i>License number:</i> G21963 <i>NPI:</i> 1033206552 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> SENIOR MEDICAL ASSOCIATES INC	<b>ROZELL, KATHY, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 25068 <i>NPI:</i> 1578603973 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120	<b>ROZELL, KATHY, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 25068 <i>NPI:</i> 1578603973 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8535	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-TH 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

### **ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2300	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours:	Hours: M-W,F 8:30AM-5PM
<b>ROZELL, KATHY, CSW</b>	<b>ROZELL, KATHY, CSW</b>	<b>ROZELL, KATHY, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 25068	License number: 25068	License number: 25068
NPI: 1578603973	NPI: 1578603973	NPI: 1578603973
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>ROZELL, KATHY, CSW</b>	<b>ROZELL, KATHY, CSW</b>	<b>ROZELL, KATHY, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 25068	License number: 25068	License number: 25068
NPI: 1578603973	NPI: 1578603973	NPI: 1578603973
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE	1809 NATIONAL AVE	5454 EL CAJON BLVD
SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92115-3621

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **RYDALCH, JOANNA, CSW**

*Provider Gender:* Female  
*License number:* 904009322  
*NPI:* 1215256870  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

### **RYDALCH, JOANNA, CSW**

*Provider Gender:* Female  
*License number:* 904009322  
*NPI:* 1215256870  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2520	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM

### **RYDALCH, JOANNA, CSW**

Provider Gender: Female  
 License number: 904009322  
 NPI: 1215256870  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **RYDALCH, JOANNA, CSW**

Provider Gender: Female  
 License number: 904009322  
 NPI: 1215256870  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

### **RYDALCH, JOANNA, CSW**

Provider Gender: Female  
 License number: 904009322  
 NPI: 1215256870  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p>
<p><b>RYDALCH, JOANNA, CSW</b>            Provider Gender: Female            License number: 904009322            NPI: 1215256870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>	<p><b>RYDALCH, JOANNA, CSW</b>            Provider Gender: Female            License number: 904009322            NPI: 1215256870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>	<p><b>RYDALCH, JOANNA, CSW</b>            Provider Gender: Female            License number: 904009322            NPI: 1215256870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>
<p><b>RYDALCH, JOANNA, CSW</b>            Provider Gender: Female            License number: 904009322            NPI: 1215256870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>RYDALCH, JOANNA, CSW</b>            Provider Gender: Female            License number: 904009322            NPI: 1215256870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>	<p><b>RYDALCH, JOANNA, CSW</b>            Provider Gender: Female            License number: 904009322            NPI: 1215256870            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2424	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **RYDALCH, JOANNA, CSW**

Provider Gender: Female  
 License number: 904009322  
 NPI: 1215256870  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM
<b>SACHS, MELISSA R , CSW</b>	<b>SACHS, MELISSA R , CSW</b>	<b>SACHS, MELISSA R , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 76968	License number: 76968	License number: 76968
NPI: 1649760356	NPI: 1649760356	NPI: 1649760356
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2520
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2424	Phone: (619) 515-2338	Phone: (619) 515-2300
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours:
<b>SACHS, MELISSA R , CSW</b>	<b>SACHS, MELISSA R , CSW</b>	<b>SACHS, MELISSA R , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 76968	License number: 76968	License number: 76968
NPI: 1649760356	NPI: 1649760356	NPI: 1649760356
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST SAN DIEGO, CA 92102-4715	4065 3RD AVE SAN DIEGO, CA 92103-2184	1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **SALGUERO GALLAND, MARIO L, MD**

Provider Gender: Male  
 License number: A122101  
 NPI: 1487947826  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608  
 Phone: (619) 280-4213  
 Fax: (619) 281-6738  
 After Hours Phone: (619) 280-4213  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5:30PM

### **SALGUERO GALLAND, MARIO L, MD**

Provider Gender: Male  
 License number: A122101  
 NPI: 1487947826  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 4157 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1609

Phone: (619) 285-7097  
 Fax: (619) 564-8140  
 After Hours Phone: (619) 285-7097  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 19/64  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

### **SAMADI, ESTHER, MD**

Provider Gender: Female  
 License number: A113657  
 NPI: 1396986204  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **SAMADI, ESTHER, MD**

Provider Gender: Female

License number: A113657

NPI: 1396986204

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **SAMADI, ESTHER, MD**

Provider Gender: Female

License number: A113657

NPI: 1396986204

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **SAMADI, ESTHER, MD**

Provider Gender: Female

License number: A113657

NPI: 1396986204

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SAMADI, ESTHER, MD**

Provider Gender: Female  
 License number: A113657  
 NPI: 1396986204  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SANGHADIA, MUKESH, MD**

Provider Gender: Male  
 License number: C56113  
 NPI: 1366550246  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 995 GATEWAY CENTER WAY  
 SAN DIEGO, CA 92102-4500

Phone: (619) 398-2156  
 Fax: (619) 398-2165  
 After Hours Phone: (619) 398-2156  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **SATERA, ANDREW, NRS**

Provider Gender: Male  
 License number: 95018929  
 NPI: 1265861629  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2424	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2520
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i>
<i>After Hours Phone:</i> (619) 515-2424	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2520
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM

### **SATERA, ANDREW, NRS**

*Provider Gender:* Male  
*License number:* 95018929  
*NPI:* 1265861629  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **SATERA, ANDREW, NRS**

*Provider Gender:* Male  
*License number:* 95018929  
*NPI:* 1265861629  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **SATERA, ANDREW, NRS**

*Provider Gender:* Male  
*License number:* 95018929  
*NPI:* 1265861629  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>SATERA, ANDREW, NRS</b>            Provider Gender: Male            License number: 95018929            NPI: 1265861629            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p> <p><b>SATERA, ANDREW, NRS</b>            Provider Gender: Male            License number: 95018929            NPI: 1265861629            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>SATERA, ANDREW, NRS</b>            Provider Gender: Male            License number: 95018929            NPI: 1265861629            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **SATERA, ANDREW, NRS**

Provider Gender: Male  
 License number: 95018929  
 NPI: 1265861629  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SATERA, ANDREW, NRS**

Provider Gender: Male  
 License number: 95018929  
 NPI: 1265861629  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

### **SATERA, ANDREW, NRS**

Provider Gender: Male  
 License number: 95018929  
 NPI: 1265861629  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **SATERA, ANDREW, NRS**

*Provider Gender:* Male  
*License number:* 95018929  
*NPI:* 1265861629  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

### **SATERA, ANDREW, NRS**

*Provider Gender:* Male  
*License number:* 95018929  
*NPI:* 1265861629  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

### **SCHANOWITZ, JEFF Y , PSY**

*Provider Gender:* Male  
*License number:* 20362  
*NPI:* 1679683007  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SCHANOWITZ, JEFF  
 5252 BALBOA AVE STE 503  
 SAN DIEGO, CA 92117-6906

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 252-3713          Fax: (619) 810-0620          After Hours Phone: (619) 252-3713          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          TDD: No          Min/Max Age: 0/99          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-F 10AM-8PM</p>	<p>Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-F 8AM-5PM</p>	<p>Site English Spoken: Yes          Site Language(s) Spoken:          American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): Yes          Please contact provider for Accessibility information          Hours: M-F 8:30AM-5PM</p>
<p><b>SCOTT, KELLY, NPA</b>          Provider Gender: Female          License number: 95015026          NPI: 1013420801          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency:          SAN DIEGO AMERICAN INDIAN HEALTH CENTER          2630 1ST AVE          SAN DIEGO, CA 92103-6599          Phone: (619) 234-2158          Fax: (619) 234-1979          After Hours Phone: (619) 234-2158</p>	<p><b>SEPULVEDA, JOE, MD</b>          Provider Gender: Male          License number: A113283          NPI: 1306165402          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency:          FAMILY HEALTH CENTERS OF SAN DIEGO          4094 4TH AVE          SAN DIEGO, CA 92103-2143          Phone: (619) 515-2338          Fax: (619) 702-8536          After Hours Phone: (619) 515-2338          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes</p>	<p><b>SEPULVEDA, JOE, MD</b>          Provider Gender: Male          License number: A113283          NPI: 1306165402          Provider English Spoken: Yes          Provider Language(s) Spoken:          Spanish          Cultural Competency:          FAMILY HEALTH CENTERS OF SAN DIEGO          2204 NATIONAL AVE          SAN DIEGO, CA 92113-3615          Phone: (619) 515-2338          Fax: (619) 702-8536          After Hours Phone: (619) 515-2338          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>SEPULVEDA, JOE, MD</b>	<b>SEPULVEDA, JOE, MD</b>	<b>SEPULVEDA, JOE, MD</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: A113283	License number: A113283	License number: A113283
NPI: 1306165402	NPI: 1306165402	NPI: 1306165402
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Spanish
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713	4725 MARKET ST SAN DIEGO, CA 92102-4715	1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2520	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>SEPULVEDA, JOE, MD</b>	<b>SHAFFER, ALEXA, CSW</b>	<b>SHEARED, JORDAN S , CSW</b>
Provider Gender: Male	Provider Gender: Female	Provider Gender: Female
License number: A113283	License number: 101129	License number: ASW74739
NPI: 1306165402	NPI: 1962905927	NPI: 1699121749
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Spanish	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST SAN DIEGO, CA 92101-2602	3705 MISSION BLVD SAN DIEGO, CA 92109-7104	3705 MISSION BLVD SAN DIEGO, CA 92109-7104

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **SIMONENKO, IOURI I, MD**

Provider Gender: Male  
 License number: A147937  
 NPI: 1891956157  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female  
 License number: 82678  
 NPI: 1740765866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female  
 License number: 82678  
 NPI: 1740765866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2520
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM
<b>SIMPSON, JENNIFER, CSW</b>	<b>SIMPSON, JENNIFER, CSW</b>	<b>SIMPSON, JENNIFER, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 82678	License number: 82678	License number: 82678
NPI: 1740765866	NPI: 1740765866	NPI: 1740765866
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	140 ELM ST SAN DIEGO, CA 92101-2602	4874 POLK AVE SAN DIEGO, CA 92105-2026

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2424
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female  
 License number: 82678  
 NPI: 1740765866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female  
 License number: 82678  
 NPI: 1740765866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female  
 License number: 82678  
 NPI: 1740765866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours:</p>
<p><b>SIMPSON, JENNIFER, CSW</b>            Provider Gender: Female            License number: 82678            NPI: 1740765866            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>	<p><b>SIMPSON, JENNIFER, CSW</b>            Provider Gender: Female            License number: 82678            NPI: 1740765866            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>	<p><b>SIMPSON, JENNIFER, CSW</b>            Provider Gender: Female            License number: 82678            NPI: 1740765866            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 662-4100
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 662-4100
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM	Hours:
<b>SIMPSON, JENNIFER, CSW</b>	<b>SINNO, BASSAM, MD</b>	<b>SIPIN, ELVIRA P , CSW</b>
Provider Gender: Female	Provider Gender: Male	Provider Gender: Female
License number: 82678	License number: C37831	License number: LCS15308
NPI: 1740765866	NPI: 1982767893	NPI: 1477759892
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: SAN YSIDRO HEALTH CENTER	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD SAN DIEGO, CA 92109-7104	950 S EUCLID AVE SAN DIEGO, CA 92114-6201	4094 4TH AVE SAN DIEGO, CA 92103-2143

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

### **SMITH, STEPHANIE, PSY**

*Provider Gender:* Female  
*License number:* 30779  
*NPI:* 1346700325  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 662-4100	Phone: (619) 233-8500	Phone: (619) 429-3733
Fax:	Fax: (619) 687-1067	Fax: (619) 628-5550
After Hours Phone: (619) 662-4100	After Hours Phone: (619) 233-8500	After Hours Phone: (619) 429-3733
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	TDD: No	Spanish
TDD: No	Min/Max Age:	TDD: No
Min/Max Age:	Gender Restriction: No Gender Restrictions	Min/Max Age: 13/99
Gender Restriction: No Gender Restrictions	American Sign Language (ASL): No	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	Please contact provider for Accessibility information	American Sign Language (ASL): No
Please contact provider for Accessibility information	Hours: M-W,F 8:30AM-5PM, TH 8:30AM-9PM	Please contact provider for Accessibility information
Hours:	<b>SOLTANI, MARYAM, MD</b>	Hours: M,TU,TH 8AM-8PM, W,F 8AM-5PM, SA 8AM-12PM
<b>SOLTANI, MARYAM, MD</b>	Provider Gender: Female	<b>SPAHR, CHRISTIE C , MFT</b>
Provider Gender: Female	License number: A139075	Provider Gender: Female
License number: A139075	NPI: 1518372267	License number: 51792
NPI: 1518372267	Provider English Spoken: Yes	NPI: 1295085736
Provider English Spoken: Yes	Provider Language(s) Spoken:	Provider English Spoken: Yes
Provider Language(s) Spoken:	Cultural Competency:	Provider Language(s) Spoken:
Cultural Competency:	NESTOR COMMUNITY HEALTH CENTER	Cultural Competency:
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC	1016 OUTER RD	FAMILY HEALTH CENTERS OF SAN DIEGO
1501 IMPERIAL AVE	SAN DIEGO, CA 92154-1351	4065 3RD AVE
SAN DIEGO, CA 92101-7638		SAN DIEGO, CA 92103-2184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>SPAHR, CHRISTIE C , MFT</b>	<b>SPAHR, CHRISTIE C , MFT</b>	<b>SPINELLI, LAUREN, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 51792	License number: 51792	License number: 82862
NPI: 1295085736	NPI: 1295085736	NPI: 1437630787
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	SAN DIEGO FAMILY CARE
4094 4TH AVE	3705 MISSION BLVD	7011 LINDA VISTA RD
SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92109-7104	SAN DIEGO, CA 92111-6307

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (858) 810-8700            Fax: (858) 633-4680            After Hours Phone: (858) 810-8700            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Farsi, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-F 8AM-5PM, SA            8AM-2PM</p>	<p>Phone: (858) 810-8787            Fax: (858) 279-0377            After Hours Phone: (858) 810-8787            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-F 8AM-5PM, SA            8AM-1PM</p>	<p>Phone: (619) 233-8500            Fax: (619) 687-1067            After Hours Phone: (619) 233-8500            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM, TH            8:30AM-9PM</p>
<p><b>SPINELLI, LAUREN, CSW</b>            Provider Gender: Female            License number: 82862            NPI: 1437630787            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN DIEGO FAMILY CARE            6973 LINDA VISTA RD            SAN DIEGO, CA 92111-6342</p>	<p><b>STEVENSON, MARC E , CSW</b>            Provider Gender: Male            License number: 70064            NPI: 1356795637            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            INTEGRATED HEALTH            PARTNERS - ST VINCENT DE            PAUL VILLAGE INC            1501 IMPERIAL AVE            SAN DIEGO, CA 92101-7638</p>	<p><b>STEWART, ANDREA M , MFT</b>            Provider Gender: U            License number: 45174            NPI: 1508993122            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>STEWART, ANDREA M , MFT</b>            Provider Gender: U            License number: 45174            NPI: 1508993122            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p><b>STEWART, ANDREA M , MFT</b>            Provider Gender: U            License number: 45174            NPI: 1508993122            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120</p>	<p><b>STEWART, ANDREA M , MFT</b>            Provider Gender: U            License number: 45174            NPI: 1508993122            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>STEWART, ANDREA M , MFT</b>	<b>STEWART, ANDREA M , MFT</b>	<b>STEWART, ANDREA M , MFT</b>
Provider Gender: U	Provider Gender: U	Provider Gender: U
License number: 45174	License number: 45174	License number: 45174
NPI: 1508993122	NPI: 1508993122	NPI: 1508993122
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621	1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	140 ELM ST SAN DIEGO, CA 92101-2602

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)  
515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **STEWART, ANDREA M , MFT**

Provider Gender: U

License number: 45174

NPI: 1508993122

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **STEWART, ANDREA M , MFT**

Provider Gender: U

License number: 45174

NPI: 1508993122

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **STEWART, ANDREA M , MFT**

Provider Gender: U

License number: 45174

NPI: 1508993122

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 291-4808            Fax: (619) 291-4426            After Hours Phone: (619) 291-4808            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age: 19/64            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 9AM-5PM</p>
<p><b>STEWART, ANDREA M , MFT</b>            Provider Gender: U            License number: 45174            NPI: 1508993122            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>	<p><b>STRAUSS, KATHLEEN L , PSY</b>            Provider Gender: Female            License number: 15765            NPI: 1154362184            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            STRAUSS, KATHLEEN            3914 3RD AVE            SAN DIEGO, CA 92103-3003</p>	<p><b>SUHIR, ERIN, NPA</b>            Provider Gender: Female            License number: 95008203            NPI: 1528426947            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            LA MAESTRA COMMUNITY HEALTH CENTERS            4157 FAIRMOUNT AVE            SAN DIEGO, CA 92105-1609            Phone: (619) 285-7097            Fax: (619) 564-8140            After Hours Phone: (619) 285-7097</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Website: www.beaconhealthoptions.com	Site English Spoken: Yes	TDD: No
Accepting New Patients: Yes	Site Language(s) Spoken: Spanish	Min/Max Age: 0/99
Site English Spoken: Yes	TDD: No	Gender Restriction: No Gender Restrictions
Site Language(s) Spoken: Spanish	Min/Max Age: 0/99	American Sign Language (ASL): No
TDD: No	Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information
Min/Max Age: 19/64	American Sign Language (ASL): No	Hours: M,W 9AM-8PM, TU,TH,F 9AM-5PM
Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information	
American Sign Language (ASL): No	Hours: M-F 8AM-5:30PM	
Please contact provider for Accessibility information	<b>SULLIVAN, JOHN P , MD</b>	<b>SULLIVAN, JOHN P , MD</b>
Hours:	Provider Gender: Male	Provider Gender: Male
<b>SUHIR, ERIN, NPA</b>	License number: A106680	License number: A106680
Provider Gender: Female	NPI: 1851597389	NPI: 1851597389
License number: 95008203	Provider English Spoken: Yes	Provider English Spoken: Yes
NPI: 1528426947	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
Provider English Spoken: Yes	COMMUNITY RESEARCH FOUNDATION INC	COMMUNITY RESEARCH FOUNDATION INC
Provider Language(s) Spoken: Cultural Competency:	1465 30TH ST STE K	892 27TH ST
LA MAESTRA COMMUNITY HEALTH CENTERS	SAN DIEGO, CA 92154-3497	SAN DIEGO, CA 92154-1444
4060 FAIRMOUNT AVE	Phone: (619) 275-0822	Phone: (619) 275-0822
SAN DIEGO, CA 92105-1608	Fax: (619) 696-9573	Fax: (619) 696-9573
Phone: (619) 280-4213	After Hours Phone: (619) 275-0822	After Hours Phone: (619) 275-0822
Fax: (619) 281-6738	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
After Hours Phone: (619) 280-4213	Accepting New Patients: Yes	Accepting New Patients: Yes
Website: www.beaconhealthoptions.com	Site English Spoken: Yes	Site English Spoken: Yes
Accepting New Patients: Yes	Site Language(s) Spoken: Russian	Site Language(s) Spoken: Russian
	TDD: No	TDD: No
	Min/Max Age: 0/99	Min/Max Age: 0/99

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information  <i>Hours:</i></p> <p><b>SULLIVAN, JOHN P , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A106680  <i>NPI:</i> 1851597389  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> COMMUNITY RESEARCH FOUNDATION INC  1963 4TH AVE  SAN DIEGO, CA 92101-2394  <i>Phone:</i> (619) 233-3432  <i>Fax:</i> (619) 233-7022  <i>After Hours Phone:</i> (619) 233-3432  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Russian  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i></p>	<p>No  Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>SULLIVAN, JOHN P , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A106680  <i>NPI:</i> 1851597389  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> COMMUNITY RESEARCH FOUNDATION INC  1568 6TH AVE  SAN DIEGO, CA 92101-3216  <i>Phone:</i> (619) 696-0822  <i>Fax:</i> (619) 696-9573  <i>After Hours Phone:</i> (619) 696-0822  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Russian  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information</p>	<p><i>Hours:</i> M-F 8:30AM-6PM</p> <p><b>SULLIVAN, JOHN P , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A106680  <i>NPI:</i> 1851597389  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> COMMUNITY RESEARCH FOUNDATION INC  743 10TH AVE  SAN DIEGO, CA 92101-6673  <i>Phone:</i> (619) 239-4663  <i>Fax:</i> (619) 239-3045  <i>After Hours Phone:</i> (619) 239-4663  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Russian  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information  <i>Hours:</i></p> <p><b>SWEENEY, ZSA ZSA, NPA</b>  <i>Provider Gender:</i> Female</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>License number: 95007730  NPI: 1003159344  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  LA MAESTRA COMMUNITY  HEALTH CENTERS  4157 FAIRMOUNT AVE  SAN DIEGO, CA 92105-1609  Phone: (619) 285-7097  Fax: (619) 564-8140  After Hours Phone: (619)  285-7097  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Spanish  TDD: No  Min/Max Age: 19/64  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours:</p>	<p>Provider Language(s) Spoken:  Cultural Competency:  LA MAESTRA COMMUNITY  HEALTH CENTERS  4060 FAIRMOUNT AVE  SAN DIEGO, CA 92105-1608  Phone: (619) 280-4213  Fax: (619) 281-6738  After Hours Phone: (619)  280-4213  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Spanish  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: M-F 8AM-5:30PM</p>	<p>SERVICES, PC  750 B ST STE 2870  SAN DIEGO, CA 92101-8132  Phone: (619) 722-0014  Fax: (619) 327-4174  After Hours Phone: (619)  722-0014  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Spanish  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: M-F 9AM-5PM</p>
<p><b>SWEENEY, ZSA ZSA, NPA</b>  Provider Gender: Female  License number: 95007730  NPI: 1003159344  Provider English Spoken: Yes</p>	<p><b>SWIFT, SOUZAN, PSY</b>  Provider Gender: Female  License number: 30933  NPI: 1770918898  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  ACCESS PSYCHOLOGY</p>	<p><b>TAHBAZ, ASH, MFT</b>  Provider Gender: U  License number: 87601  NPI: 1205294543  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2424
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **TAHBAZ, ASH, MFT**

Provider Gender: U  
 License number: 87601  
 NPI: 1205294543  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **TAHBAZ, ASH, MFT**

Provider Gender: U  
 License number: 87601  
 NPI: 1205294543  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **TAHBAZ, ASH, MFT**

Provider Gender: U  
 License number: 87601  
 NPI: 1205294543  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>TAHBAZ, ASH, MFT</b>	<b>TAHBAZ, ASH, MFT</b>	<b>TAHBAZ, ASH, MFT</b>
Provider Gender: U	Provider Gender: U	Provider Gender: U
License number: 87601	License number: 87601	License number: 87601
NPI: 1205294543	NPI: 1205294543	NPI: 1205294543
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8535	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>TAHBAZ, ASH, MFT</b>	<b>TAHBAZ, ASH, MFT</b>	<b>TAHBAZ, ASH, MFT</b>
Provider Gender: U	Provider Gender: U	Provider Gender: U
License number: 87601	License number: 87601	License number: 87601
NPI: 1205294543	NPI: 1205294543	NPI: 1205294543
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4094 4TH AVE SAN DIEGO, CA 92103-2143	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2520	Phone: (619) 662-4100
Fax: (619) 702-8536	Fax:	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2520	After Hours Phone: (619) 662-4100
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM	Hours:

### **TAHBAZ, ASH, MFT**

Provider Gender: U  
 License number: 87601  
 NPI: 1205294543  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **TAYLOR, TASHA K , MD**

Provider Gender: Female  
 License number: A82187  
 NPI: 1528144433  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

### **THANH, ELAINE, MD**

Provider Gender: Female  
 License number: NP95019446  
 NPI: 1215696307  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 4305 UNIVERSITY AVE  
 SAN DIEGO, CA 92105-1645

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

<p>Phone: (858) 280-2058            Fax: (619) 563-0015            After Hours Phone: (858) 280-2058            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM, SA 8AM-2PM</p>	<p>Phone: (619) 692-8750            Fax: (619) 692-8779            After Hours Phone: (619) 692-8750            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Farsi, French, Russian, Spanish            TDD: No            Min/Max Age: 19/64            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Hours: M-F 8AM-6PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>
<p><b>THAYER, LESLIE J , PSY</b>            Provider Gender: Female            License number: 27726            NPI: 1316004914            Provider English Spoken: Yes            Provider Language(s) Spoken: French, Spanish            Cultural Competency:            SOUTHEAST COUNTY MENTAL HEALTH            1250 MORENA BLVD # FL1            SAN DIEGO, CA 92110-3815</p>	<p><b>THICKSTUN, MARY SUSAN, CSW</b>            Provider Gender: Female            License number: 21573            NPI: 1437354875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>	<p><b>THICKSTUN, MARY SUSAN, CSW</b>            Provider Gender: Female            License number: 21573            NPI: 1437354875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2424
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>THICKSTUN, MARY SUSAN, CSW</b>	<b>THICKSTUN, MARY SUSAN, CSW</b>	<b>THICKSTUN, MARY SUSAN, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 21573	License number: 21573	License number: 21573
NPI: 1437354875	NPI: 1437354875	NPI: 1437354875
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE	3544 30TH ST	1550 BROADWAY STE 2
SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92104-4120	SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>THICKSTUN, MARY SUSAN, CSW</b>            Provider Gender: Female            License number: 21573            NPI: 1437354875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>	<p><b>THICKSTUN, MARY SUSAN, CSW</b>            Provider Gender: Female            License number: 21573            NPI: 1437354875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE            SAN DIEGO, CA 92113-3615</p>	<p><b>THICKSTUN, MARY SUSAN, CSW</b>            Provider Gender: Female            License number: 21573            NPI: 1437354875            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

Provider Gender: Female  
 License number: 21573  
 NPI: 1437354875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD

SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

Provider Gender: Female  
 License number: 21573  
 NPI: 1437354875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

### **THICKSTUN, MARY SUSAN, CSW**

Provider Gender: Female  
 License number: 21573  
 NPI: 1437354875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM</p>	<p>2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>THICKSTUN, MARY SUSAN, CSW</b> Provider Gender: Female License number: 21573 NPI: 1437354875 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>THIESSEN, BRUCE L , PSY</b> Provider Gender: Male License number: 14259 NPI: 1841541984 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>THIESSEN, BRUCE L , PSY</b> Provider Gender: Male License number: 14259 NPI: 1841541984 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>THIESSEN, BRUCE L , PSY</b> Provider Gender: Male License number: 14259 NPI: 1841541984 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602	<b>THIESSEN, BRUCE L , PSY</b> Provider Gender: Male License number: 14259 NPI: 1841541984 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602	<b>THIESSEN, BRUCE L , PSY</b> Provider Gender: Male License number: 14259 NPI: 1841541984 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104
SAN DIEGO, CA 92115-3621		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **THIESSEN, BRUCE L , PSY**

Provider Gender: Male  
 License number: 14259  
 NPI: 1841541984  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **THIESSEN, BRUCE L , PSY**

Provider Gender: Male  
 License number: 14259  
 NPI: 1841541984  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **THIESSEN, BRUCE L , PSY**

Provider Gender: Male  
 License number: 14259  
 NPI: 1841541984  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>THIESSEN, BRUCE L , PSY</b>            Provider Gender: Male            License number: 14259            NPI: 1841541984            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8535            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-TH 8:30AM-5PM</p> <p><b>THIESSEN, BRUCE L , PSY</b>            Provider Gender: Male            License number: 14259            NPI: 1841541984            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100            SAN DIEGO, CA 92101-4368</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>THIESSEN, BRUCE L , PSY</b>            Provider Gender: Male            License number: 14259            NPI: 1841541984            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 662-4100	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 662-4100	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): No	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours:	Hours: M-F 8:30AM-5PM

### **THOMAS, DALIA M , CSW**

Provider Gender: Female  
 License number: LCSW82132  
 NPI: 1104151372  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

### **THOUVENOT, CHELSA, MD**

Provider Gender: Female  
 License number: A173869  
 NPI: 1083076129  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **THOUVENOT, CHELSA, MD**

Provider Gender: Female  
 License number: A173869  
 NPI: 1083076129  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>THOUVENOT, CHELSA, MD</b>            Provider Gender: Female            License number: A173869            NPI: 1083076129            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p><b>THOUVENOT, CHELSA, MD</b>            Provider Gender: Female            License number: A173869            NPI: 1083076129            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>THOUVENOT, CHELSA, MD</b>            Provider Gender: Female            License number: A173869            NPI: 1083076129            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4065 3RD AVE            SAN DIEGO, CA 92103-2184</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>THOUVENOT, CHELSA, MD</b>	<b>THOUVENOT, CHELSA, MD</b>	<b>THOUVENOT, CHELSA, MD</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: A173869	License number: A173869	License number: A173869
NPI: 1083076129	NPI: 1083076129	NPI: 1083076129
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2	1250 6TH AVE STE 100	3705 MISSION BLVD
SAN DIEGO, CA 92101-5713	SAN DIEGO, CA 92101-4368	SAN DIEGO, CA 92109-7104

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **THOUVENOT, CHELSA, MD**

Provider Gender: Female  
 License number: A173869  
 NPI: 1083076129  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **TIMONY, THERESA, NPA**

Provider Gender: Female  
 License number: NP95007497  
 NPI: 1689818015  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Farsi, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM, SA  
 8AM-2PM

### **TONG, GARRICK, MD**

Provider Gender: Male  
 License number: A102192  
 NPI: 1831361278  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Yue Chinese  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2424	Phone: (619) 515-2520
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424	After Hours Phone: (619) 515-2520
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM

### **TONG, GARRICK, MD**

Provider Gender: Male  
 License number: A102192  
 NPI: 1831361278  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Yue Chinese  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **TONG, GARRICK, MD**

Provider Gender: Male  
 License number: A102192  
 NPI: 1831361278  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Yue Chinese  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

### **TONG, GARRICK, MD**

Provider Gender: Male  
 License number: A102192  
 NPI: 1831361278  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Yue Chinese  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	SAN DIEGO, CA 92102-4715	SAN DIEGO, CA 92101-4368
Fax:	Phone: (619) 515-2338	Phone: (619) 515-2338
After Hours Phone: (619) 515-2300	Fax: (619) 702-8536	Fax: (619) 702-8536
Website:	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
www.beaconhealthoptions.com	Website:	Website:
Accepting New Patients: Yes	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Site English Spoken: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site Language(s) Spoken:	Site English Spoken: Yes	Site English Spoken: Yes
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken:	Site Language(s) Spoken:
TDD: No	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
Min/Max Age:	TDD: No	TDD: No
Gender Restriction: No Gender Restrictions	Min/Max Age: 0/99	Min/Max Age: 0/99
American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Please contact provider for Accessibility information	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Hours:	Please contact provider for Accessibility information	Please contact provider for Accessibility information
	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

Provider Gender: Male  
 License number: A102192  
 NPI: 1831361278  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Yue Chinese  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST

### **TONG, GARRICK, MD**

Provider Gender: Male  
 License number: A102192  
 NPI: 1831361278  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Yue Chinese  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100

### **TONG, GARRICK, MD**

Provider Gender: Male  
 License number: A102192  
 NPI: 1831361278  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Yue Chinese  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **TONG, GARRICK, MD**

Provider Gender: Male

License number: A102192

NPI: 1831361278

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Yue Chinese

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

1550 BROADWAY STE 2

### **TONG, GARRICK, MD**

Provider Gender: Male

License number: A102192

NPI: 1831361278

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Yue Chinese

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

5454 EL CAJON BLVD

### **TONG, GARRICK, MD**

Provider Gender: Male

License number: A102192

NPI: 1831361278

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Yue Chinese

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

3705 MISSION BLVD

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **TONG, GARRICK, MD**

Provider Gender: Male  
 License number: A102192  
 NPI: 1831361278  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Yue Chinese  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

Provider Gender: Male  
 License number: A102192  
 NPI: 1831361278  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Yue Chinese  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **TORRES, LAURA, CSW**

Provider Gender: Female  
 License number: 65059  
 NPI: 1568612943  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-W,F 8:30AM-5PM	140 ELM ST SAN DIEGO, CA 92101-2602 Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>TORRES, LAURA, CSW</b> Provider Gender: Female License number: 65059 NPI: 1568612943 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>TORRES, LAURA, CSW</b> Provider Gender: Female License number: 65059 NPI: 1568612943 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD	<b>TORRES, LAURA, CSW</b> Provider Gender: Female License number: 65059 NPI: 1568612943 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **TORRES, LAURA, CSW**

Provider Gender: Female  
 License number: 65059  
 NPI: 1568612943  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **TORRES, LAURA, CSW**

Provider Gender: Female  
 License number: 65059  
 NPI: 1568612943  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

### **TORRES, LAURA, CSW**

Provider Gender: Female  
 License number: 65059  
 NPI: 1568612943  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2300	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours:	Hours: M-F 8:30AM-5PM
<b>TORRES, LAURA, CSW</b>	<b>TORRES, LAURA, CSW</b>	<b>TORRES, LAURA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 65059	License number: 65059	License number: 65059
NPI: 1568612943	NPI: 1568612943	NPI: 1568612943
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

---

<i>Phone:</i> (619) 515-2424	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8535
<i>After Hours Phone:</i> (619) 515-2424	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-TH 8:30AM-5PM

### **TORRES, LAURA, CSW**

*Provider Gender:* Female  
*License number:* 65059  
*NPI:* 1568612943  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **TORRES, LAURA, CSW**

*Provider Gender:* Female  
*License number:* 65059  
*NPI:* 1568612943  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 88589  
*NPI:* 1073844460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2300
Fax:	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2520	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM	Hours:
<b>TRIANA, JENNIFER, CSW</b>	<b>TRIANA, JENNIFER, CSW</b>	<b>TRIANA, JENNIFER, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 88589	License number: 88589	License number: 88589
NPI: 1073844460	NPI: 1073844460	NPI: 1073844460
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Spanish	Spanish	Spanish
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE	4065 3RD AVE	1550 BROADWAY STE 2
SAN DIEGO, CA 92105-2026	SAN DIEGO, CA 92103-2184	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

---

1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 88589  
*NPI:* 1073844460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 88589  
*NPI:* 1073844460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 88589  
*NPI:* 1073844460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **TROYER, EMILY, PSY**

Provider Gender: Female

License number: A149101

NPI: 1326484437

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>TROYER, EMILY, PSY</b> Provider Gender: Female License number: A149101 NPI: 1326484437 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST	<b>TROYER, EMILY, PSY</b> Provider Gender: Female License number: A149101 NPI: 1326484437 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 140 ELM ST SAN DIEGO, CA 92101-2602	<b>TROYER, EMILY, PSY</b> Provider Gender: Female License number: A149101 NPI: 1326484437 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **TROYER, EMILY, PSY**

Provider Gender: Female

License number: A149101

NPI: 1326484437

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **TROYER, EMILY, PSY**

Provider Gender: Female

License number: A149101

NPI: 1326484437

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **TROYER, EMILY, PSY**

Provider Gender: Female

License number: A149101

NPI: 1326484437

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

Provider Gender: Female  
 License number: A149101  
 NPI: 1326484437  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **TROYER, EMILY, PSY**

Provider Gender: Female  
 License number: A149101  
 NPI: 1326484437  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

Provider Gender: Female  
 License number: A149101  
 NPI: 1326484437  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8535	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com	<i>Website:</i> www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M-TH 8:30AM-5PM	<i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

### **TROYER, EMILY, PSY**

*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

### **TUCKER, MEGAN, PSY**

*Provider Gender:* Female  
*License number:* 27333  
*NPI:* 1861877516  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 LA MAESTRA COMMUNITY HEALTH CENTERS  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 280-4213	Website:	Accepting New Patients: Yes
Fax: (619) 281-6738	www.beaconhealthoptions.com	Site English Spoken: Yes
After Hours Phone: (619) 280-4213	Accepting New Patients: Yes	Site Language(s) Spoken:
Website:	Site English Spoken: Yes	TDD: No
www.beaconhealthoptions.com	Site Language(s) Spoken:	Min/Max Age:
Accepting New Patients: Yes	Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu	Gender Restriction: No Gender Restrictions
Site English Spoken: Yes	TDD: No	American Sign Language (ASL): No
Site Language(s) Spoken: Spanish	Min/Max Age:	Please contact provider for Accessibility information
TDD: No	Gender Restriction: No Gender Restrictions	Hours: M-F 8AM-5PM, SA 8AM-2PM
Min/Max Age: 0/99	American Sign Language (ASL): No	<b>WARREN, ANDREW, CSW</b>
Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information	Provider Gender: Male
American Sign Language (ASL): No	Hours:	License number: 99193
Please contact provider for Accessibility information	<b>VIERLING, SABRINA C , PSY</b>	NPI: 1073823829
Hours: M-F 8AM-5:30PM	Provider Gender: Female	Provider English Spoken: Yes
<b>VALENZUELA, GLORIA M , CSW</b>	License number: 26117	Provider Language(s) Spoken:
Provider Gender: Female	NPI: 1215288238	Cultural Competency:
License number: 22926	Provider English Spoken: Yes	FAMILY HEALTH CENTERS OF SAN DIEGO
NPI: 1679653380	Provider Language(s) Spoken:	3705 MISSION BLVD
Provider English Spoken: Yes	Cultural Competency:	SAN DIEGO, CA 92109-7104
Provider Language(s) Spoken:	SAN DIEGO FAMILY CARE	Phone: (619) 515-2338
Cultural Competency:	4305 UNIVERSITY AVE	Fax: (619) 702-8536
SAN YSIDRO HEALTH CENTER	SAN DIEGO, CA 92105-1645	After Hours Phone: (619) 515-2338
950 S EUCLID AVE	Phone: (858) 280-2058	Website:
SAN DIEGO, CA 92114-6201	Fax: (619) 563-0015	www.beaconhealthoptions.com
Phone: (619) 662-4100	After Hours Phone: (858) 280-2058	Accepting New Patients: Yes
Fax:	Website:	Site English Spoken: Yes
After Hours Phone: (619) 662-4100	www.beaconhealthoptions.com	Site Language(s) Spoken:

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## J. Directorio de proveedores de salud mental

American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **WARREN, ANDREW, CSW**

Provider Gender: Male  
 License number: 99193  
 NPI: 1073823829  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WAUGH, BRANDON, CSW**

Provider Gender: Male  
 License number: 83457  
 NPI: 1619459187  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WAUGH, BRANDON, CSW**

Provider Gender: Male  
 License number: 83457  
 NPI: 1619459187  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, American Sign

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>WAUGH, BRANDON, CSW</b> Provider Gender: Male License number: 83457 NPI: 1619459187 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 5454 EL CAJON BLVD SAN DIEGO, CA 92115-3621 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi,	<b>WAUGH, BRANDON, CSW</b> Provider Gender: Male License number: 83457 NPI: 1619459187 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,	<b>WAUGH, BRANDON, CSW</b> Provider Gender: Male License number: 83457 NPI: 1619459187 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

TDD: No	Min/Max Age:	Gender Restriction: No Gender
Min/Max Age:	Gender Restriction: No Gender	Restrictions
Gender Restriction: No Gender	Restrictions	American Sign Language (ASL):
Restrictions	American Sign Language (ASL):	Yes
American Sign Language (ASL):	Yes	Please contact provider for
Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-TH 8:30AM-5PM
Accessibility information	Hours: M-F 8AM-5PM	
Hours: M-F 8AM-5PM		
<b>WAUGH, BRANDON, CSW</b>	<b>WAUGH, BRANDON, CSW</b>	<b>WAUGH, BRANDON, CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: 83457	License number: 83457	License number: 83457
NPI: 1619459187	NPI: 1619459187	NPI: 1619459187
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
140 ELM ST	1550 BROADWAY STE 2	4094 4TH AVE
SAN DIEGO, CA 92101-2602	SAN DIEGO, CA 92101-5713	SAN DIEGO, CA 92103-2143
Phone: (619) 515-2520	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8535	Fax: (619) 702-8536
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
515-2520	515-2338	515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi,	American Sign Language, Farsi,	American Sign Language, Farsi,
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,
Spanish, Yue Chinese	Spanish, Yue Chinese	Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age:
Gender Restriction: No Gender	Gender Restriction: No Gender	Gender Restriction: No Gender

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Restrictions	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>American Sign Language (ASL):</i>	Yes	Yes
Yes	Please contact provider for	Please contact provider for
Please contact provider for	Accessibility information	Accessibility information
Accessibility information	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-F 8:30AM-5PM</i>
<i>Hours: M-F 8:30AM-5PM</i>		
<b>WAUGH, BRANDON, CSW</b>	<b>WAUGH, BRANDON, CSW</b>	<b>WAUGH, BRANDON, CSW</b>
<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>	<i>Provider Gender: Male</i>
<i>License number: 83457</i>	<i>License number: 83457</i>	<i>License number: 83457</i>
<i>NPI: 1619459187</i>	<i>NPI: 1619459187</i>	<i>NPI: 1619459187</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
2204 NATIONAL AVE	1809 NATIONAL AVE	3544 30TH ST
SAN DIEGO, CA 92113-3615	SAN DIEGO, CA 92113-2113	SAN DIEGO, CA 92104-4120
<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 515-2424</i>
<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 702-8536</i>
<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>
<i>515-2338</i>	<i>515-2338</i>	<i>515-2424</i>
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>
<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi,	American Sign Language,	American Sign Language, Farsi,
Japanese, Portuguese, Russian,	German, Farsi, Japanese,	Japanese, Portuguese, Russian,
Spanish, Yue Chinese	Portuguese, Russian, Spanish,	Spanish, Yue Chinese
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age:</i>	<i>Min/Max Age: 0/99</i>	<i>Min/Max Age: 0/99</i>
<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>
<i>Restrictions</i>	<i>Restrictions</i>	<i>Restrictions</i>
		<i>American Sign Language (ASL):</i>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Yes	Please contact provider for	Accessibility information
Please contact provider for	Accessibility information	Hours: M-F 8:30AM-5PM
Accessibility information	Hours: M-F 8:30AM-5PM	
Hours: M-F 8:30AM-5PM		
<b>WEAVER, JHOSMARA A , CSW</b>	<b>WEAVER, JHOSMARA A , CSW</b>	<b>WEAVER, JHOSMARA A , CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 77233	License number: 77233	License number: 77233
NPI: 1982848594	NPI: 1982848594	NPI: 1982848594
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF	FAMILY HEALTH CENTERS OF
SAN DIEGO	SAN DIEGO	SAN DIEGO
4094 4TH AVE	2204 NATIONAL AVE	3705 MISSION BLVD
SAN DIEGO, CA 92103-2143	SAN DIEGO, CA 92113-3615	SAN DIEGO, CA 92109-7104
Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619)	After Hours Phone: (619)	After Hours Phone: (619)
515-2338	515-2338	515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
American Sign Language, Farsi,	American Sign Language, Farsi,	American Sign Language,
Japanese, Portuguese, Russian,	Japanese, Portuguese, Russian,	German, Farsi, Japanese,
Spanish, Yue Chinese	Spanish, Yue Chinese	Portuguese, Russian, Spanish,
TDD: No	TDD: No	Yue Chinese
Min/Max Age:	Min/Max Age:	TDD: No
Gender Restriction: No Gender	Gender Restriction: No Gender	Min/Max Age: 0/99
Restrictions	Restrictions	Gender Restriction: No Gender
American Sign Language (ASL):	American Sign Language (ASL):	Restrictions
Yes	Yes	American Sign Language (ASL):
Yes	Please contact provider for	Yes
		Please contact provider for

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Accessibility information Hours: M-W,F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	<b>WEAVER, JHOSMARA A , CSW</b> Provider Gender: Female License number: 77233 NPI: 1982848594 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
<b>WEAVER, JHOSMARA A , CSW</b> Provider Gender: Female License number: 77233 NPI: 1982848594 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information	<b>WEAVER, JHOSMARA A , CSW</b> Provider Gender: Female License number: 77233 NPI: 1982848594 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM	<b>WEAVER, JHOSMARA A , CSW</b> Provider Gender: Female License number: 77233 NPI: 1982848594 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM
		<b>WEAVER, JHOSMARA A , CSW</b>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Provider Gender:</i> Female  <i>License number:</i> 77233  <i>NPI:</i> 1982848594  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            4725 MARKET ST            SAN DIEGO, CA 92102-4715  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>WEAVER, JHOSMARA A , CSW</b>  <i>Provider Gender:</i> Female</p>	<p><i>License number:</i> 77233  <i>NPI:</i> 1982848594  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602  <i>Phone:</i> (619) 515-2520  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2520  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p> <p><b>WEAVER, JHOSMARA A , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 77233</p>	<p><i>NPI:</i> 1982848594  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>WEAVER, JHOSMARA A , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 77233</p>
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## J. Directorio de proveedores de salud mental

<p>NPI: 1982848594  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  1250 6TH AVE STE 100  SAN DIEGO, CA 92101-4368  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>WEAVER, JHOSMARA A , CSW</b>  Provider Gender: Female  License number: 77233  NPI: 1982848594</p>	<p>Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>WEBSTER, KRISTIN K , CSW</b>  Provider Gender: Female  License number: LCSW16118  NPI: 1902336837  Provider English Spoken: Yes</p>	<p>Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  5454 EL CAJON BLVD  SAN DIEGO, CA 92115-3621  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M-F 8:30AM-5PM</p> <p><b>WEBSTER, KRISTIN K , CSW</b>  Provider Gender: Female  License number: LCSW16118  NPI: 1902336837  Provider English Spoken: Yes  Provider Language(s) Spoken:</p>
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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-W,F 8:30AM-5PM</p>	<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8535  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-TH 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF            SAN DIEGO            3544 30TH ST            SAN DIEGO, CA 92104-4120  <i>Phone:</i> (619) 515-2424  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2424  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>WEBSTER, KRISTIN K , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW16118  <i>NPI:</i> 1902336837  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>WEBSTER, KRISTIN K , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW16118  <i>NPI:</i> 1902336837  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i></p>	<p><b>WEBSTER, KRISTIN K , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW16118  <i>NPI:</i> 1902336837  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF</p>

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## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>4065 3RD AVE SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:</p>	<p>1250 6TH AVE STE 100 SAN DIEGO, CA 92101-4368 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>WEBSTER, KRISTIN K , CSW</b> Provider Gender: Female License number: LCSW16118 NPI: 1902336837 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>WEBSTER, KRISTIN K , CSW</b> Provider Gender: Female License number: LCSW16118 NPI: 1902336837 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>WEBSTER, KRISTIN K , CSW</b> Provider Gender: Female License number: LCSW16118 NPI: 1902336837 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4874 POLK AVE</p>

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## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92105-2026 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Phone: (619) 515-2520 Fax: After Hours Phone: (619) 515-2520 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8AM-5PM	Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>WEBSTER, KRISTIN K , CSW</b> Provider Gender: Female License number: LCSW16118 NPI: 1902336837 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	<b>WEBSTER, KRISTIN K , CSW</b> Provider Gender: Female License number: LCSW16118 NPI: 1902336837 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113	<b>WEBSTER, KRISTIN K , CSW</b> Provider Gender: Female License number: LCSW16118 NPI: 1902336837 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 662-4100
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax:
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 662-4100
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours:

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **WEEDEN, MIRIAN, MFT**

Provider Gender: Female  
 License number: LMFT94339  
 NPI: 1821364712  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

### **WEST, ALIXANDRA, CSW**

Provider Gender: Female  
 License number: 99311  
 NPI: 1619375649  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (858) 810-8700            Fax: (858) 633-4680            After Hours Phone: (858) 810-8700            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Farsi, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-F 8AM-5PM, SA            8AM-2PM</p>	<p>Phone: (858) 810-8787            Fax: (858) 279-0377            After Hours Phone: (858) 810-8787            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Mandarin, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-F 8AM-5PM, SA            8AM-1PM</p>	<p>Phone: (619) 233-8500            Fax: (619) 687-1067            After Hours Phone: (619) 233-8500            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM, TH            8:30AM-9PM</p>
<p><b>WEST, ALIXANDRA, CSW</b>            Provider Gender: Female            License number: 99311            NPI: 1619375649            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            SAN DIEGO FAMILY CARE            6973 LINDA VISTA RD            SAN DIEGO, CA 92111-6342</p>	<p><b>WIENS, KATHRYN, PSY</b>            Provider Gender: Female            License number: 27115            NPI: 1134470701            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            INTEGRATED HEALTH            PARTNERS - ST VINCENT DE            PAUL VILLAGE INC            1501 IMPERIAL AVE            SAN DIEGO, CA 92101-7638</p>	<p><b>WIGLE, CHARLES E , MFT</b>            Provider Gender: Male            License number: MFC29757            NPI: 1407911878            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            3705 MISSION BLVD            SAN DIEGO, CA 92109-7104</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-W,F 8:30AM-5PM</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>Phone: (619) 662-4100            Fax:            After Hours Phone: (619) 662-4100            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, Farsi, Hindi, Kannada,            Maithili, Sinhala, Sinhalese,            Spanish, Urdu            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Hours:</p>
<p><b>WIGLE, CHARLES E , MFT</b>            Provider Gender: Male            License number: MFC29757            NPI: 1407911878            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113</p>	<p><b>WIJAYARATNE, IMANIE S , PSY</b>            Provider Gender: Female            License number: 25044            NPI: 1932358355            Provider English Spoken: Yes            Provider Language(s) Spoken:            Sinhala, Sinhalese            Cultural Competency:            SAN YSIDRO HEALTH CENTER            950 S EUCLID AVE            SAN DIEGO, CA 92114-6201</p>	<p><b>WILHOIT, LAURA, PSY</b>            Provider Gender: Female            License number: 26656            NPI: 1649497637            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            COMMUNITY RESEARCH            FOUNDATION INC            928 BROADWAY            SAN DIEGO, CA 92101-5514</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 977-3716

Fax: (619) 481-3075

After Hours Phone: (619)  
977-3716

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-4:30PM

### **WILHOIT, LAURA, PSY**

Provider Gender: Female

License number: 26656

NPI: 1649497637

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

995 GATEWAY CENTER WAY

SAN DIEGO, CA 92102-4500

Phone: (619) 398-2156

Fax: (619) 398-2165

After Hours Phone: (619)  
398-2156

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **WILLIAMS, SHANTRICE M , NPA**

Provider Gender: Female

License number: 19664

NPI: 1578865549

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Farsi, Hindi, Kannada,

Maithili, Sinhala, Sinhalese,

Spanish, Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **WILSON, NICOLE M , CSW**

Provider Gender: Female

License number: 94855

NPI: 1033576400

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **WINGFIELD, CAROLYN, PSY**

Provider Gender: Female  
 License number: 28716  
 NPI: 1013316520  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 ACCESS PSYCHOLOGY  
 SERVICES, PC  
 750 B ST STE 2870  
 SAN DIEGO, CA 92101-8132

Phone: (619) 722-0014  
 Fax: (619) 327-4174  
 After Hours Phone: (619) 722-0014  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 9AM-5PM

### **WINSHIP, KATHERINE L , CSW**

Provider Gender: Female  
 License number: LCSW69759  
 NPI: 1124498043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **WINSHIP, KATHERINE L , CSW**

Provider Gender: Female  
 License number: LCSW69759  
 NPI: 1124498043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92104-4120            Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92103-2143            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>WINSHIP, KATHERINE L , CSW</b>            Provider Gender: Female            License number: LCSW69759            NPI: 1124498043            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            3544 30TH ST</p>	<p><b>WINSHIP, KATHERINE L , CSW</b>            Provider Gender: Female            License number: LCSW69759            NPI: 1124498043            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            4094 4TH AVE</p>	<p><b>WINSHIP, KATHERINE L , CSW</b>            Provider Gender: Female            License number: LCSW69759            NPI: 1124498043            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            4725 MARKET ST</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>SAN DIEGO, CA 92102-4715  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92101-2602  <i>Phone:</i> (619) 515-2520  <i>Fax:</i>  <i>After Hours Phone:</i> (619) 515-2520  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8AM-5PM</p>	<p>SAN DIEGO, CA 92101-4368  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>WINSHIP, KATHERINE L , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW69759  <i>NPI:</i> 1124498043  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST</p>	<p><b>WINSHIP, KATHERINE L , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW69759  <i>NPI:</i> 1124498043  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            1250 6TH AVE STE 100</p>	<p><b>WINSHIP, KATHERINE L , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW69759  <i>NPI:</i> 1124498043  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            2204 NATIONAL AVE</p>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WINSHIP, KATHERINE L , CSW**

Provider Gender: Female  
 License number: LCSW69759  
 NPI: 1124498043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD

SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **WINSHIP, KATHERINE L , CSW**

Provider Gender: Female  
 License number: LCSW69759  
 NPI: 1124498043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WINSHIP, KATHERINE L , CSW**

Provider Gender: Female  
 License number: LCSW69759  
 NPI: 1124498043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **WINSHIP, KATHERINE L, CSW**

Provider Gender: Female

License number: LCSW69759

NPI: 1124498043

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours:

### **WITKOWSKI, TARYN, CSW**

Provider Gender: Female

License number: 103293

NPI: 1407276694

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **WITKOWSKI, TARYN, CSW**

Provider Gender: Female

License number: 103293

NPI: 1407276694

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

3705 MISSION BLVD SAN DIEGO, CA 92109-7104 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-W,F 8:30AM-5PM	1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713 Phone: (619) 515-2338 Fax: (619) 702-8535 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-TH 8:30AM-5PM	SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>WITT, ANNETTE, CSW</b> Provider Gender: Female License number: 15770 NPI: 1912263468 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>WITT, ANNETTE, CSW</b> Provider Gender: Female License number: 15770 NPI: 1912263468 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST	<b>WITT, ANNETTE, CSW</b> Provider Gender: Female License number: 15770 NPI: 1912263468 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4065 3RD AVE SAN DIEGO, CA 92103-2184

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2300	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax:	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website:	Website:	Website:
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken:	Site Language(s) Spoken:	Site Language(s) Spoken:
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age: 0/99	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours:	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>WITT, ANNETTE, CSW</b>	<b>WITT, ANNETTE, CSW</b>	<b>WITT, ANNETTE, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 15770	License number: 15770	License number: 15770
NPI: 1912263468	NPI: 1912263468	NPI: 1912263468
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency:	Cultural Competency:	Cultural Competency:
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100	5454 EL CAJON BLVD	1809 NATIONAL AVE
SAN DIEGO, CA 92101-4368	SAN DIEGO, CA 92115-3621	SAN DIEGO, CA 92113-2113

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>WITT, ANNETTE, CSW</b>	<b>WITT, ANNETTE, CSW</b>	<b>WITT, ANNETTE, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 15770	License number: 15770	License number: 15770
NPI: 1912263468	NPI: 1912263468	NPI: 1912263468
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE SAN DIEGO, CA 92113-3615	4725 MARKET ST SAN DIEGO, CA 92102-4715	3705 MISSION BLVD SAN DIEGO, CA 92109-7104

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-W,F 8:30AM-5PM</p> <p><b>WITT, ANNETTE, CSW</b>            Provider Gender: Female            License number: 15770            NPI: 1912263468            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4874 POLK AVE            SAN DIEGO, CA 92105-2026</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>WITT, ANNETTE, CSW</b>            Provider Gender: Female            License number: 15770            NPI: 1912263468            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            140 ELM ST            SAN DIEGO, CA 92101-2602</p>	<p>Phone: (619) 515-2520            Fax:            After Hours Phone: (619) 515-2520            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8AM-5PM</p> <p><b>WITT, ANNETTE, CSW</b>            Provider Gender: Female            License number: 15770            NPI: 1912263468            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            4094 4TH AVE            SAN DIEGO, CA 92103-2143</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2424
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2424
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
 License number: 95001899  
 NPI: 1245635564  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
 License number: 95001899  
 NPI: 1245635564  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
 License number: 95001899  
 NPI: 1245635564  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
 License number: 95001899  
 NPI: 1245635564  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
 License number: 95001899  
 NPI: 1245635564  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
 License number: 95001899  
 NPI: 1245635564  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2300	Phone: (619) 515-2338
Fax: (619) 702-8536	Fax:	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2300	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours:	Hours: M-F 8:30AM-5PM
<b>WOLF, CELIA C , NPA</b>	<b>WOLF, CELIA C , NPA</b>	<b>WOLF, CELIA C , NPA</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 95001899	License number: 95001899	License number: 95001899
NPI: 1245635564	NPI: 1245635564	NPI: 1245635564
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE SAN DIEGO, CA 92103-2184	4094 4TH AVE SAN DIEGO, CA 92103-2143	1550 BROADWAY STE 2 SAN DIEGO, CA 92101-5713

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
License number: 95001899  
NPI: 1245635564  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
License number: 95001899  
NPI: 1245635564  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
License number: 95001899  
NPI: 1245635564  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2520

Fax:

After Hours Phone: (619)  
515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male

License number: NP95006887

NPI: 1417471459

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male

License number: NP95006887

NPI: 1417471459

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)  
515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male

License number: NP95006887

NPI: 1417471459

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>WOOD, KEEGAN, NPA</b>            Provider Gender: Male            License number: NP95006887            NPI: 1417471459            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>	<p>Phone: (619) 515-2424            Fax: (619) 702-8536            After Hours Phone: (619) 515-2424            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>WOOD, KEEGAN, NPA</b>            Provider Gender: Male            License number: NP95006887            NPI: 1417471459            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            5454 EL CAJON BLVD            SAN DIEGO, CA 92115-3621</p>	<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>WOOD, KEEGAN, NPA</b>            Provider Gender: Male            License number: NP95006887            NPI: 1417471459            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            1550 BROADWAY STE 2            SAN DIEGO, CA 92101-5713</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Fax: (619) 702-8535	Fax: (619) 702-8536	Fax: (619) 702-8536
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-TH 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-W,F 8:30AM-5PM
<b>WOOD, KEEGAN, NPA</b>	<b>WOOD, KEEGAN, NPA</b>	<b>WOOD, KEEGAN, NPA</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Male
License number: NP95006887	License number: NP95006887	License number: NP95006887
NPI: 1417471459	NPI: 1417471459	NPI: 1417471459
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 2204 NATIONAL AVE SAN DIEGO, CA 92113-3615	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104	Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 4725 MARKET ST SAN DIEGO, CA 92102-4715

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (858) 810-8787
Fax: (619) 702-8536	Fax: (619) 702-8536	Fax: (858) 279-0377
After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338	After Hours Phone: (858) 810-8787
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site Language(s) Spoken: Mandarin, Spanish, Vietnamese, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): Yes	American Sign Language (ASL): Yes	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM	Hours: M-F 8AM-5PM, SA 8AM-1PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male  
 License number: NP95006887  
 NPI: 1417471459  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

### **WOOLLEY, LAUREN, PSY**

Provider Gender: Female  
 License number: 23740  
 NPI: 1952785784  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

### **WOOLLEY, LAUREN, PSY**

Provider Gender: Female  
 License number: 23740  
 NPI: 1952785784  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (858) 810-8700	Phone: (619) 563-0250	Phone: (619) 515-2424
Fax: (858) 633-4680	Fax: (619) 563-0015	Fax: (619) 702-8536
After Hours Phone: (858) 810-8700	After Hours Phone: (619) 563-0250	After Hours Phone: (619) 515-2424
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese	Site Language(s) Spoken: Vietnamese	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age: 0/99
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-5PM, SA 8AM-2PM	Hours: M-F 8AM-5PM, SA 8AM-2PM	Hours: M-F 8:30AM-5PM
<b>WOOLLEY, LAUREN, PSY</b>	<b>YALYSHAVA, VOLHA, CSW</b>	<b>YALYSHAVA, VOLHA, CSW</b>
Provider Gender: Female	Provider Gender: Female	Provider Gender: Female
License number: 23740	License number: LCSW69810	License number: LCSW69810
NPI: 1952785784	NPI: 1821392002	NPI: 1821392002
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency:	Provider Language(s) Spoken: Russian	Provider Language(s) Spoken: Russian
SAN DIEGO FAMILY CARE 4290 POLK AVE SAN DIEGO, CA 92105-1524	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3544 30TH ST SAN DIEGO, CA 92104-4120	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92105-2026            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8AM-5PM</p>	<p>SAN DIEGO, CA 92103-2184            Phone: (619) 515-2300            Fax:            After Hours Phone: (619) 515-2300            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours:</p>
<p><b>YALYSHAVA, VOLHA, CSW</b>            Provider Gender: Female            License number: LCSW69810            NPI: 1821392002            Provider English Spoken: Yes            Provider Language(s) Spoken:            Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            4874 POLK AVE</p>	<p><b>YALYSHAVA, VOLHA, CSW</b>            Provider Gender: Female            License number: LCSW69810            NPI: 1821392002            Provider English Spoken: Yes            Provider Language(s) Spoken:            Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            4065 3RD AVE</p>	<p><b>YALYSHAVA, VOLHA, CSW</b>            Provider Gender: Female            License number: LCSW69810            NPI: 1821392002            Provider English Spoken: Yes            Provider Language(s) Spoken:            Russian            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

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2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **YALYSHAVA, VOLHA, CSW**

Provider Gender: Female

License number: LCSW69810

NPI: 1821392002

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

### **YALYSHAVA, VOLHA, CSW**

Provider Gender: Female

License number: LCSW69810

NPI: 1821392002

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

### **YALYSHAVA, VOLHA, CSW**

Provider Gender: Female

License number: LCSW69810

NPI: 1821392002

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## J. Directorio de proveedores de salud mental

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140 ELM ST  
SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **YALYSHAVA, VOLHA, CSW**

Provider Gender: Female

License number: LCSW69810

NPI: 1821392002

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **YALYSHAVA, VOLHA, CSW**

Provider Gender: Female

License number: LCSW69810

NPI: 1821392002

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **YALYSHAVA, VOLHA, CSW**

Provider Gender: Female

License number: LCSW69810

NPI: 1821392002

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **YALYSHAVA, VOLHA, CSW**

Provider Gender: Female  
 License number: LCSW69810  
 NPI: 1821392002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **YSLA, FRANCIS M , MD**

Provider Gender: Male  
 License number: A155712  
 NPI: 1578978854  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language,  
 German, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ZAPATEL, JUAN PABLO, CSW**

Provider Gender: Male  
 License number: 78174  
 NPI: 1043446644  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

950 S EUCLID AVE SAN DIEGO, CA 92114-6201 Phone: (619) 662-4100 Fax: After Hours Phone: (619) 662-4100 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours:	SAN DIEGO, CA 92101-6673 Phone: (619) 239-4663 Fax: (619) 239-3045 After Hours Phone: (619) 239-4663 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Russian TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours:	Phone: (619) 233-3432 Fax: (619) 233-7022 After Hours Phone: (619) 233-3432 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Russian TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>ZARANKOW, BEATA, MD</b> Provider Gender: Female License number: C53656 NPI: 1902995384 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC 743 10TH AVE	<b>ZARANKOW, BEATA, MD</b> Provider Gender: Female License number: C53656 NPI: 1902995384 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC 1963 4TH AVE SAN DIEGO, CA 92101-2394	<b>ZARANKOW, BEATA, MD</b> Provider Gender: Female License number: C53656 NPI: 1902995384 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC 1568 6TH AVE SAN DIEGO, CA 92101-3216

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (619) 696-0822

Fax: (619) 696-9573

After Hours Phone: (619)  
696-0822

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-6PM

### **ZARANKOW, BEATA, MD**

Provider Gender: Female

License number: C53656

NPI: 1902995384

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

1465 30TH ST STE K

SAN DIEGO, CA 92154-3497

Phone: (619) 275-0822

Fax: (619) 696-9573

After Hours Phone: (619)  
275-0822

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M,W 9AM-8PM, TU,TH,F  
9AM-5PM

### **ZARANKOW, BEATA, MD**

Provider Gender: Female

License number: C53656

NPI: 1902995384

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

892 27TH ST

SAN DIEGO, CA 92154-1444

Phone: (619) 275-0822

Fax: (619) 696-9573

After Hours Phone: (619)  
275-0822

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male

License number: A136760

NPI: 1508174970

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (619) 515-2520

Fax:

After Hours Phone: (619)  
515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male

License number: A136760

NPI: 1508174970

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male

License number: A136760

NPI: 1508174970

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

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

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male

License number: A136760

NPI: 1508174970

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language,            German, Farsi, Japanese,            Portuguese, Russian, Spanish,            Vietnamese, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92101-4368            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO, CA 92113-3615            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>ZAYAS, GILBERTO, MD</b>            Provider Gender: Male            License number: A136760            NPI: 1508174970            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            1250 6TH AVE STE 100</p>	<p><b>ZAYAS, GILBERTO, MD</b>            Provider Gender: Male            License number: A136760            NPI: 1508174970            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            2204 NATIONAL AVE</p>	<p><b>ZAYAS, GILBERTO, MD</b>            Provider Gender: Male            License number: A136760            NPI: 1508174970            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            4065 3RD AVE</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

SAN DIEGO, CA 92103-2184 Phone: (619) 515-2300 Fax: After Hours Phone: (619) 515-2300 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours:	4094 4TH AVE SAN DIEGO, CA 92103-2143 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	3544 30TH ST SAN DIEGO, CA 92104-4120 Phone: (619) 515-2424 Fax: (619) 702-8536 After Hours Phone: (619) 515-2424 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>ZAYAS, GILBERTO, MD</b> Provider Gender: Male License number: A136760 NPI: 1508174970 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>ZAYAS, GILBERTO, MD</b> Provider Gender: Male License number: A136760 NPI: 1508174970 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	<b>ZAYAS, GILBERTO, MD</b> Provider Gender: Male License number: A136760 NPI: 1508174970 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male

License number: A136760

NPI: 1508174970

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male

License number: A136760

NPI: 1508174970

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language,

German, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

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

### **ZIMMERMAN, JENNIFER A , CSW**

Provider Gender: U

License number: 28729

NPI: 1811449077

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language,  
German, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Vietnamese, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### ZUREK, BEDEANIA R, CSW

Provider Gender: Female  
License number: LCSW74215  
NPI: 1942375811  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:

NESTOR COMMUNITY HEALTH  
CENTER  
1016 OUTER RD  
SAN DIEGO, CA 92154-1351  
Phone: (619) 429-3733  
Fax: (619) 628-5550  
After Hours Phone: (619)  
429-3733  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age: 13/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M,TU,TH 8AM-8PM, W,F  
8AM-5PM, SA 8AM-12PM

## SAN MARCOS

### AKANDE, ADERONKE, NPA

Provider Gender: Female  
License number: 21597  
NPI: 1083980247  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:

COGNITIVE HEALTH  
SOLUTIONS INC  
960 W SAN MARCOS BLVD  
SAN MARCOS, CA 92078-1100  
Phone: (858) 227-0887  
Fax: (858) 430-9611  
After Hours Phone: (858)  
227-0887  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Russian  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 9AM-6PM

### ALTAMIRANO, LEON, PSY

Provider Gender: Male  
License number: 23734  
NPI: 1619271517  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

150 VALPRED A RD SAN MARCOS, CA 92069-2973 Phone: (760) 736-6700 Fax: (760) 736-6753 After Hours Phone: (760) 736-6700 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-6PM, SA 8AM-5PM	Phone: (760) 566-8760 Fax: (760) 820-2461 After Hours Phone: (760) 566-8760 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age: 13/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: TU-F 10AM-6PM, SA 1PM-5PM	Phone: (760) 736-6700 Fax: (760) 736-6753 After Hours Phone: (760) 736-6700 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-F 8AM-6PM, SA 8AM-5PM
<b>BUCHMANN, RYAN D , MFT</b> Provider Gender: Male License number: 50774 NPI: 1063639102 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: BUCHMANN, RYAN (1063639102) 330 RANCHEROS DR STE 222 SAN MARCOS, CA 92069-2940	<b>CAI, SHEILA X , MD</b> Provider Gender: Female License number: C149845 NPI: 1780625012 Provider English Spoken: Yes Provider Language(s) Spoken: Chinese Cultural Competency: NORTH COUNTY HEALTH SERVICES 150 VALPRED A RD SAN MARCOS, CA 92069-2973	<b>CHALMERS, VIRGINIA, CSW</b> Provider Gender: Female License number: 28053 NPI: 1265613715 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: NORTH COUNTY HEALTH SERVICES 150 VALPRED A RD SAN MARCOS, CA 92069-2973

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Phone: (760) 736-6700	Phone: (760) 736-6700	Phone: (760) 736-6700
Fax: (760) 736-6753	Fax: (760) 736-6753	Fax: (760) 736-6753
After Hours Phone: (760) 736-6700	After Hours Phone: (760) 736-6700	After Hours Phone: (760) 736-6700
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-6PM, SA 8AM-5PM	Hours: M-F 8AM-6PM, SA 8AM-5PM	Hours: M-F 8AM-6PM, SA 8AM-5PM

### **CORTIZO, ROSA, PSY**

Provider Gender: Female  
 License number: 22278  
 NPI: 1952316648  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NORTH COUNTY HEALTH SERVICES  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069-2973

### **FLYNN (NEWMAN), DANIELLE I , PSY**

Provider Gender: U  
 License number: 26184  
 NPI: 1477785137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: NORTH COUNTY HEALTH SERVICES  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069-2973

### **FREEMAN, WANDA, NPA**

Provider Gender: Female  
 License number: 95003903  
 NPI: 1659504264  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: NORTH COUNTY HEALTH SERVICES  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069-2973

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (760) 736-6700	Phone: (760) 736-6700	Phone: (760) 736-6700
Fax: (760) 736-6753	Fax: (760) 736-6753	Fax: (760) 736-6753
After Hours Phone: (760) 736-6700	After Hours Phone: (760) 736-6700	After Hours Phone: (760) 736-6700
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age:	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 8AM-6PM, SA 8AM-5PM	Hours: M-F 8AM-6PM, SA 8AM-5PM	Hours: M-F 8AM-6PM, SA 8AM-5PM

### **GEORGIEV, MARY JO C , PSY**

Provider Gender: Female  
 License number: 17954  
 NPI: 1518996875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069-2973

### **JENSEN, BRIAN M , PSY**

Provider Gender: Male  
 License number: 26041  
 NPI: 1518138049  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069-2973

### **KOGOUT, OXANA A , NPA**

Provider Gender: Female  
 License number: 95004052  
 NPI: 1477910214  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian  
 Cultural Competency:  
 COGNITIVE HEALTH SOLUTIONS INC  
 960 W SAN MARCOS BLVD  
 SAN MARCOS, CA 92078-1100

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

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Phone: (858) 227-0887

Fax: (858) 430-9611

After Hours Phone: (858)  
227-0887

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 9AM-6PM

### **KRAPES, MICHAEL B , PSY**

Provider Gender: Male

License number: 25077

NPI: 1215233028

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)  
736-6700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:  
Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

### **SIMPSON, ERIC, PSY**

Provider Gender: Male

License number: 28885

NPI: 1710110416

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)  
736-6700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:  
Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

### **SUNDER, RAJAGOPAL K , MD**

Provider Gender: Male

License number: 94223

NPI: 1972572824

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi

Cultural Competency:

COGNITIVE HEALTH

SOLUTIONS INC

960 W SAN MARCOS BLVD

SAN MARCOS, CA 92078-1100

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (858) 227-0887	Phone: (760) 736-6700	Phone: (760) 736-6700
Fax: (858) 430-9611	Fax: (760) 736-6753	Fax: (760) 736-6753
After Hours Phone: (858) 227-0887	After Hours Phone: (760) 736-6700	After Hours Phone: (760) 736-6700
Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com	Website: www.beaconhealthoptions.com
Accepting New Patients: Yes	Accepting New Patients: Yes	Accepting New Patients: Yes
Site English Spoken: Yes	Site English Spoken: Yes	Site English Spoken: Yes
Site Language(s) Spoken: Hindi, Russian	Site Language(s) Spoken: Spanish, Chinese	Site Language(s) Spoken: Spanish, Chinese
TDD: No	TDD: No	TDD: No
Min/Max Age: 0/99	Min/Max Age:	Min/Max Age:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
American Sign Language (ASL): No	American Sign Language (ASL): No	American Sign Language (ASL): No
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Hours: M-F 9AM-6PM	Hours: M-F 8AM-6PM, SA 8AM-5PM	Hours: M-F 8AM-6PM, SA 8AM-5PM

### **TORRES, HECTOR M , PSY**

Provider Gender: Male  
 License number: 13309  
 NPI: 1720265614  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069-2973

### **WALKER, SHAYNA T , MD**

Provider Gender: Female  
 License number: A107393  
 NPI: 1760688295  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069-2973

### **WELCH, MEGAN, MFT**

Provider Gender: Female  
 License number: 113763  
 NPI: 1689117400  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069-2973

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## J. Directorio de proveedores de salud mental

Phone: (760) 736-6700  
 Fax: (760) 736-6753  
 After Hours Phone: (760) 736-6700  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-6PM, SA 8AM-5PM

8772 CUYAMACA ST STE 103  
 SANTEE, CA 92071-4207  
 Phone: (619) 448-1216  
 Fax: (888) 291-4799  
 After Hours Phone: (619) 448-1216  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5:30PM

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### SANTEE

#### **JOHNSON, ANNA RITA, CSW**

Provider Gender: Female  
 License number: 92930  
 NPI: 1427323179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FUSION CARE GROUP A  
 PSYCHOLOGICAL  
 PROFESSIONAL  
 CORPORATION

### SPRING VALLEY

#### **ABDULLAH, KERI, PSY**

Provider Gender: Female  
 License number: 29990  
 NPI: 1699840587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030

#### **ABDULLAH, KERI, PSY**

Provider Gender: Female  
 License number: 29990  
 NPI: 1699840587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD

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## J. Directorio de proveedores de salud mental

SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **AGUIRRE, LEAH B , CSW**

Provider Gender: Female  
License number: 74440  
NPI: 1306151998  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR

SPRING VALLEY, CA 91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **AGUIRRE, LEAH B , CSW**

Provider Gender: Female  
License number: 74440  
NPI: 1306151998  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

Provider Gender: Female  
License number: 74219  
NPI: 1205946282  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF

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## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p>
<p><b>ALTERS, DENNIS, MD</b> Provider Gender: Male License number: G36206 NPI: 1457371635 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>ALTERS, DENNIS, MD</b> Provider Gender: Male License number: G36206 NPI: 1457371635 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF</p>	<p><b>ALVAREZ, DIANA P , CSW</b> Provider Gender: Female License number: 81025 NPI: 1013200617 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish</p>

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## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>ANDERSON, NICOLE M , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW28443 <i>NPI:</i> 1679766380 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>ARAGON, DARINKA M , MD</b> <i>Provider Gender:</i> Female <i>License number:</i> A139241 <i>NPI:</i> 1114347291</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>ARIELLA, LYNDA R , PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 19450 <i>NPI:</i> 1073518965</p>
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## J. Directorio de proveedores de salud mental

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ARIELLA, LYNDA R , PSY**

*Provider Gender:* Female  
*License number:* 19450  
*NPI:* 1073518965

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619

*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female

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## J. Directorio de proveedores de salud mental

License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male

License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU 8:30AM-5PM, W  
 1PM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ATALLAH, HANI M , MD**

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Provider Gender:</i> Male  <i>License number:</i> 132530  <i>NPI:</i> 1104169655  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic  <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p><b>AUCOIN, DOUGLAS, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 24707  <i>NPI:</i> 1699007609  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA 91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><b>AUCOIN, DOUGLAS, CSW</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 24707  <i>NPI:</i> 1699007609  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i> www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W</p>
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## J. Directorio de proveedores de salud mental

1PM-5PM

### **AVILA, RADOMIR M , CSW**

*Provider Gender:* Male

*License number:* 75520

*NPI:* 1487937330

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

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

### **AVILA, RADOMIR M , CSW**

*Provider Gender:* Male

*License number:* 75520

*NPI:* 1487937330

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA 91977-1030

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, American Sign

Language, Farsi, Japanese,

Portuguese, Russian, Spanish,

Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M,TU 8:30AM-5PM, W

1PM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male

*License number:* 90529

*NPI:* 1194159871

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

Restrictions

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## J. Directorio de proveedores de salud mental

<p><i>American Sign Language (ASL):</i> Restrictions Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>BARCELOS ANTONIO, TIAGO, CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 90529 <i>NPI:</i> 1194159871 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender</p>	<p><i>American Sign Language (ASL):</i> Restrictions Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>BARTHOLOMEW, SARAH C, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 86542 <i>NPI:</i> 1720339708 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No</p>	<p><i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>BARTHOLOMEW, SARAH C, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 86542 <i>NPI:</i> 1720339708 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

TDD: No	Yue Chinese	Japanese, Portuguese, Russian,
Min/Max Age:	TDD: No	Spanish, Yue Chinese
Gender Restriction: No Gender Restrictions	Min/Max Age:	TDD: No
American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions	Min/Max Age: 0/99
Please contact provider for Accessibility information	American Sign Language (ASL): Yes	Gender Restriction: No Gender Restrictions
Hours: M,TU 8:30AM-5PM, W 1PM-5PM	Please contact provider for Accessibility information	American Sign Language (ASL): Yes
	Hours: M,TU 8:30AM-5PM, W 1PM-5PM	Please contact provider for Accessibility information
		Hours: M-F 8:30AM-5PM

### **BENNETT, RACHEL Q, CSW**

Provider Gender: Female  
 License number: 76466  
 NPI: 1558659797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish,

### **BENNETT, RACHEL Q, CSW**

Provider Gender: Female  
 License number: 76466  
 NPI: 1558659797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi,

### **BERKSON, BARRIE, CSW**

Provider Gender: Female  
 License number: 63313  
 NPI: 1922305465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese,

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## J. Directorio de proveedores de salud mental

Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM
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### **BERKSON, BARRIE, CSW**

Provider Gender: Female  
License number: 63313  
NPI: 1922305465  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female  
License number: 20A11387  
NPI: 1639308265  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Arabic, American Sign

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female  
License number: 20A11387  
NPI: 1639308265  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes

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## J. Directorio de proveedores de salud mental

<p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p>	<p>Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p>
<p><b>BOND, ALAN, PSY</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> PSY25805</p> <p><i>NPI:</i> 1881927184</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8788 JAMACHA RD SPRING VALLEY, CA 91977-4035</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p>	<p><b>BOND, ALAN, PSY</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> PSY25805</p> <p><i>NPI:</i> 1881927184</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3845 SPRING DR SPRING VALLEY, CA 91977-1030</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p>	<p><b>BORREGO, DIANA E , NPA</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 95005019</p> <p><i>NPI:</i> 1184012866</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3845 SPRING DR SPRING VALLEY, CA 91977-1030</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p>

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## J. Directorio de proveedores de salud mental

*Site Language(s) Spoken:* Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **BORREGO, DIANA E , NPA**

*Provider Gender:* Female  
*License number:* 95005019  
*NPI:* 1184012866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<i>Website:</i>	<i>Phone: (619) 515-2338</i>	<i>Phone: (619) 515-2338</i>
<i>www.beaconhealthoptions.com</i>	<i>Fax: (619) 702-8536</i>	<i>Fax: (619) 702-8536</i>
<i>Accepting New Patients: Yes</i>	<i>After Hours Phone: (619)</i>	<i>After Hours Phone: (619)</i>
<i>Site English Spoken: Yes</i>	<i>515-2338</i>	<i>515-2338</i>
<i>Site Language(s) Spoken:</i>	<i>Website:</i>	<i>Website:</i>
<i>Arabic, American Sign</i>	<i>www.beaconhealthoptions.com</i>	<i>www.beaconhealthoptions.com</i>
<i>Language, Farsi, Japanese,</i>	<i>Accepting New Patients: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Portuguese, Russian, Spanish,</i>	<i>Site English Spoken: Yes</i>	<i>Site English Spoken: Yes</i>
<i>Yue Chinese</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
<i>TDD: No</i>	<i>American Sign Language, Farsi,</i>	<i>American Sign Language, Farsi,</i>
<i>Min/Max Age:</i>	<i>Japanese, Portuguese, Russian,</i>	<i>Japanese, Portuguese, Russian,</i>
<i>Gender Restriction: No Gender</i>	<i>Spanish, Yue Chinese</i>	<i>Spanish, Yue Chinese</i>
<i>Restrictions</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>American Sign Language (ASL):</i>	<i>Min/Max Age: 0/99</i>	<i>Min/Max Age: 0/99</i>
<i>Yes</i>	<i>Gender Restriction: No Gender</i>	<i>Gender Restriction: No Gender</i>
<i>Please contact provider for</i>	<i>Restrictions</i>	<i>Restrictions</i>
<i>Accessibility information</i>	<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>
<i>Hours: M,TU 8:30AM-5PM, W</i>	<i>Yes</i>	<i>Yes</i>
<i>1PM-5PM</i>	<i>Please contact provider for</i>	<i>Please contact provider for</i>
	<i>Accessibility information</i>	<i>Accessibility information</i>
	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-F 8:30AM-5PM</i>
<b>BURGOS, EDNA, CSW</b>	<b>BUTERBAUGH, KRISTY L , CSW</b>	<b>CABREJOS, CLAUDIO, MD</b>
<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Male</i>
<i>License number: 85597</i>	<i>License number: 65477</i>	<i>License number: A71653</i>
<i>NPI: 1134591167</i>	<i>NPI: 1346615838</i>	<i>NPI: 1033133483</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Spanish</i>	<i>Cultural Competency:</i>	<i>Portuguese, Spanish</i>
<i>Cultural Competency:</i>	<i>FAMILY HEALTH CENTERS OF</i>	<i>Cultural Competency:</i>
<i>FAMILY HEALTH CENTERS OF</i>	<i>SAN DIEGO</i>	<i>FAMILY HEALTH CENTERS OF</i>
<i>SAN DIEGO</i>	<i>8788 JAMACHA RD</i>	<i>SAN DIEGO</i>
<i>8788 JAMACHA RD</i>	<i>SPRING VALLEY, CA</i>	<i>3845 SPRING DR</i>
<i>SPRING VALLEY, CA</i>	<i>91977-4035</i>	<i>SPRING VALLEY, CA 91977-1030</i>
<i>91977-4035</i>		

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	8788 JAMACHA RD	8788 JAMACHA RD
Fax: (619) 702-8536	SPRING VALLEY, CA	SPRING VALLEY, CA
After Hours Phone: (619) 515-2338	91977-4035	91977-4035
Website:	Phone: (619) 515-2338	Phone: (619) 515-2338
www.beaconhealthoptions.com	Fax: (619) 702-8536	Fax: (619) 702-8536
Accepting New Patients: Yes	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Site English Spoken: Yes	Website:	Website:
Site Language(s) Spoken:	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Accepting New Patients: Yes	Accepting New Patients: Yes
TDD: No	Site English Spoken: Yes	Site English Spoken: Yes
Min/Max Age:	Site Language(s) Spoken:	Site Language(s) Spoken:
Gender Restriction: No Gender Restrictions	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
American Sign Language (ASL): Yes	TDD: No	TDD: No
Please contact provider for Accessibility information	Min/Max Age: 0/99	Min/Max Age: 0/99
Hours: M,TU 8:30AM-5PM, W 1PM-5PM	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
	Please contact provider for Accessibility information	Please contact provider for Accessibility information
	Hours: M-F 8:30AM-5PM	Hours: M-F 8:30AM-5PM
<b>CABREJOS, CLAUDIO, MD</b>	<b>CARDENAS, ALONSO, MD</b>	<b>CARILLO, KRYSTAL I, CSW</b>
Provider Gender: Male	Provider Gender: Male	Provider Gender: Female
License number: A71653	License number: A137940	License number: 80068
NPI: 1033133483	NPI: 1811212145	NPI: 1871906735
Provider English Spoken: Yes	Provider English Spoken: Yes	Provider English Spoken: Yes
Provider Language(s) Spoken: Portuguese, Spanish	Provider Language(s) Spoken:	Provider Language(s) Spoken:
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO	Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM	SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM	FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM
<b>CARINO DIOKNO, RHODA, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 28073 <i>NPI:</i> 1629109483 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF	<b>CARINO DIOKNO, RHODA, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 28073 <i>NPI:</i> 1629109483 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i>	<b>CASTELLANOS, TERESITA D , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 82782 <i>NPI:</i> 1598165441 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i>

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>CHEN, ANGELA, MFT</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LMFT40923  <i>NPI:</i> 1811027956  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W            1PM-5PM</p> <p><b>CHRISTENSEN, MELISSA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 69616  <i>NPI:</i> 1922313394  <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W            1PM-5PM</p> <p><b>CHRISTENSEN, MELISSA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 69616  <i>NPI:</i> 1922313394</p>
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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>COMBS, LAURI, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> LCSW75330  <i>NPI:</i> 1538398979</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>CROCKFORD, DANE, PSY</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 28313</p>	<p><i>NPI:</i> 1780031831  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>CROCKFORD, DANE, PSY</b>  <i>Provider Gender:</i> Male</p>
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## J. Directorio de proveedores de salud mental

*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female

*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DAN, WENDY L , CSW**

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Provider Gender: Female  License number: 26015  NPI: 1700224037  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  8788 JAMACHA RD  SPRING VALLEY, CA  91977-4035  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619) 515-2338  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): Yes  Please contact provider for Accessibility information  Hours: M-F 8:30AM-5PM</p>	<p><b>DAN, WENDY L , CSW</b>  Provider Gender: Female  License number: 26015  NPI: 1700224037  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  3845 SPRING DR  SPRING VALLEY, CA 91977-1030  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619) 515-2338  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): Yes  Please contact provider for Accessibility information</p>	<p>Hours: M,TU 8:30AM-5PM, W 1PM-5PM  <b>DIAZ, LIZETH, CSW</b>  Provider Gender: Female  License number: 97277  NPI: 1124457023  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  3845 SPRING DR  SPRING VALLEY, CA 91977-1030  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619) 515-2338  Website: www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): Yes  Please contact provider for</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Accessibility information  
Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
License number: 97277  
NPI: 1124457023  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes

Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

Provider Gender: Male  
License number: G57276  
NPI: 1548318348  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes

Please contact provider for Accessibility information  
Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **DOBOS, DAVID, MD**

Provider Gender: Male  
License number: G57276  
NPI: 1548318348  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL):

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Yes	Yes	Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M-F 8:30AM-5PM</i>	<i>Hours: M,TU 8:30AM-5PM, W 1PM-5PM</i>
<b>DRISCOLL, MICHAEL S , CSW</b>	<b>DUNFORD, KATELYN C , MFT</b>	<b>DUNFORD, KATELYN C , MFT</b>
<i>Provider Gender: Male</i>	<i>Provider Gender: Female</i>	<i>Provider Gender: Female</i>
<i>License number: 93951</i>	<i>License number: 126626</i>	<i>License number: 126626</i>
<i>NPI: 1659761880</i>	<i>NPI: 1437517497</i>	<i>NPI: 1437517497</i>
<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>	<i>Provider English Spoken: Yes</i>
<i>Provider Language(s) Spoken: Cultural Competency:</i>	<i>Provider Language(s) Spoken: Cultural Competency:</i>	<i>Provider Language(s) Spoken: Cultural Competency:</i>
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD	3845 SPRING DR	8788 JAMACHA RD
SPRING VALLEY, CA	SPRING VALLEY, CA 91977-1030	SPRING VALLEY, CA
91977-4035	<i>Phone: (619) 515-2338</i>	91977-4035
<i>Phone: (619) 515-2338</i>	<i>Fax: (619) 702-8536</i>	<i>Phone: (619) 515-2338</i>
<i>Fax: (619) 702-8536</i>	<i>After Hours Phone: (619) 515-2338</i>	<i>Fax: (619) 702-8536</i>
<i>After Hours Phone: (619) 515-2338</i>	<i>Website:</i>	<i>After Hours Phone: (619) 515-2338</i>
<i>Website:</i>	<i>www.beaconhealthoptions.com</i>	<i>Website:</i>
<i>www.beaconhealthoptions.com</i>	<i>Accepting New Patients: Yes</i>	<i>www.beaconhealthoptions.com</i>
<i>Accepting New Patients: Yes</i>	<i>Site English Spoken: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>Site English Spoken: Yes</i>	<i>Site Language(s) Spoken:</i>	<i>Site English Spoken: Yes</i>
<i>Site Language(s) Spoken:</i>	Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Portuguese, Russian, Spanish, Yue Chinese	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD: No</i>	<i>TDD: No</i>	<i>TDD: No</i>
<i>Min/Max Age: 0/99</i>	<i>Min/Max Age:</i>	<i>Min/Max Age: 0/99</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>
<i>American Sign Language (ASL):</i>	<i>American Sign Language (ASL):</i>	<i>Restrictions</i>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>DWYER, GEORGE, CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 70988 <i>NPI:</i> 1437606126 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions</p>	<p><i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>DWYER, GEORGE, CSW</b> <i>Provider Gender:</i> Male <i>License number:</i> 70988 <i>NPI:</i> 1437606126 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender</p>	<p>Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>ERBE, EDWARD J , MD</b> <i>Provider Gender:</i> Male <i>License number:</i> G76886 <i>NPI:</i> 1952318289 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender</p>
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## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM
<b>FAJARDO, JACQUELINE M , CSW</b> Provider Gender: Female License number: 87322 NPI: 1215342118 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No	<b>FAJARDO, JACQUELINE M , CSW</b> Provider Gender: Female License number: 87322 NPI: 1215342118 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish,	<b>FEDEROFF, MONICA, MD</b> Provider Gender: Female License number: A164677 NPI: 1912404492 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese,

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## J. Directorio de proveedores de salud mental

Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
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### **FEDEROFF, MONICA, MD**

Provider Gender: Female  
License number: A164677  
NPI: 1912404492  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

### **FLORES, MARY LUPE, CSW**

Provider Gender: Female  
License number: 19815  
NPI: 1134147457  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

### **FLORES, MARY LUPE, CSW**

Provider Gender: Female  
License number: 19815  
NPI: 1134147457  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, American Sign

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## J. Directorio de proveedores de salud mental

Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male  
 License number: 71548  
 NPI: 1952736043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male  
 License number: 71548  
 NPI: 1952736043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

Provider Gender: Male  
 License number: 75713  
 NPI: 1366519670  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Japanese, Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes

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## J. Directorio de proveedores de salud mental

<p><i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>          Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes          Please contact provider for Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p><i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>          American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes          Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>          American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes          Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
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### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

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## J. Directorio de proveedores de salud mental

<p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>GAUD, KRISTINA G , MD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 170667</p> <p><i>NPI:</i> 1508151598</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3845 SPRING DR SPRING VALLEY, CA 91977-1030</p>	<p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>GLASSMAN, JAGA NATH, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G55004</p> <p><i>NPI:</i> 1558409771</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>8788 JAMACHA RD</p>	<p>SPRING VALLEY, CA 91977-4035</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>GLASSMAN, JAGA NATH, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G55004</p> <p><i>NPI:</i> 1558409771</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>3845 SPRING DR</p>
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## J. Directorio de proveedores de salud mental

<p>SPRING VALLEY, CA 91977-1030            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p>3845 SPRING DR            SPRING VALLEY, CA 91977-1030            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p>SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA 91977-4035            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>GLEASON, SHEILA, PSY</b>            Provider Gender: Female            License number: 13685            NPI: 1366641813            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>GLEASON, SHEILA, PSY</b>            Provider Gender: Female            License number: 13685            NPI: 1366641813            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF</p>	<p><b>GONZALES, JULIANA, CSW</b>            Provider Gender: Female            License number: 83254            NPI: 1821487406            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>GONZALES, JULIANA, CSW</b> Provider Gender: Female License number: 83254 NPI: 1821487406 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p>Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p> <p><b>GONZALEZ, ANDREA, CSW</b> Provider Gender: Female License number: 97593 NPI: 1326346198 Provider English Spoken: Yes</p>	<p>Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p> <p><b>GONZALEZ, ANDREA, CSW</b> Provider Gender: Female License number: 97593 NPI: 1326346198</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Provider English Spoken:</i> Yes	<i>License number:</i> 87716	<i>License number:</i> 86166
<i>Provider Language(s) Spoken:</i> Spanish	<i>NPI:</i> 1134597123	<i>NPI:</i> 1356749949
<i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
3845 SPRING DR	<i>Provider Language(s) Spoken:</i> Cultural Competency:	<i>Provider Language(s) Spoken:</i> Cultural Competency:
SPRING VALLEY, CA 91977-1030	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
<i>Phone:</i> (619) 515-2338	8788 JAMACHA RD	3845 SPRING DR
<i>Fax:</i> (619) 702-8536	SPRING VALLEY, CA	SPRING VALLEY, CA 91977-1030
<i>After Hours Phone:</i> (619) 515-2338	91977-4035	<i>Phone:</i> (619) 515-2338
<i>Website:</i> www.beaconhealthoptions.com	<i>Phone:</i> (619) 515-2338	<i>Fax:</i> (619) 702-8536
<i>Accepting New Patients:</i> Yes	<i>Fax:</i> (619) 702-8536	<i>After Hours Phone:</i> (619) 515-2338
<i>Site English Spoken:</i> Yes	<i>After Hours Phone:</i> (619) 515-2338	<i>Website:</i> www.beaconhealthoptions.com
<i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Website:</i> www.beaconhealthoptions.com	<i>Accepting New Patients:</i> Yes
<i>TDD:</i> No	<i>Accepting New Patients:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Min/Max Age:</i>	<i>Site English Spoken:</i> Yes	<i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>Gender Restriction:</i> No Gender Restrictions	<i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>TDD:</i> No
<i>American Sign Language (ASL):</i> Yes	<i>TDD:</i> No	<i>Min/Max Age:</i>
Please contact provider for Accessibility information	<i>Min/Max Age:</i> 0/99	<i>Gender Restriction:</i> No Gender Restrictions
<i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM	<i>Gender Restriction:</i> No Gender Restrictions	<i>American Sign Language (ASL):</i> Yes
<b>GOTTUNG, CHRISTINA, CSW</b>	<i>American Sign Language (ASL):</i> Yes	Please contact provider for Accessibility information
<i>Provider Gender:</i> Female	Please contact provider for Accessibility information	<i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM
	<i>Hours:</i> M-F 8:30AM-5PM	<b>GUTIERREZ, APRIL P , CSW</b>
	<b>GUTIERREZ, APRIL P , CSW</b>	<i>Provider Gender:</i> Female
	<i>Provider Gender:</i> Female	<b>GUTIERREZ, APRIL P , CSW</b>

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## J. Directorio de proveedores de salud mental

*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**GUZMAN, KENIA, MFT**

*Provider Gender:* Female  
*License number:* 77167  
*NPI:* 1427326776  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**HARRIMAN, CORAL, PSY**  
*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W

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## J. Directorio de proveedores de salud mental

1PM-5PM

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

*Accessibility information*  
*Hours:* M-F 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

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## J. Directorio de proveedores de salud mental

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

### **HORNBROOK, JESSICA, CSW**

Provider Gender: Female  
License number: 26598  
NPI: 1134401805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

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

### **HUBER, REBECCA, MD**

Provider Gender: Female  
License number: A133711  
NPI: 1174960686  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

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

### **HUBER, REBECCA, MD**

Provider Gender: Female  
License number: A133711  
NPI: 1174960686  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

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## J. Directorio de proveedores de salud mental

Accessibility information  
Hours: M,TU 8:30AM-5PM, W 1PM-5PM

Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **HUDSON, KATE, CSW**

*Provider Gender:* Female  
*License number:* 83712  
*NPI:* 1194159384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

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## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **JACKSON, TIENNA S , CSW**

*Provider Gender:* Female  
*License number:* 89122  
*NPI:* 1194976225  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

Yes  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **JACKSON, TIENNA S , CSW**

*Provider Gender:* Female  
*License number:* 89122  
*NPI:* 1194976225  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

*Provider Gender:* Male  
*License number:* A167754  
*NPI:* 1083092134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

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## J. Directorio de proveedores de salud mental

<p><i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>JALAN, DEVESH, MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A167754 <i>NPI:</i> 1083092134 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions</p>	<p><i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>JAMES, CHRISTINE E , MD</b> <i>Provider Gender:</i> Female <i>License number:</i> 20A13931 <i>NPI:</i> 1679834022 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender</p>	<p>Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>JAMES, CHRISTINE E , MD</b> <i>Provider Gender:</i> Female <i>License number:</i> 20A13931 <i>NPI:</i> 1679834022 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99</p>
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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female  
*License number:* 26493  
*NPI:* 1871772020  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female  
*License number:* 26493  
*NPI:* 1871772020  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**JENSEN, DEXTER, MD**

*Provider Gender:* Male  
*License number:* A67960  
*NPI:* 1740465541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, American Sign

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## J. Directorio de proveedores de salud mental

Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM
<b>JONES, ADELE, PSY</b> Provider Gender: Female License number: 25311 NPI: 1558602490 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes	<b>JONES, ADELE, PSY</b> Provider Gender: Female License number: 25311 NPI: 1558602490 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken:	<b>JONES, ATAVIA L , CSW</b> Provider Gender: Female License number: LCSW76796 NPI: 1952734899 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes

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## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JONES, MICHAEL A , CSW**

*Provider Gender:* Male  
*License number:* LCS22452  
*NPI:* 1548205719  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JONES, MICHAEL A , CSW**

*Provider Gender:* Male  
*License number:* LCS22452  
*NPI:* 1548205719  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **KAPPER, VICTORIA, CSW**

*Provider Gender:* Female  
*License number:* 100449  
*NPI:* 1801349014  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

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 información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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 Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KAPPER, VICTORIA, CSW**

Provider Gender: Female  
 License number: 100449  
 NPI: 1801349014  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU 8:30AM-5PM, W  
 1PM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
 License number: A138266  
 NPI: 1396150041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
 License number: A138266  
 NPI: 1396150041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338

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## J. Directorio de proveedores de salud mental

<i>Website:</i> www.beaconhealthoptions.com	<i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536	SPRING VALLEY, CA 91977-4035
<i>Accepting New Patients:</i> Yes	<i>After Hours Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536
<i>Site English Spoken:</i> Yes	<i>Website:</i> www.beaconhealthoptions.com	<i>After Hours Phone:</i> (619) 515-2338
<i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	<i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i> 0/99
<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
Please contact provider for Accessibility information	Please contact provider for Accessibility information	Please contact provider for Accessibility information
<i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM	<i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM	<i>Hours:</i> M-F 8:30AM-5PM
<b>KLOBERDANZ, KELSEY L , NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95005293 <i>NPI:</i> 1235672502 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030	<b>KLOBERDANZ, KELSEY L , NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95005293 <i>NPI:</i> 1235672502 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD	<b>KNIGHT, MARK A , MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A94460 <i>NPI:</i> 1851573554 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR

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## J. Directorio de proveedores de salud mental

<p>SPRING VALLEY, CA 91977-1030  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p>8788 JAMACHA RD            SPRING VALLEY, CA 91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p>3845 SPRING DR            SPRING VALLEY, CA 91977-1030  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p>
<p><b>KNIGHT, MARK A , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A94460  <i>NPI:</i> 1851573554  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>KOH, STEVE H , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A103468  <i>NPI:</i> 1467650473  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>KOH, STEVE H , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A103468  <i>NPI:</i> 1467650473  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF</p>

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## J. Directorio de proveedores de salud mental

SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **KYLE, MARCIE, CSW**

Provider Gender: Female  
License number: LCSW78555  
NPI: 1174981500  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **KYLE, MARCIE, CSW**

Provider Gender: Female  
License number: LCSW78555  
NPI: 1174981500  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
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Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **LEBLANC, ASHLEY B , CSW**

Provider Gender: Female  
License number: 83136  
NPI: 1275905622  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>LIDSTONE, PAVEN, MD</b> Provider Gender: Female License number: 161149 NPI: 1942662093 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency:</p>	<p><b>LIDSTONE, PAVEN, MD</b> Provider Gender: Female License number: 161149 NPI: 1942662093 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p><b>LIM, SANDRA S , MD</b> Provider Gender: Female License number: 20A13075 NPI: 1083963094 Provider English Spoken: Yes Provider Language(s) Spoken:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p><i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W            1PM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>LIM, SANDRA S , MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 20A13075  <i>NPI:</i> 1083963094  <i>Provider English Spoken:</i> Yes</p>	<p><b>LIPPERT, HEATHER M , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 22526  <i>NPI:</i> 1093991663  <i>Provider English Spoken:</i> Yes</p>	<p><b>LIPPERT, HEATHER M , CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 22526  <i>NPI:</i> 1093991663  <i>Provider English Spoken:</i> Yes</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>LOEB, CINDY, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 75333 <i>NPI:</i> 1619108511</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>LOEB, CINDY, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 75333 <i>NPI:</i> 1619108511</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>LYDIARD, JESSICA, MD</b> <i>Provider Gender:</i> Female <i>License number:</i> A171775</p>
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## J. Directorio de proveedores de salud mental

<p>NPI: 1841731296            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M,TU 8:30AM-5PM, W            1PM-5PM</p>	<p>License number: A171775            NPI: 1841731296            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>	<p>License number: 92724            NPI: 1538704002            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF            SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619)            515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            Yes            Please contact provider for            Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>LYDIARD, JESSICA, MD</b>            Provider Gender: Female</p>	<p><b>LYONS, KEITH E , CSW</b>            Provider Gender: Male</p>	<p><b>MACMASTER, LINDSAY, PSY</b>            Provider Gender: Female</p>

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## J. Directorio de proveedores de salud mental

License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female

License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU 8:30AM-5PM, W  
 1PM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

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## J. Directorio de proveedores de salud mental

<p>Provider Gender: Female  License number: 22296  NPI: 1700200888  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  3845 SPRING DR  SPRING VALLEY, CA 91977-1030  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M,TU 8:30AM-5PM, W  1PM-5PM</p>	<p><b>MARTIR, MICHEL, CSW</b>  Provider Gender: Female  License number: 73174  NPI: 1356528434  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  3845 SPRING DR  SPRING VALLEY, CA 91977-1030  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information</p>	<p>Hours: M,TU 8:30AM-5PM, W  1PM-5PM  <b>MARTIR, MICHEL, CSW</b>  Provider Gender: Female  License number: 73174  NPI: 1356528434  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  8788 JAMACHA RD  SPRING VALLEY, CA  91977-4035  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes</p>
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## J. Directorio de proveedores de salud mental

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

Provider Gender: Female  
License number: 14201  
NPI: 1396838082  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

Provider Gender: Female  
License number: 14201  
NPI: 1396838082  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **MCDANIEL, REBECCA, CSW**

Provider Gender: Female  
License number: 86534  
NPI: 1518623818  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM	Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM
<b>MCDANIEL, REBECCA, CSW</b> Provider Gender: Female License number: 86534 NPI: 1518623818 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99	<b>MCHENRY, KELLY, CSW</b> Provider Gender: Female License number: 29689 NPI: 1851544340 Provider English Spoken: Yes Provider Language(s) Spoken: American Sign Language Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No	<b>MCHENRY, KELLY, CSW</b> Provider Gender: Female License number: 29689 NPI: 1851544340 Provider English Spoken: Yes Provider Language(s) Spoken: American Sign Language Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

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Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM
<b>MEJIA, RITA I , MFT</b> Provider Gender: Female License number: 99697 NPI: 1952741506 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,	<b>MEJIA, RITA I , MFT</b> Provider Gender: Female License number: 99697 NPI: 1952741506 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish,	<b>MENDEZ, ANDRES G , PSY</b> Provider Gender: Male License number: 28907 NPI: 1841482692 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi,

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## J. Directorio de proveedores de salud mental

Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M,TU 8:30AM-5PM, W 1PM-5PM

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MENDEZ, ANDRES G , PSY**

Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese,

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, American Sign

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## J. Directorio de proveedores de salud mental

Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M,TU 8:30AM-5PM, W 1PM-5PM

Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **MILlicAN, RUTH, PSY**

Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

### **MILlicAN, RUTH, PSY**

Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

### **MODAD, ALBERT, PSY**

Provider Gender: Female  
 License number: 29697  
 NPI: 1629453691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

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## J. Directorio de proveedores de salud mental

*Site Language(s) Spoken:* Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **MODAD, ALBERT, PSY**

*Provider Gender:* Female  
*License number:* 29697  
*NPI:* 1629453691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MORALES MORENO, MINERVA, CSW**

*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **MORALES MORENO, MINERVA, CSW**

*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

Phone: (619) 515-2338	SPRING VALLEY, CA	3845 SPRING DR
Fax: (619) 702-8536	91977-4035	SPRING VALLEY, CA 91977-1030
After Hours Phone: (619) 515-2338	Phone: (619) 515-2338	Phone: (619) 515-2338
Website:	Fax: (619) 702-8536	Fax: (619) 702-8536
www.beaconhealthoptions.com	After Hours Phone: (619) 515-2338	After Hours Phone: (619) 515-2338
Accepting New Patients: Yes	Website:	Website:
Site English Spoken: Yes	www.beaconhealthoptions.com	www.beaconhealthoptions.com
Site Language(s) Spoken:	Accepting New Patients: Yes	Accepting New Patients: Yes
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Site English Spoken: Yes	Site English Spoken: Yes
TDD: No	Site Language(s) Spoken:	Site Language(s) Spoken:
Min/Max Age: 0/99	American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese	Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
Gender Restriction: No Gender Restrictions	TDD: No	TDD: No
American Sign Language (ASL): Yes	Min/Max Age: 0/99	Min/Max Age:
Please contact provider for Accessibility information	Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions
Hours: M-F 8:30AM-5PM	American Sign Language (ASL): Yes	American Sign Language (ASL): Yes
<b>MORRISON, TYLER E , MD</b>	Please contact provider for Accessibility information	Please contact provider for Accessibility information
Provider Gender: Male	Hours: M-F 8:30AM-5PM	Hours: M,TU 8:30AM-5PM, W 1PM-5PM
License number: A144917	<b>MORRISON, TYLER E , MD</b>	<b>MUNOZ, VIVIANA, CSW</b>
NPI: 1912391814	Provider Gender: Male	Provider Gender: Female
Provider English Spoken: Yes	License number: A144917	License number: 66637
Provider Language(s) Spoken:	NPI: 1912391814	NPI: 1497987713
Japanese	Provider English Spoken: Yes	Provider English Spoken: Yes
Cultural Competency:	Provider Language(s) Spoken:	Provider Language(s) Spoken:
FAMILY HEALTH CENTERS OF SAN DIEGO	Japanese	Cultural Competency:
8788 JAMACHA RD	Cultural Competency:	FAMILY HEALTH CENTERS OF
	FAMILY HEALTH CENTERS OF SAN DIEGO	

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## J. Directorio de proveedores de salud mental

<p>SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p><i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>NADEAU MANNING, JULIE, CSW</b> Provider Gender: Female License number: 25094 NPI: 1275609760 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p><b>NADEAU MANNING, JULIE, CSW</b> Provider Gender: Female License number: 25094 NPI: 1275609760</p>	<p><b>NAZARIO, JACOBETH, PSY</b> Provider Gender: Female License number: PSY32092 NPI: 1326648684</p>

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## J. Directorio de proveedores de salud mental

<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Arabic, American Sign            Language, Farsi, Japanese,            Portuguese, Russian, Spanish,            Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M,TU 8:30AM-5PM, W            1PM-5PM</p>	<p><i>NPI:</i> 1326648684  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>NPI:</i> 1942433917  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            Farsi  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF            SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619)            515-2338  <i>Website:</i>            www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            American Sign Language, Farsi,            Japanese, Portuguese, Russian,            Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender            Restrictions  <i>American Sign Language (ASL):</i>            Yes            Please contact provider for            Accessibility information  <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>NAZARIO, JACOBETH, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> PSY32092</p>	<p><b>NOUHI, NUSHA, PSY</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 27670</p>	<p><b>NOUHI, NUSHA, PSY</b>  <i>Provider Gender:</i> Female</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>License number: 27670  NPI: 1942433917  Provider English Spoken: Yes  Provider Language(s) Spoken:  Farsi  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  3845 SPRING DR  SPRING VALLEY, CA 91977-1030  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information  Hours: M,TU 8:30AM-5PM, W  1PM-5PM</p>	<p><b>NWANGANGA, OKECHUKU R ,  CSW</b>  Provider Gender: Male  License number: 27072  NPI: 1285984450  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  8788 JAMACHA RD  SPRING VALLEY, CA  91977-4035  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  American Sign Language, Farsi,  Japanese, Portuguese, Russian,  Spanish, Yue Chinese  TDD: No  Min/Max Age: 0/99  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for  Accessibility information</p>	<p>Hours: M-F 8:30AM-5PM  <b>NWANGANGA, OKECHUKU R ,  CSW</b>  Provider Gender: Male  License number: 27072  NPI: 1285984450  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  FAMILY HEALTH CENTERS OF  SAN DIEGO  3845 SPRING DR  SPRING VALLEY, CA 91977-1030  Phone: (619) 515-2338  Fax: (619) 702-8536  After Hours Phone: (619)  515-2338  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Arabic, American Sign  Language, Farsi, Japanese,  Portuguese, Russian, Spanish,  Yue Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  Yes  Please contact provider for</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM	Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM	Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM
<b>OBRYAN, KELLY, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 24966 <i>NPI:</i> 1093882698 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes	<b>OBRYAN, KELLY, PSY</b> <i>Provider Gender:</i> Female <i>License number:</i> 24966 <i>NPI:</i> 1093882698 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i>	<b>OHARA, FELECIA, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 73903 <i>NPI:</i> 1215015227 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **OHARA, FELECIA, CSW**

Provider Gender: Female  
License number: 73903  
NPI: 1215015227  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

Yes  
Please contact provider for  
Accessibility information  
Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **OLIVER, ELIZABETH, CSW**

Provider Gender: Female  
License number: 66862  
NPI: 1326296351  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

Provider Gender: Female  
License number: 95004145  
NPI: 1932566031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA 91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, American Sign  
Language, Farsi, Japanese,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions

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## J. Directorio de proveedores de salud mental

<p><i>American Sign Language (ASL):</i> Restrictions Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p><i>American Sign Language (ASL):</i> Restrictions Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>	<p><i>American Sign Language (ASL):</i> Restrictions Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p>
<p><b>PRASEK, LAUREN, NPA</b> <i>Provider Gender:</i> Female <i>License number:</i> 95004145 <i>NPI:</i> 1932566031 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender</p>	<p><b>PROCTOR, MELISSA S , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 62650 <i>NPI:</i> 1336188655 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender</p>	<p><b>PROCTOR, MELISSA S , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 62650 <i>NPI:</i> 1336188655 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender</p>

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## J. Directorio de proveedores de salud mental

Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM	Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM	Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>PROOSASELTS, YULIYA, MD</b> Provider Gender: Female License number: A133675 NPI: 1952747875 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No	<b>PROOSASELTS, YULIYA, MD</b> Provider Gender: Female License number: A133675 NPI: 1952747875 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,	<b>RAMOS, ELIZABETH, CSW</b> Provider Gender: Female License number: 73374 NPI: 1992046890 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese,

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## J. Directorio de proveedores de salud mental

Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>RAMOS, ELIZABETH, CSW</b> Provider Gender: Female License number: 73374 NPI: 1992046890 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes	<b>RODRIGUEZ, CHRISTINE, PSY</b> Provider Gender: Female License number: 30472 NPI: 1568656619 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes	<b>RODRIGUEZ, CHRISTINE, PSY</b> Provider Gender: Female License number: 30472 NPI: 1568656619 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken:

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## J. Directorio de proveedores de salud mental

Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ROZELL, KATHY, CSW**

Provider Gender: Female  
 License number: 25068  
 NPI: 1578603973  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## J. Directorio de proveedores de salud mental

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

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

### **ROZELL, KATHY, CSW**

Provider Gender: Female

License number: 25068

NPI: 1578603973

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA 91977-1030

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **RYDALCH, JOANNA, CSW**

Provider Gender: Female

License number: 904009322

NPI: 1215256870

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

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

### **RYDALCH, JOANNA, CSW**

Provider Gender: Female

License number: 904009322

NPI: 1215256870

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA 91977-1030

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

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## J. Directorio de proveedores de salud mental

<p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>SACHS, MELISSA R , CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 76968</p> <p><i>NPI:</i> 1649760356</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030</p>	<p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>SACHS, MELISSA R , CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 76968</p> <p><i>NPI:</i> 1649760356</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD</p>	<p>SPRING VALLEY, CA 91977-4035</p> <p><i>Phone:</i> (619) 515-2338</p> <p><i>Fax:</i> (619) 702-8536</p> <p><i>After Hours Phone:</i> (619) 515-2338</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i> 0/99</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> Yes</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>SAMADI, ESTHER, MD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> A113657</p> <p><i>NPI:</i> 1396986204</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR</p>
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## J. Directorio de proveedores de salud mental

<p>SPRING VALLEY, CA 91977-1030            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p>3845 SPRING DR            SPRING VALLEY, CA 91977-1030            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p>SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA 91977-4035            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website:            www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p>
<p><b>SATERA, ANDREW, NRS</b>            Provider Gender: Male            License number: 95018929            NPI: 1265861629            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>SATERA, ANDREW, NRS</b>            Provider Gender: Male            License number: 95018929            NPI: 1265861629            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency:            FAMILY HEALTH CENTERS OF</p>	<p><b>SEPULVEDA, JOE, MD</b>            Provider Gender: Male            License number: A113283            NPI: 1306165402            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency:</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p>	<p>Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>	<p>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM</p>
<p><b>SEPULVEDA, JOE, MD</b> Provider Gender: Male License number: A113283 NPI: 1306165402 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p><b>SIMPSON, JENNIFER, CSW</b> Provider Gender: Female License number: 82678 NPI: 1740765866 Provider English Spoken: Yes</p>	<p><b>STEWART, ANDREA M, MFT</b> Provider Gender: U License number: 45174 NPI: 1508993122 Provider English Spoken: Yes</p>

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## J. Directorio de proveedores de salud mental

<p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>TAHBAZ, ASH, MFT</b> <i>Provider Gender:</i> U <i>License number:</i> 87601 <i>NPI:</i> 1205294543 <i>Provider English Spoken:</i> Yes</p>	<p><i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>THICKSTUN, MARY SUSAN, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 21573 <i>NPI:</i> 1437354875</p>	<p><i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>THICKSTUN, MARY SUSAN, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 21573</p>
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## J. Directorio de proveedores de salud mental

<p>NPI: 1437354875            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>THIESSEN, BRUCE L , PSY</b>            Provider Gender: Male</p>	<p>License number: 14259            NPI: 1841541984            Provider English Spoken: Yes            Provider Language(s) Spoken: Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA 91977-4035            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age: 0/99            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M-F 8:30AM-5PM</p> <p><b>TONG, GARRICK, MD</b>            Provider Gender: Male</p>	<p>License number: A102192            NPI: 1831361278            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish, Yue Chinese            Cultural Competency:            FAMILY HEALTH CENTERS OF SAN DIEGO            3845 SPRING DR            SPRING VALLEY, CA 91977-1030            Phone: (619) 515-2338            Fax: (619) 702-8536            After Hours Phone: (619) 515-2338            Website: www.beaconhealthoptions.com            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese            TDD: No            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): Yes            Please contact provider for Accessibility information            Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p>
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## J. Directorio de proveedores de salud mental

<p><b>TONG, GARRICK, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A102192  <i>NPI:</i> 1831361278  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information</p>	<p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>TORRES, LAURA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 65059  <i>NPI:</i> 1568612943  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for Accessibility information</p>	<p><i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>TRIANA, JENNIFER, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 88589  <i>NPI:</i> 1073844460  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>            FAMILY HEALTH CENTERS OF SAN DIEGO            8788 JAMACHA RD            SPRING VALLEY, CA            91977-4035  <i>Phone:</i> (619) 515-2338  <i>Fax:</i> (619) 702-8536  <i>After Hours Phone:</i> (619) 515-2338  <i>Website:</i>  <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i> 0/99  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> Yes            Please contact provider for</p>
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## J. Directorio de proveedores de salud mental

<p>Accessibility information Hours: M-F 8:30AM-5PM</p> <p><b>TRIANA, JENNIFER, CSW</b> Provider Gender: Female License number: 88589 NPI: 1073844460 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes</p>	<p>Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>TROYER, EMILY, PSY</b> Provider Gender: Female License number: A149101 NPI: 1326484437 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL):</p>	<p>Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>WAUGH, BRANDON, CSW</b> Provider Gender: Male License number: 83457 NPI: 1619459187 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions</p>
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## J. Directorio de proveedores de salud mental

<i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours: M-F 8:30AM-5PM</i>	<i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours: M-F 8:30AM-5PM</i>	<i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours: M-F 8:30AM-5PM</i>
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### **WEAVER, JHOSMARA A , CSW**

*Provider Gender:* Female  
*License number:* 77233  
*NPI:* 1982848594  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions

### **WEBSTER, KRISTIN K , CSW**

*Provider Gender:* Female  
*License number:* LCSW16118  
*NPI:* 1902336837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions

### **WEBSTER, KRISTIN K , CSW**

*Provider Gender:* Female  
*License number:* LCSW16118  
*NPI:* 1902336837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, American Sign  
 Language, Farsi, Japanese,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions

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## J. Directorio de proveedores de salud mental

<p><i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>WINSHIP, KATHERINE L , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW69759 <i>NPI:</i> 1124498043 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese <i>TDD:</i> No <i>Min/Max Age:</i></p>	<p><i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM</p> <p><b>WINSHIP, KATHERINE L , CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> LCSW69759 <i>NPI:</i> 1124498043 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p>	<p><i>TDD:</i> No <i>Min/Max Age:</i> 0/99 <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> Yes Please contact provider for Accessibility information <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>WITT, ANNETTE, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 15770 <i>NPI:</i> 1912263468 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 <i>Phone:</i> (619) 515-2338 <i>Fax:</i> (619) 702-8536 <i>After Hours Phone:</i> (619) 515-2338 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese</p>
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## J. Directorio de proveedores de salud mental

<i>TDD:</i> No	Spanish, Yue Chinese	Spanish, Yue Chinese
<i>Min/Max Age:</i>	<i>TDD:</i> No	<i>TDD:</i> No
<i>Gender Restriction:</i> No Gender Restrictions	<i>Min/Max Age:</i> 0/99	<i>Min/Max Age:</i> 0/99
<i>American Sign Language (ASL):</i> Yes	<i>Gender Restriction:</i> No Gender Restrictions	<i>Gender Restriction:</i> No Gender Restrictions
Please contact provider for Accessibility information	<i>American Sign Language (ASL):</i> Yes	<i>American Sign Language (ASL):</i> Yes
<i>Hours:</i> M,TU 8:30AM-5PM, W 1PM-5PM	Please contact provider for Accessibility information	Please contact provider for Accessibility information
	<i>Hours:</i> M-F 8:30AM-5PM	<i>Hours:</i> M-F 8:30AM-5PM
<b>WITT, ANNETTE, CSW</b>	<b>WOLF, CELIA C , NPA</b>	<b>WOOD, KEEGAN, NPA</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Male
<i>License number:</i> 15770	<i>License number:</i> 95001899	<i>License number:</i> NP95006887
<i>NPI:</i> 1912263468	<i>NPI:</i> 1245635564	<i>NPI:</i> 1417471459
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO	FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD	8788 JAMACHA RD	8788 JAMACHA RD
SPRING VALLEY, CA	SPRING VALLEY, CA	SPRING VALLEY, CA
91977-4035	91977-4035	91977-4035
<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338	<i>Phone:</i> (619) 515-2338
<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536	<i>Fax:</i> (619) 702-8536
<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338	<i>After Hours Phone:</i> (619) 515-2338
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
www.beaconhealthoptions.com	www.beaconhealthoptions.com	www.beaconhealthoptions.com
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
American Sign Language, Farsi, Japanese, Portuguese, Russian,	American Sign Language, Farsi, Japanese, Portuguese, Russian,	American Sign Language, Farsi, Japanese, Portuguese, Russian,

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM	Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M,TU 8:30AM-5PM, W 1PM-5PM	Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese TDD: No Min/Max Age: 0/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): Yes Please contact provider for Accessibility information Hours: M-F 8:30AM-5PM
<b>YALYSHAVA, VOLHA, CSW</b> Provider Gender: Female License number: LCSW69810 NPI: 1821392002 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3845 SPRING DR SPRING VALLEY, CA 91977-1030 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, American Sign Language, Farsi, Japanese,	<b>YALYSHAVA, VOLHA, CSW</b> Provider Gender: Female License number: LCSW69810 NPI: 1821392002 Provider English Spoken: Yes Provider Language(s) Spoken: Russian Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes	<b>ZAYAS, GILBERTO, MD</b> Provider Gender: Male License number: A136760 NPI: 1508174970 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 8788 JAMACHA RD SPRING VALLEY, CA 91977-4035 Phone: (619) 515-2338 Fax: (619) 702-8536 After Hours Phone: (619) 515-2338 Website: www.beaconhealthoptions.com Accepting New Patients: Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8AM-7PM, W  
 8AM-6:30PM, TH 8:30AM-7PM,  
 F 8:30AM-12PM, SA 9AM-4PM

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### VISTA

**ACOSTA, AZUCENA, CSW**  
*Provider Gender:* Female  
*License number:* 98304  
*NPI:* 1255937496  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

**ACOSTA, AZUCENA, CSW**  
*Provider Gender:* Female  
*License number:* 98304  
*NPI:* 1255937496  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

**BERENSON, LAURIE E, PSY**  
*Provider Gender:* Female  
*License number:* 12568  
*NPI:* 1104956556  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 BERENSON, LAURIE  
 450 S MELROSE DR STE 113  
 VISTA, CA 92081-6674  
*Phone:* (760) 224-4333  
*Fax:* (760) 301-0044  
*After Hours Phone:* (760)  
 224-4333  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<p>Site Language(s) Spoken: TDD: No Min/Max Age: 19/99 Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M 9AM-5PM, TU 9AM-2:30PM, W,TH 9AM-4:30PM, F 1PM-4:30PM</p> <p><b>BRAILLOW, ANTHONY G , PSY</b> Provider Gender: Male License number: 12521 NPI: 1154356608 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: BRAILLOW, ANTHONY 1611 S MELROSE DR STE A306 VISTA, CA 92081-5407 Phone: (760) 622-9662 Fax: After Hours Phone: (760) 622-9662 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: TDD: No Min/Max Age:</p>	<p>Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours:</p> <p><b>BROOMFIELD, JENNIFER A , CSW</b> Provider Gender: Female License number: 82362 NPI: 1073849006 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 92084-5218 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender</p>	<p>Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM</p> <p><b>BROOMFIELD, JENNIFER A , CSW</b> Provider Gender: Female License number: 82362 NPI: 1073849006 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC 134 GRAPEVINE RD VISTA, CA 92083-4004 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age:</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **CHAUDHRI, YASHWANT, MD**

*Provider Gender:* Male

*License number:* A67679

*NPI:* 1043258429

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Hindi, Urdu

*Cultural Competency:*

VISTA COMMUNITY CLINIC

134 GRAPEVINE RD

VISTA, CA 92083-4004

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,

Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **CHAUDHRI, YASHWANT, MD**

*Provider Gender:* Male

*License number:* A67679

*NPI:* 1043258429

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Hindi, Urdu

*Cultural Competency:*

VISTA COMMUNITY CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,

Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

### **CHRISTIANSON II, WARREN R, MD**

*Provider Gender:* Male

*License number:* 20A9664

*NPI:* 1932359445

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC

134 GRAPEVINE RD

VISTA, CA 92083-4004

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,

Chinese

*TDD:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## J. Directorio de proveedores de salud mental

<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Gender Restriction: No Gender Restrictions</i>
<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>	<i>American Sign Language (ASL): No</i>
<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>
<i>Hours: M-TH 8AM-7PM, F 8AM-5PM</i>	<i>Hours: M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM</i>	<i>Hours: M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM</i>

**CHRISTIANSON II, WARREN R , MD**

*Provider Gender: Male*  
*License number: 20A9664*  
*NPI: 1932359445*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
*After Hours Phone: (760) 631-5000*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD: No*

**CRUZ, VANESSA, CSW**

*Provider Gender: Female*  
*License number: 87166*  
*NPI: 1285170662*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
*After Hours Phone: (760) 631-5000*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD: No*

**CRUZ, VANESSA, CSW**

*Provider Gender: Female*  
*License number: 87166*  
*NPI: 1285170662*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
*After Hours Phone: (760) 631-5000*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD: No*

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## J. Directorio de proveedores de salud mental

<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender Restrictions	<i>Restrictions</i>
<i>Gender Restriction:</i> No Gender Restrictions	<i>American Sign Language (ASL):</i> No	<i>American Sign Language (ASL):</i> No
<i>American Sign Language (ASL):</i> No	<i>Please contact provider for Accessibility information</i>	<i>Please contact provider for Accessibility information</i>
<i>Please contact provider for Accessibility information</i>	<i>Hours: M-TH 8AM-7PM, F 8AM-5PM</i>	<i>Hours: M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM</i>
<i>Hours: M-TH 8AM-7PM, F 8AM-5PM</i>		
<b>DEMALLIE, DIANE A , MD</b>	<b>DEMALLIE, DIANE A , MD</b>	<b>DESOCIO, KAREN, CSW</b>
<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female	<i>Provider Gender:</i> Female
<i>License number:</i> 55982	<i>License number:</i> 55982	<i>License number:</i> 18451
<i>NPI:</i> 1437162898	<i>NPI:</i> 1437162898	<i>NPI:</i> 1497727820
<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes	<i>Provider English Spoken:</i> Yes
<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>	<i>Provider Language(s) Spoken:</i>
<i>Cultural Competency:</i>	<i>Cultural Competency:</i>	<i>Cultural Competency:</i>
VISTA COMMUNITY CLINIC	VISTA COMMUNITY CLINIC	VISTA COMMUNITY CLINIC
134 GRAPEVINE RD	1000 VALE TERRACE DR	1000 VALE TERRACE DR
VISTA, CA 92083-4004	VISTA, CA 92084-5218	VISTA, CA 92084-5218
<i>Phone:</i> (760) 631-5000	<i>Phone:</i> (760) 631-5000	<i>Phone:</i> (760) 631-5000
<i>Fax:</i> (760) 414-3892	<i>Fax:</i> (760) 414-3892	<i>Fax:</i> (760) 414-3892
<i>After Hours Phone:</i> (760) 631-5000	<i>After Hours Phone:</i> (760) 631-5000	<i>After Hours Phone:</i> (760) 631-5000
<i>Website:</i>	<i>Website:</i>	<i>Website:</i>
<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	<a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>
<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes	<i>Accepting New Patients:</i> Yes
<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes	<i>Site English Spoken:</i> Yes
<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>	<i>Site Language(s) Spoken:</i>
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese	Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
<i>TDD:</i> No	<i>TDD:</i> No	<i>TDD:</i> No
<i>Min/Max Age:</i>	<i>Min/Max Age:</i>	<i>Min/Max Age:</i>
	<i>Gender Restriction:</i> No Gender Restrictions	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

<i>Gender Restriction:</i> No Gender Restrictions	<i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender Restrictions
<i>American Sign Language (ASL):</i> No	<i>Restrictions:</i>	<i>American Sign Language (ASL):</i> No
Please contact provider for Accessibility information	No	Please contact provider for Accessibility information
<i>Hours:</i> M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM	<i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM	<i>Hours:</i> M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

### **DESOCIO, KAREN, CSW**

*Provider Gender:* Female  
*License number:* 18451  
*NPI:* 1497727820  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No

### **DOUGHERTY, CHRISTINE, CSW**

*Provider Gender:* Female  
*License number:* 26686  
*NPI:* 1003194960  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*

### **DOUGHERTY, CHRISTINE, CSW**

*Provider Gender:* Female  
*License number:* 26686  
*NPI:* 1003194960  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p>	<p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p>	<p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM</p>
<p><b>GODINEZ, BRENDA, CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 88306</p> <p><i>NPI:</i> 1568918647</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i></p> <p>VISTA COMMUNITY CLINIC 134 GRAPEVINE RD VISTA, CA 92083-4004 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p>	<p><b>GODINEZ, BRENDA, CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 88306</p> <p><i>NPI:</i> 1568918647</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i></p> <p>VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 92084-5218 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p>	<p><b>GUERRERO, ADRIANA J , CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> LCSW86435</p> <p><i>NPI:</i> 1356777361</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i></p> <p>VISTA COMMUNITY CLINIC 134 GRAPEVINE RD VISTA, CA 92083-4004 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000</p> <p><i>Website:</i> www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese</p> <p><i>TDD:</i> No</p>

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **GUERRERO, ADRIANA J , CSW**

*Provider Gender:* Female  
*License number:* LCSW86435  
*NPI:* 1356777361  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

### **HALGEDAHL, YI TING, NPA**

*Provider Gender:* Female  
*License number:* 95006826  
*NPI:* 1619246907  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Chinese  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

### **HALGEDAHL, YI TING, NPA**

*Provider Gender:* Female  
*License number:* 95006826  
*NPI:* 1619246907  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Chinese  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu,

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## J. Directorio de proveedores de salud mental

Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8AM-7PM, F  
 8AM-5PM

### **JAGANNATH, NIRMALA, CSW**

Provider Gender: Female  
 License number: 23183  
 NPI: 1639687726  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Tamil, Telugu  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,

Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M 8AM-7PM, W  
 8AM-6:30PM, TH 8:30AM-7PM,  
 F 8:30AM-12PM, SA 9AM-4PM

### **JAGANNATH, NIRMALA, CSW**

Provider Gender: Female  
 License number: 23183  
 NPI: 1639687726  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Tamil, Telugu  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,  
 Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8AM-7PM, F  
 8AM-5PM

### **KONG, DARREN, CSW**

Provider Gender: Male  
 License number: 88493  
 NPI: 1447685078  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Khmer  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM	Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM	Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM
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### **KONG, DARREN, CSW**

Provider Gender: Male  
License number: 88493  
NPI: 1447685078  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Khmer  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,

### **MEYERHOF, GRETA, MFT**

Provider Gender: Female  
License number: 32299  
NPI: 1487196333  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,

### **MEYERHOF, GRETA, MFT**

Provider Gender: Female  
License number: 32299  
NPI: 1487196333  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

Spanish, Tamil, Telugu, Urdu, Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM	Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM	Chinese TDD: No Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM
<b>MILLS, DONNA M , MD</b> Provider Gender: Female License number: A51160 NPI: 1831115658 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 92084-5218 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu,	<b>MILLS, DONNA M , MD</b> Provider Gender: Female License number: A51160 NPI: 1831115658 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: VISTA COMMUNITY CLINIC 134 GRAPEVINE RD VISTA, CA 92083-4004 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu,	<b>MOTAGHED, HENGAMEH, PSY</b> Provider Gender: Female License number: 12707 NPI: 1366550592 Provider English Spoken: Yes Provider Language(s) Spoken: Farsi Cultural Competency: MOTAGHED, HENGAMEH 550 W VISTA WAY STE 107 VISTA, CA 92083-5707 Phone: (858) 922-4959 Fax: (619) 294-8190 After Hours Phone: (858) 922-4959 Website: www.beaconhealthoptions.com Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Farsi TDD: No Min/Max Age:

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## J. Directorio de proveedores de salud mental

<p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> W 8AM-8PM</p> <p><b>NAVA, PETER B , NPA</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 95016584</p> <p><i>NPI:</i> 1689251571</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency:</p> <p>VISTA COMMUNITY CLINIC</p> <p>1000 VALE TERRACE DR</p> <p>VISTA, CA 92084-5218</p> <p><i>Phone:</i> (760) 631-5000</p> <p><i>Fax:</i> (760) 414-3892</p> <p><i>After Hours Phone:</i> (760) 631-5000</p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p>	<p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM</p> <p><b>NAVA, PETER B , NPA</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 95016584</p> <p><i>NPI:</i> 1689251571</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency:</p> <p>VISTA COMMUNITY CLINIC</p> <p>134 GRAPEVINE RD</p> <p>VISTA, CA 92083-4004</p> <p><i>Phone:</i> (760) 631-5000</p> <p><i>Fax:</i> (760) 414-3892</p> <p><i>After Hours Phone:</i> (760) 631-5000</p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p>	<p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM</p> <p><b>NEVILLE, MARGARET, CSW</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 82407</p> <p><i>NPI:</i> 1073682407</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency:</p> <p>VISTA COMMUNITY CLINIC</p> <p>134 GRAPEVINE RD</p> <p>VISTA, CA 92083-4004</p> <p><i>Phone:</i> (760) 631-5000</p> <p><i>Fax:</i> (760) 414-3892</p> <p><i>After Hours Phone:</i> (760) 631-5000</p> <p><i>Website:</i></p> <p>www.beaconhealthoptions.com</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese</p> <p><i>TDD:</i> No</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i></p>
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## J. Directorio de proveedores de salud mental

No Please contact provider for Accessibility information <i>Hours:</i> M-TH 8AM-7PM, F 8AM-5PM	Please contact provider for Accessibility information <i>Hours:</i> M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM	Please contact provider for Accessibility information <i>Hours:</i> M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM
<b>NEVILLE, MARGARET, CSW</b> <i>Provider Gender:</i> Female <i>License number:</i> 82407 <i>NPI:</i> 1073682407 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 92084-5218 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No	<b>PATEL, MITESH K , MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A181164 <i>NPI:</i> 1568880292 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 92084-5218 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No	<b>PATEL, MITESH K , MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A181164 <i>NPI:</i> 1568880292 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> VISTA COMMUNITY CLINIC 134 GRAPEVINE RD VISTA, CA 92083-4004 <i>Phone:</i> (760) 631-5000 <i>Fax:</i> (760) 414-3892 <i>After Hours Phone:</i> (760) 631-5000 <i>Website:</i> www.beaconhealthoptions.com <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese <i>TDD:</i> No <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No

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## J. Directorio de proveedores de salud mental

<p>Please contact provider for Accessibility information Hours: M-TH 8AM-7PM, F 8AM-5PM</p>	<p>Hours: M-F 8AM-4:30PM</p>	<p><b>PURNELL, VIRGINIA R , CSW</b>          Provider Gender: Female          License number: 66146          NPI: 1609190479          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency:          VISTA COMMUNITY CLINIC          1000 VALE TERRACE DR          VISTA, CA 92084-5218          Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760) 631-5000          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM</p>
<p><b>PLACEK, KAREL, MD</b>          Provider Gender: Male          License number: A42838          NPI: 1124127675          Provider English Spoken: Yes          Provider Language(s) Spoken: Czech          Cultural Competency:          MENTAL HEALTH SYSTEMS INC          550 W VISTA WAY STE 407          VISTA, CA 92083-5714          Phone: (760) 758-1092          Fax: (760) 758-8481          After Hours Phone: (760) 758-1092          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Czech          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information</p>	<p><b>PURNELL, VIRGINIA R , CSW</b>          Provider Gender: Female          License number: 66146          NPI: 1609190479          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency:          VISTA COMMUNITY CLINIC          134 GRAPEVINE RD          VISTA, CA 92083-4004          Phone: (760) 631-5000          Fax: (760) 414-3892          After Hours Phone: (760) 631-5000          Website:          www.beaconhealthoptions.com          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese          TDD: No          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Hours: M-TH 8AM-7PM, F 8AM-5PM</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## J. Directorio de proveedores de salud mental

	F 8:30AM-12PM, SA 9AM-4PM	8AM-5PM
<p><b>SANCHEZ, ADRIANA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 97093  <i>NPI:</i> 1609450451  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>  VISTA COMMUNITY CLINIC  1000 VALE TERRACE DR  VISTA, CA 92084-5218  <i>Phone:</i> (760) 631-5000  <i>Fax:</i> (760) 414-3892  <i>After Hours Phone:</i> (760) 631-5000  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information  <i>Hours:</i> M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM,</p>	<p><b>SANCHEZ, ADRIANA, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 97093  <i>NPI:</i> 1609450451  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i>  VISTA COMMUNITY CLINIC  134 GRAPEVINE RD  VISTA, CA 92083-4004  <i>Phone:</i> (760) 631-5000  <i>Fax:</i> (760) 414-3892  <i>After Hours Phone:</i> (760) 631-5000  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information  <i>Hours:</i> M-TH 8AM-7PM, F</p>	<p><b>SMITH, SONYA L, CSW</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 82598  <i>NPI:</i> 1902070857  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i>  VISTA COMMUNITY CLINIC  1000 VALE TERRACE DR  VISTA, CA 92084-5218  <i>Phone:</i> (760) 631-5000  <i>Fax:</i> (760) 414-3892  <i>After Hours Phone:</i> (760) 631-5000  <i>Website:</i>  www.beaconhealthoptions.com  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  <i>TDD:</i> No  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information  <i>Hours:</i> M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM,</p>

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## J. Directorio de proveedores de salud mental

F 8:30AM-12PM, SA 9AM-4PM

### **SMITH, SONYA L , CSW**

*Provider Gender:* Female  
*License number:* 82598  
*NPI:* 1902070857  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **SWENSON, ING E , CSW**

*Provider Gender:* Male  
*License number:* 28549  
*NPI:* 1063680650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **SWENSON, ING E , CSW**

*Provider Gender:* Male  
*License number:* 28549  
*NPI:* 1063680650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8AM-7PM, W  
 8AM-6:30PM, TH 8:30AM-7PM,  
 F 8:30AM-12PM, SA 9AM-4PM

### **WILSON, CARLENE, CSW**

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## J. Directorio de proveedores de salud mental

<p>Provider Gender: Female  License number: 74685  NPI: 1508327081  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  VISTA COMMUNITY CLINIC  1000 VALE TERRACE DR  VISTA, CA 92084-5218  Phone: (760) 631-5000  Fax: (760) 414-3892  After Hours Phone: (760)  631-5000  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Mandarin, Hindi, Khmer,  Spanish, Tamil, Telugu, Urdu,  Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: M 8AM-7PM, W  8AM-6:30PM, TH 8:30AM-7PM,  F 8:30AM-12PM, SA 9AM-4PM</p> <p><b>WILSON, CARLENE, CSW</b></p>	<p>Provider Gender: Female  License number: 74685  NPI: 1508327081  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency:  VISTA COMMUNITY CLINIC  134 GRAPEVINE RD  VISTA, CA 92083-4004  Phone: (760) 631-5000  Fax: (760) 414-3892  After Hours Phone: (760)  631-5000  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Mandarin, Hindi, Khmer,  Spanish, Tamil, Telugu, Urdu,  Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: M-TH 8AM-7PM, F  8AM-5PM</p> <p><b>ZAPPONE, ALIDA, CSW</b></p> <p>Provider Gender: Female</p>	<p>License number: 26061  NPI: 1154705598  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency:  VISTA COMMUNITY CLINIC  134 GRAPEVINE RD  VISTA, CA 92083-4004  Phone: (760) 631-5000  Fax: (760) 414-3892  After Hours Phone: (760)  631-5000  Website:  www.beaconhealthoptions.com  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Mandarin, Hindi, Khmer,  Spanish, Tamil, Telugu, Urdu,  Chinese  TDD: No  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Hours: M-TH 8AM-7PM, F  8AM-5PM</p> <p><b>ZAPPONE, ALIDA, CSW</b></p> <p>Provider Gender: Female</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## **J. Directorio de proveedores de salud mental**

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*License number:* 26061

*NPI:* 1154705598

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

VISTA COMMUNITY CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,

Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M 8AM-7PM, W

8AM-6:30PM, TH 8:30AM-7PM,

F 8:30AM-12PM, SA 9AM-4PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### ALPINE

#### **AOTO, KIM N , OD**

*Provider Gender:* Female  
*License number:* 14524  
*NPI:* 1780935650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
*Phone:* (619) 445-2687  
*Fax:* (619) 445-0801  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

#### **AVALLONE, THOMAS, MD**

*Provider Gender:* Male

*License number:* A147199  
*NPI:* 1679865950  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
*Phone:* (619) 445-2687  
*Fax:* (619) 445-0801  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

#### **BINDER, NICHOLAS, MD**

*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**

1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
*Phone:* (619) 445-2687  
*Fax:* (619) 445-0801  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

#### **DEAN, MOENA, OD**

*Provider Gender:* Female  
*License number:* 33955  
*NPI:* 1265927578  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
*Phone:* (619) 445-2687  
*Fax:* (619) 445-0801  
*After Hours Phone:*  
*Accepting New Patients:* Yes

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Site English Spoken: Yes  Site Language(s) Spoken:  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No  Hours: M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p> <p><b>DYER, SHARON M , OD</b>  Provider Gender: Female  License number: 33450  NPI: 1063866887  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: Yes  WEST COAST EYE CARE  1620 ALPINE BLVD STE 117  ALPINE, CA 91901-1103  Phone: (619) 445-2687  Fax: (619) 445-0801  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL):</p>	<p>No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No  Hours: M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p> <p><b>KALBAKJI, NATALY, OD</b>  Provider Gender: Female  License number: 34943  NPI: 1700556438  Provider English Spoken: Yes  Provider Language(s) Spoken: Arabic  Cultural Competency: Yes  WEST COAST EYE CARE  1620 ALPINE BLVD STE 117  ALPINE, CA 91901-1103  Phone: (619) 445-2687  Fax: (619) 445-0801  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No</p>	<p>Hours: M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p> <p><b>KATZMAN, BARRY, MD</b>  Provider Gender: Male  License number: A34834  NPI: 1760473797  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: Yes  WEST COAST EYE CARE  1620 ALPINE BLVD STE 117  ALPINE, CA 91901-1103  Phone: (619) 445-2687  Fax: (619) 445-0801  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No  Hours: M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p> <p><b>KHALIL, VADY, OD</b></p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Provider Gender: Male License number: 35137 NPI: 1275263584 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic Cultural Competency: Yes WEST COAST EYE CARE 1620 ALPINE BLVD STE 117 ALPINE, CA 91901-1103 Phone: (619) 445-2687 Fax: (619) 445-0801 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p>	<p>Cultural Competency: Yes WEST COAST EYE CARE 1620 ALPINE BLVD STE 117 ALPINE, CA 91901-1103 Phone: (619) 445-2687 Fax: (619) 445-0801 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p>	<p>Phone: (619) 445-2687 Fax: (619) 445-0801 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p>
<p><b>KIM, HEAWON, OD</b> Provider Gender: Female License number: 34584TLG NPI: 1912517707 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p><b>MARR, RYAN, OD</b> Provider Gender: Male License number: 35302 NPI: 1235857525 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes WEST COAST EYE CARE 1620 ALPINE BLVD STE 117 ALPINE, CA 91901-1103</p>	<p><b>MCGRAW, JOSEPH, MD</b> Provider Gender: Male License number: A155228 NPI: 1588624852 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes WEST COAST EYE CARE 1620 ALPINE BLVD STE 117 ALPINE, CA 91901-1103 Phone: (619) 445-2687 Fax: (619) 445-0801 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken:</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Min/Max Age:</i> No</p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p> <p><b>MORRISON REYES, JOSHUA, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A125435</p> <p><i>NPI:</i> 1235366782</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Indonesian, Spanish</p> <p><i>Cultural Competency:</i> Yes</p> <p>WEST COAST EYE CARE</p> <p>1620 ALPINE BLVD STE 117</p> <p>ALPINE, CA 91901-1103</p> <p><i>Phone:</i> (619) 445-2687</p> <p><i>Fax:</i> (619) 445-0801</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i></p>	<p>No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p> <p><b>PATEL, GITANE, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A108603</p> <p><i>NPI:</i> 1710171434</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> Yes</p> <p>WEST COAST EYE CARE</p> <p>1620 ALPINE BLVD STE 117</p> <p>ALPINE, CA 91901-1103</p> <p><i>Phone:</i> (619) 445-2687</p> <p><i>Fax:</i> (619) 445-0801</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M,W 9AM-5PM, TU</p>	<p>10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p> <p><b>PATEL, SARJAN H , MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A114976</p> <p><i>NPI:</i> 1316199326</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish</p> <p><i>Cultural Competency:</i> Yes</p> <p>WEST COAST EYE CARE</p> <p>1620 ALPINE BLVD STE 117</p> <p>ALPINE, CA 91901-1103</p> <p><i>Phone:</i> (619) 445-2687</p> <p><i>Fax:</i> (619) 445-0801</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM</p> <p><b>PRABHU, SUJATA P , MD</b></p> <p><i>Provider Gender:</i> Female</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

License number: A115965  
 NPI: 1982872552  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

### BONITA

#### CHA, DANIEL D , OD

Provider Gender: Male  
 License number: 14779  
 NPI: 1386078020  
 Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish  
 Cultural Competency: Yes  
 EYECARE OF BONITA  
 4502 BONITA RD  
 BONITA, CA 91902-1427  
 Phone: (619) 479-7334  
 Fax: (619) 475-3456  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Korean, Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M 8AM-6:30PM, W,F 8AM-6PM, TH 12:30PM-6PM, SA 9AM-2PM

#### KIKUNAGA, HENRY E , OD

Provider Gender: Male  
 License number: 13186  
 NPI: 1841406394  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 TOTAL VISION  
 180 OTAY LAKES RD STE 201

BONITA, CA 91902-2400  
 Phone: (619) 267-9900  
 Fax: (619) 267-9910  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Japanese, Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-TH 8AM-5PM, F 8AM-4PM, SA 8AM-12PM

#### PACK, ALYSSA, OD

Provider Gender: Female  
 License number: 34608  
 NPI: 1750991220  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 TOTAL VISION  
 180 OTAY LAKES RD STE 201  
 BONITA, CA 91902-2400  
 Phone: (619) 267-9900  
 Fax: (619) 267-9910  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Site Language(s) Spoken:</i> Japanese, Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> M-TH 8AM-5PM, F 8AM-4PM, SA 8AM-12PM</p>	<p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> M-TH 8AM-5PM, F 8AM-4PM, SA 8AM-12PM</p>	<p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> M,TU,TH 8AM-5PM</p>
<b>CARLSBAD</b>		
<b>ROSA, ADAM, OD</b>		
<p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 34093</p> <p><i>NPI:</i> 1295250264</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> Yes</p> <p>VILLAGE OPTOMETRY</p> <p>711 GRAND AVE STE 2</p> <p>CARLSBAD, CA 92008-2485</p> <p><i>Phone:</i> (760) 729-4327</p> <p><i>Fax:</i> (760) 729-4105</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> M,TH,F 8AM-5PM, TU 9AM-6PM, W 9AM-5PM</p>		
<b>CAMPO</b>		
<b>YANG, HARRISON H , OD</b>		
<p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 33964</p> <p><i>NPI:</i> 1053806307</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> Yes</p> <p>SAN YSIDRO HEALTH</p> <p>1388 BUCKMAN SPRINGS RD</p> <p>CAMPO, CA 91906-2028</p> <p><i>Phone:</i> (619) 662-4100</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Chinese</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p>		
<b>TRAJANO, CHARMINE D , OD</b>		
<p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 14993</p> <p><i>NPI:</i> 1699183673</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Tagalog</p> <p><i>Cultural Competency:</i> Yes</p> <p>TOTAL VISION</p> <p>180 OTAY LAKES RD STE 201</p> <p>BONITA, CA 91902-2400</p> <p><i>Phone:</i> (619) 267-9900</p> <p><i>Fax:</i> (619) 267-9910</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Japanese, Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p>		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### SHARMA, GURU D , OD

Provider Gender: Male  
 License number: 13675  
 NPI: 1427484138  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: Yes  
**EYE STYLE OPTOMETRY**  
 5814 VAN ALLEN WAY STE 146  
 CARLSBAD, CA 92008-7359  
 Phone: (442) 244-5227  
 Fax: (442) 287-8092  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: SA,SU 12PM-5PM, M-F 10AM-6PM

### CHULA VISTA

### BIANES, BEVERLY P , OD

Provider Gender: Female

License number: 9841  
 NPI: 1285692756  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: EASTLAKE  
 Cultural Competency: Yes  
**PACK & BIANES VISION - EASTLAKE**  
 890 EASTLAKE PKWY STE 102  
 CHULA VISTA, CA 91914-4521  
 Phone: (619) 216-3937  
 Fax: (619) 216-9041  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

### BIANES, BEVERLY P , OD

Provider Gender: Female  
 License number: 9841  
 NPI: 1285692756  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes

**PACK & BIANES VISION - TERRA NOVA**  
 374 E H ST STE 1708  
 CHULA VISTA, CA 91910-7492  
 Phone: (619) 425-7990  
 Fax: (619) 425-7992  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

### CASTILLEJOS, DAVID, MD

Provider Gender: Male  
 License number: A44482  
 NPI: 1558446401  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Portuguese, Spanish, Tagalog  
 Cultural Competency: Yes  
**CASTILLEJOS EYE INSTITUTE MED GROUP**

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>342 F ST CHULA VISTA, CA 91910-2625 Phone: (619) 422-1471 Fax: (619) 271-7044 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: French, Spanish, Tagalog, Vietnamese Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M,W-F 8AM-5PM, TU 7AM-5PM</p> <p><b>CASTILLEJOS, MARIA E , MD</b> Provider Gender: Female License number: A37652 NPI: 1043395098 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes CASTILLEJOS EYE INSTITUTE MED GROUP 342 F ST CHULA VISTA, CA 91910-2625</p>	<p>Phone: (619) 422-1471 Fax: (619) 271-7044 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: French, Spanish, Tagalog, Vietnamese Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M,W-F 8AM-5PM, TU 7AM-5PM</p> <p><b>CHAN, KWOK FUNG, OD</b> Provider Gender: Male License number: 35087 NPI: 1407508385 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes VILLA OPTOMETRY INC 531 TELEGRAPH CANYON RD CHULA VISTA, CA 91910-6436 Phone: (619) 482-2020 Fax: (619) 482-2671 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes</p>	<p>Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 9AM-6PM, SA 9AM-1PM</p> <p><b>HUANG, PETER D , OD</b> Provider Gender: Male License number: 11659 NPI: 1639100522 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes PETER D HUANG OD INC 557 H ST CHULA VISTA, CA 91910-4330 Phone: (619) 422-0139 Fax: (619) 422-0066 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Vietnamese Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL):</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> Yes <i>Hours:</i> M,W 9AM-5PM, TU,TH 9AM-6PM, F 8AM-4PM, SA 9AM-2PM</p>	<p><i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM</p>	<p><b>KING, MARY M , OD</b> <i>Provider Gender:</i> Female <i>License number:</i> 13711 <i>NPI:</i> 1578792107 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> Yes OTAY RANCH EYEWORKS OPTOMETRY 1741 EASTLAKE PKWY STE 101 CHULA VISTA, CA 91915-2032 <i>Phone:</i> (619) 421-6600 <i>Fax:</i> (619) 421-6006 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, Hindi, Spanish <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information</p>
<p><b>KALRA, ANKUR, OD</b> <i>Provider Gender:</i> Male <i>License number:</i> 11898 <i>NPI:</i> 1124195789 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Hindi <i>Cultural Competency:</i> Yes OTAY RANCH EYEWORKS OPTOMETRY 1741 EASTLAKE PKWY STE 101 CHULA VISTA, CA 91915-2032 <i>Phone:</i> (619) 421-6600 <i>Fax:</i> (619) 421-6006 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, Hindi, Spanish <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information</p>	<p><b>KEDDINGTON, JOAN, OD</b> <i>Provider Gender:</i> Female <i>License number:</i> 6263 <i>NPI:</i> 1992872691 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> Yes OTAY RANCH EYEWORKS OPTOMETRY 1741 EASTLAKE PKWY STE 101 CHULA VISTA, CA 91915-2032 <i>Phone:</i> (619) 421-6600 <i>Fax:</i> (619) 421-6006 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Arabic, Hindi, Spanish <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM</p>	<p><b>MASCARENO, EFRAIN, OD</b> <i>Provider Gender:</i> Male <i>License number:</i> 10906</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>NPI: 1457507279            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: Yes  <b>CLEAR VISION OPTOMETRY</b>  <b>DR MASCARENO</b>            440 4TH AVE            CHULA VISTA, CA 91910-4443            Phone: (619) 427-2020            Fax: (866) 254-5707            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Public transportation (within 1/2            mile from Site): Yes            Hours: M-TH 9AM-6PM, F            9AM-5PM</p>	<p><b>DR MASCARENO</b>            2260 OTAY LAKES RD STE 111            CHULA VISTA, CA 91915-1007            Phone: (619) 421-5550            Fax: (619) 421-6022            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Public transportation (within 1/2            mile from Site): No            Hours: M-F 9AM-6PM, SA            9AM-3PM</p> <p><b>MENDOZA, MARLON, OD</b>            Provider Gender: Male            License number: 34896            NPI: 1578233359            Provider English Spoken: Yes            Provider Language(s) Spoken:            Spanish            Cultural Competency: Yes  <b>PACK &amp; BIANES VISION -</b>  <b>TERRA NOVA</b>            374 E H ST STE 1708            CHULA VISTA, CA 91910-7492</p>	<p>Phone: (619) 425-7990            Fax: (619) 425-7992            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Spanish            Min/Max Age:            Gender Restriction: No Gender            Restrictions            American Sign Language (ASL):            No            Please contact provider for            Accessibility information            Public transportation (within 1/2            mile from Site): Yes            Hours: M,W-F 8:30AM-5:30PM,            TU 8:30AM-5PM, SA            8:30AM-1PM</p>
<p><b>MASCARENO, EFRAIN, OD</b>            Provider Gender: Male            License number: 10906            NPI: 1457507279            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: Yes  <b>EASTLAKE VISION CENTER</b></p>	<p><b>PACK, ALYSSA, OD</b>            Provider Gender: Female            License number: 34608            NPI: 1750991220            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: Yes  <b>PACK &amp; BIANES VISION -</b>  <b>EASTLAKE</b>            890 EASTLAKE PKWY STE 102            CHULA VISTA, CA 91914-4521            Phone: (619) 216-3937            Fax: (619) 216-9041            After Hours Phone:            Accepting New Patients: Yes</p>	

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2 mile from Site): No</p> <p>Hours: TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM</p> <p><b>PACK, ALYSSA, OD</b></p> <p>Provider Gender: Female</p> <p>License number: 34608</p> <p>NPI: 1750991220</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: Yes</p> <p><b>PACK &amp; BIANES VISION - TERRA NOVA</b></p> <p>374 E H ST STE 1708</p> <p>CHULA VISTA, CA 91910-7492</p> <p>Phone: (619) 425-7990</p> <p>Fax: (619) 425-7992</p> <p>After Hours Phone:</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p>	<p>Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2 mile from Site): Yes</p> <p>Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM</p> <p><b>PACK, JOHN C , OD</b></p> <p>Provider Gender: Male</p> <p>License number: 9684</p> <p>NPI: 1598723587</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: Yes</p> <p><b>PACK &amp; BIANES VISION - TERRA NOVA</b></p> <p>374 E H ST STE 1708</p> <p>CHULA VISTA, CA 91910-7492</p> <p>Phone: (619) 425-7990</p> <p>Fax: (619) 425-7992</p> <p>After Hours Phone:</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p>	<p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2 mile from Site): Yes</p> <p>Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM</p> <p><b>PACK, JOHN C , OD</b></p> <p>Provider Gender: Male</p> <p>License number: 9684</p> <p>NPI: 1598723587</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: Yes</p> <p><b>PACK &amp; BIANES VISION - EASTLAKE</b></p> <p>890 EASTLAKE PKWY STE 102</p> <p>CHULA VISTA, CA 91914-4521</p> <p>Phone: (619) 216-3937</p> <p>Fax: (619) 216-9041</p> <p>After Hours Phone:</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*mile from Site): No*

*Hours: TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM*

### **PEREZ, JUDI A , OD**

*Provider Gender: Female*

*License number: 13210*

*NPI: 1477616746*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: Yes*

**PACK & BIANES VISION - TERRA NOVA**

374 E H ST STE 1708

CHULA VISTA, CA 91910-7492

*Phone: (619) 425-7990*

*Fax: (619) 425-7992*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

No

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

*Hours: M,W-F 8:30AM-5:30PM,*

*TU 8:30AM-5PM, SA*

*8:30AM-1PM*

### **PEREZ, JUDI A , OD**

*Provider Gender: Female*

*License number: 13210*

*NPI: 1477616746*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: Yes*

**PACK & BIANES VISION - EASTLAKE**

890 EASTLAKE PKWY STE 102

CHULA VISTA, CA 91914-4521

*Phone: (619) 216-3937*

*Fax: (619) 216-9041*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

No

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): No*

*Hours: TU,W,F 9AM-6PM, TH*

*10AM-6PM, SA 8:30AM-1PM*

### **SANTARLAS, MICHAEL A , OD**

*Provider Gender: Male*

*License number: 13241*

*NPI: 1548379613*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: Yes*

**PACK & BIANES VISION - TERRA NOVA**

374 E H ST STE 1708

CHULA VISTA, CA 91910-7492

*Phone: (619) 425-7990*

*Fax: (619) 425-7992*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

*Hours: M,W-F 8:30AM-5:30PM,*

*TU 8:30AM-5PM, SA*

*8:30AM-1PM*

### **SCOVILL, ALEXANDRA, OD**

*Provider Gender: Female*

*License number: 33711*

*NPI: 1184146094*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Spanish  <i>Cultural Competency:</i> Yes  <b>CASTILLEJOS EYE INSTITUTE MED GROUP</b>            342 F ST            CHULA VISTA, CA 91910-2625  <i>Phone:</i> (619) 422-1471  <i>Fax:</i> (619) 271-7044  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> French, Spanish, Tagalog, Vietnamese  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M,W-F 8AM-5PM, TU 7AM-5PM</p>	<p>1741 EASTLAKE PKWY STE 101            CHULA VISTA, CA 91915-2032  <i>Phone:</i> (619) 421-6600  <i>Fax:</i> (619) 421-6006  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Arabic, Hindi, Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> No  <i>Hours:</i> SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM</p>	<p><i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> No  <i>Hours:</i> TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM</p>
<p><b>TAN, JOCELYN, OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 33985  <i>NPI:</i> 1053724112  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> Yes  <b>OTAY RANCH EYEWORKS OPTOMETRY</b></p>	<p><b>THAI, EMILY, OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 34649  <i>NPI:</i> 1720699432  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> Yes  <b>PACK &amp; BIANES VISION - EASTLAKE</b>            890 EASTLAKE PKWY STE 102            CHULA VISTA, CA 91914-4521  <i>Phone:</i> (619) 216-3937  <i>Fax:</i> (619) 216-9041  <i>After Hours Phone:</i></p>	<p><b>THAI, EMILY, OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 34649  <i>NPI:</i> 1720699432  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> Yes  <b>PACK &amp; BIANES VISION - TERRA NOVA</b>            374 E H ST STE 1708            CHULA VISTA, CA 91910-7492  <i>Phone:</i> (619) 425-7990  <i>Fax:</i> (619) 425-7992  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Min/Max Age:</i></p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM</p>	<p>No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM</p> <p><b>TRAJANO, CHARMINE D , OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 14993</p> <p><i>NPI:</i> 1699183673</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Tagalog</p> <p><i>Cultural Competency:</i> Yes</p> <p>PACK &amp; BIANES VISION - TERRA NOVA</p> <p>374 E H ST STE 1708</p> <p>CHULA VISTA, CA 91910-7492</p> <p><i>Phone:</i> (619) 425-7990</p> <p><i>Fax:</i> (619) 425-7992</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM</p>	<p><i>mile from Site):</i> Yes</p> <p><i>Hours:</i> M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM</p> <p><b>TRAJANO, CHARMINE D , OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 14993</p> <p><i>NPI:</i> 1699183673</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Tagalog</p> <p><i>Cultural Competency:</i> Yes</p> <p>PACK &amp; BIANES VISION - EASTLAKE</p> <p>890 EASTLAKE PKWY STE 102</p> <p>CHULA VISTA, CA 91914-4521</p> <p><i>Phone:</i> (619) 216-3937</p> <p><i>Fax:</i> (619) 216-9041</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM</p>
<p><b>TOUBIA, ELIAS, OD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 33758</p> <p><i>NPI:</i> 1740701481</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic</p> <p><i>Cultural Competency:</i> Yes</p> <p>OTAY RANCH EYEWORKS OPTOMETRY</p> <p>1741 EASTLAKE PKWY STE 101</p> <p>CHULA VISTA, CA 91915-2032</p> <p><i>Phone:</i> (619) 421-6600</p> <p><i>Fax:</i> (619) 421-6006</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, Hindi, Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i></p>	<p><b>TRAJANO, CHARMINE D , OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 14993</p> <p><i>NPI:</i> 1699183673</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Tagalog</p> <p><i>Cultural Competency:</i> Yes</p> <p>PACK &amp; BIANES VISION - TERRA NOVA</p> <p>374 E H ST STE 1708</p> <p>CHULA VISTA, CA 91910-7492</p> <p><i>Phone:</i> (619) 425-7990</p> <p><i>Fax:</i> (619) 425-7992</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM</p>	<p><i>mile from Site):</i> Yes</p> <p><i>Hours:</i> M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM</p> <p><b>TRAJANO, CHARMINE D , OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 14993</p> <p><i>NPI:</i> 1699183673</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Tagalog</p> <p><i>Cultural Competency:</i> Yes</p> <p>PACK &amp; BIANES VISION - EASTLAKE</p> <p>890 EASTLAKE PKWY STE 102</p> <p>CHULA VISTA, CA 91914-4521</p> <p><i>Phone:</i> (619) 216-3937</p> <p><i>Fax:</i> (619) 216-9041</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### **VILLA, ANGELICA M , OD**

*Provider Gender:* Female  
*License number:* 10561  
*NPI:* 1962544965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**VILLA OPTOMETRY INC**  
 531 TELEGRAPH CANYON RD  
 CHULA VISTA, CA 91910-6436  
*Phone:* (619) 482-2020  
*Fax:* (619) 482-2671  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 9AM-6PM, SA 9AM-1PM

### **YEGHIAZARIAN, MARK, OD**

*Provider Gender:* Male  
*License number:* 34021  
*NPI:* 1356829691

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**PACK & BIANES VISION - TERRA NOVA**  
 374 E H ST STE 1708  
 CHULA VISTA, CA 91910-7492  
*Phone:* (619) 425-7990  
*Fax:* (619) 425-7992  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

### **CORONADO**

### **KATZMAN, LEE R , MD**

*Provider Gender:* Male  
*License number:* A135673  
*NPI:* 1912297284  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ALVARADO EYE ASSOCIATES MED CLINIC INC**  
 801 ORANGE AVE STE 204  
 CORONADO, CA 92118-2663  
*Phone:* (619) 437-4406  
*Fax:* (619) 522-7983  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W,TH 9AM-4:30PM, TU 9AM-3PM

### **OU, JOCELYN, OD**

*Provider Gender:* Female  
*License number:* 34063  
*NPI:* 1225518996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ALVARADO EYE ASSOCIATES MED CLINIC INC**  
 801 ORANGE AVE STE 204  
 CORONADO, CA 92118-2663

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (619) 437-4406  
 Fax: (619) 522-7983  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M,W,TH 9AM-4:30PM, TU 9AM-3PM

### EL CAJON

#### **AOTO, KIM N , OD**

Provider Gender: Female  
 License number: 14524  
 NPI: 1780935650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Vietnamese  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
 Phone: (619) 440-5400  
 Fax: (619) 440-0239  
 After Hours Phone:  
 Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8:30AM-6PM

#### **AVALLONE, THOMAS, MD**

Provider Gender: Male  
 License number: A147199  
 NPI: 1679865950  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 WEST COAST EYE CARE  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
 Phone: (619) 440-5400  
 Fax: (619) 440-0239  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for

Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8:30AM-6PM

#### **BINDER, NICHOLAS, MD**

Provider Gender: Male  
 License number: A124698  
 NPI: 1306076716  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 WEST COAST EYE CARE  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
 Phone: (619) 440-5400  
 Fax: (619) 440-0239

After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8:30AM-6PM

#### **BUTLER, KIM J , OD**

Provider Gender: Male  
 License number: 6405

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

NPI: 1467444844  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**KIM J BUTLER OD**  
 1273 BROADWAY  
 EL CAJON, CA 92021-4902  
 Phone: (619) 579-2345  
 Fax: (619) 579-0876  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-F 9AM-5PM, SA  
 9AM-12PM

### **CHAN, KWOK FUNG, OD**

Provider Gender: Male  
 License number: 35087  
 NPI: 1407508385  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**WERNER OPTOMETRY**  
 2650 JAMACHA RD STE 155  
 EL CAJON, CA 92019-4319

Phone: (619) 670-6296  
 Fax: (619) 670-8852  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Italian, Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M,W,TH 9AM-5PM, TU  
 10AM-5PM, F 8AM-2PM

### **DEAN, MOENA, OD**

Provider Gender: Female  
 License number: 33955  
 NPI: 1265927578  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**WEST COAST EYE CARE**  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
 Phone: (619) 440-5400  
 Fax: (619) 440-0239  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: M-F 8:30AM-6PM

### **DYER, SHARON M, OD**

Provider Gender: Female  
 License number: 33450  
 NPI: 1063866887  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**WEST COAST EYE CARE**  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
 Phone: (619) 440-5400  
 Fax: (619) 440-0239  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*mile from Site): No*  
*Hours: M-F 8:30AM-6PM*

### **HAMOUIE, JUDY, OD**

*Provider Gender: Female*  
*License number: 34984*  
*NPI: 1518638287*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: WEST COAST EYE CARE*  
*450 FLETCHER PKWY STE 112*  
*EL CAJON, CA 92020-2520*  
*Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site): No*  
*Hours: M-F 8:30AM-6PM*

### **KALBAKJI, NATALY, OD**

*Provider Gender: Female*  
*License number: 34943*  
*NPI: 1700556438*  
*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Arabic*  
*Cultural Competency: Yes*  
*WEST COAST EYE CARE*  
*450 FLETCHER PKWY STE 112*  
*EL CAJON, CA 92020-2520*  
*Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site): No*  
*Hours: M-F 8:30AM-6PM*

### **KATZMAN, BARRY, MD**

*Provider Gender: Male*  
*License number: A34834*  
*NPI: 1760473797*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: Yes*  
*WEST COAST EYE CARE*  
*450 FLETCHER PKWY STE 112*  
*EL CAJON, CA 92020-2520*

*Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site): No*  
*Hours: M-F 8:30AM-6PM*

### **KHALIL, VADY, OD**

*Provider Gender: Male*  
*License number: 35137*  
*NPI: 1275263584*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Arabic*  
*Cultural Competency: Yes*  
*WEST COAST EYE CARE*  
*450 FLETCHER PKWY STE 112*  
*EL CAJON, CA 92020-2520*  
*Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
*Min/Max Age:*

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M-F 8:30AM-6PM</p>	<p><i>Hours:</i> M-F 8:30AM-6PM</p> <p><b>MARR, RYAN, OD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 35302</p> <p><i>NPI:</i> 1235857525</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> WEST COAST EYE CARE</p> <p><i>Cultural Competency:</i> Yes</p> <p>WEST COAST EYE CARE</p> <p>450 FLETCHER PKWY STE 112</p> <p>EL CAJON, CA 92020-2520</p> <p><i>Phone:</i> (619) 440-5400</p> <p><i>Fax:</i> (619) 440-0239</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M-F 8:30AM-6PM</p>	<p><i>Cultural Competency:</i> Yes</p> <p>WEST COAST EYE CARE</p> <p>450 FLETCHER PKWY STE 112</p> <p>EL CAJON, CA 92020-2520</p> <p><i>Phone:</i> (619) 440-5400</p> <p><i>Fax:</i> (619) 440-0239</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M-F 8:30AM-6PM</p>
<p><b>KIM, HEAWON, OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 34584TLG</p> <p><i>NPI:</i> 1912517707</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> WEST COAST EYE CARE</p> <p>450 FLETCHER PKWY STE 112</p> <p>EL CAJON, CA 92020-2520</p> <p><i>Phone:</i> (619) 440-5400</p> <p><i>Fax:</i> (619) 440-0239</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M-F 8:30AM-6PM</p>	<p><b>MCMURREN, BRITTANY J, OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 14824</p> <p><i>NPI:</i> 1104243815</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> WERNER OPTOMETRY</p> <p>2650 JAMACHA RD STE 155</p> <p>EL CAJON, CA 92019-4319</p> <p><i>Phone:</i> (619) 670-6296</p> <p><i>Fax:</i> (619) 670-8852</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p>	<p><b>MCGRAW, JOSEPH, MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A155228</p> <p><i>NPI:</i> 1588624852</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Site English Spoken: Yes          Site Language(s) Spoken: Italian, Spanish          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): Yes          Hours: M,W,TH 9AM-5PM, TU 10AM-5PM, F 8AM-2PM</p>	<p>American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): Yes          Hours: M-F 8AM-5PM</p>	<p>Hours: M-F 8:30AM-6PM</p>
<p><b>MENDOZA, MARLON, OD</b>          Provider Gender: Male          License number: 34896          NPI: 1578233359          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish          Cultural Competency: Yes          MAIN STREET OPTOMETRY          303 E MAIN ST          EL CAJON, CA 92020-3913          Phone: (619) 444-1153          Fax: (619) 444-1154          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): Yes          Hours: M-F 8AM-5PM</p>	<p><b>MORRISON REYES, JOSHUA, MD</b>          Provider Gender: Male          License number: A125435          NPI: 1235366782          Provider English Spoken: Yes          Provider Language(s) Spoken: Indonesian, Spanish          Cultural Competency: Yes          WEST COAST EYE CARE          450 FLETCHER PKWY STE 112          EL CAJON, CA 92020-2520          Phone: (619) 440-5400          Fax: (619) 440-0239          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): No</p>	<p><b>PACK, ALYSSA, OD</b>          Provider Gender: Female          License number: 34608          NPI: 1750991220          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: Yes          MAIN STREET OPTOMETRY          303 E MAIN ST          EL CAJON, CA 92020-3913          Phone: (619) 444-1153          Fax: (619) 444-1154          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): Yes          Hours: M-F 8AM-5PM</p>
<p><b>PATEL, GITANE, MD</b>          Provider Gender: Male          License number: A108603          NPI: 1710171434          Provider English Spoken: Yes          Provider Language(s) Spoken:</p>		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (619) 440-5400  
*Fax:* (619) 440-0239  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-6PM

### **PATEL, SARJAN H , MD**

*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (619) 440-5400  
*Fax:* (619) 440-0239  
*After Hours Phone:*

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-6PM

### **PRABHU, SUJATA P , MD**

*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (619) 440-5400  
*Fax:* (619) 440-0239  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-6PM

### **THAI, EMILY, OD**

*Provider Gender:* Female  
*License number:* 34649  
*NPI:* 1720699432  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
**MAIN STREET OPTOMETRY**  
 303 E MAIN ST  
 EL CAJON, CA 92020-3913  
*Phone:* (619) 444-1153  
*Fax:* (619) 444-1154

*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **TON-NU, MY LINH, OD**

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Provider Gender: Female  License number: 34990  NPI: 1245733476  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: Yes  <b>WEST COAST EYE CARE</b>  450 FLETCHER PKWY STE 112  EL CAJON, CA 92020-2520  Phone: (619) 440-5400  Fax: (619) 440-0239  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Public transportation (within 1/2  mile from Site): No  Hours: M-F 8:30AM-6PM</p>	<p>EL CAJON, CA 92020-3913  Phone: (619) 444-1153  Fax: (619) 444-1154  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Public transportation (within 1/2  mile from Site): Yes  Hours: M-F 8AM-5PM</p>	<p>Italian, Spanish  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Public transportation (within 1/2  mile from Site): Yes  Hours: M,W,TH 9AM-5PM, TU  10AM-5PM, F 8AM-2PM</p>
<p><b>WEISS, LISA M , OD</b>  Provider Gender: Female  License number: 11405  NPI: 1790867091  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: Yes  <b>MAIN STREET OPTOMETRY</b>  303 E MAIN ST</p>	<p><b>WERNER, R AARON, OD</b>  Provider Gender: Male  License number: 13478  NPI: 1821259458  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: Yes  <b>WERNER OPTOMETRY</b>  2650 JAMACHA RD STE 155  EL CAJON, CA 92019-4319  Phone: (619) 670-6296  Fax: (619) 670-8852  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Italian, Spanish  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):</p>	<p><b>WERNER, REX A , OD</b>  Provider Gender: Male  License number: 9378  NPI: 1891760716  Provider English Spoken: Yes  Provider Language(s) Spoken:  Italian, Spanish  Cultural Competency: Yes  <b>WERNER OPTOMETRY</b>  2650 JAMACHA RD STE 155  EL CAJON, CA 92019-4319  Phone: (619) 670-6296  Fax: (619) 670-8852  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Italian, Spanish  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> Yes <i>Hours:</i> M,W,TH 9AM-5PM, TU 10AM-5PM, F 8AM-2PM</p>	<p><b>ZVANUT, DONALD R , OD</b> <i>Provider Gender:</i> Male <i>License number:</i> 8642 <i>NPI:</i> 1336211804 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> Yes WEST COAST EYE CARE 450 FLETCHER PKWY STE 112 EL CAJON, CA 92020-2520 <i>Phone:</i> (619) 440-5400 <i>Fax:</i> (619) 440-0239 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> M-F 8:30AM-6PM</p>	<p><i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> Yes RADY CHILDRENS HOSPITAL ENCINITAS 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024-1374 <i>Phone:</i> (858) 309-7702 <i>Fax:</i> (858) 966-7403 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> M-F 8AM-5PM</p>
<p><b>YEGHIAZARIAN, MARK, OD</b> <i>Provider Gender:</i> Male <i>License number:</i> 34021 <i>NPI:</i> 1356829691 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> Yes MAIN STREET OPTOMETRY 303 E MAIN ST EL CAJON, CA 92020-3913 <i>Phone:</i> (619) 444-1153 <i>Fax:</i> (619) 444-1154 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No</p>	<p><b>ENCINITAS</b></p>	<p><b>AOTO, KIM N , OD</b> <i>Provider Gender:</i> Female <i>License number:</i> 14524 <i>NPI:</i> 1780935650 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish, Vietnamese <i>Cultural Competency:</i> Yes ACUITY EYE GROUP 320 SANTA FE DR STE 104 ENCINITAS, CA 92024-5139</p>
<p>Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> Yes <i>Hours:</i> M-F 8AM-5PM</p>	<p><b>ADAMS, MONA N , OD</b> <i>Provider Gender:</i> Female <i>License number:</i> 14457 <i>NPI:</i> 1942564521 <i>Provider English Spoken:</i> Yes</p>	

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **AVALLONE, THOMAS, MD**

Provider Gender: Male  
 License number: A147199  
 NPI: 1679865950  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**ACUITY EYE GROUP**  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **BANSAL, PREETI, MD**

Provider Gender: Female  
 License number: A90890  
 NPI: 1871664631  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Yes  
**RADY CHILDRENS HOSPITAL ENCINITAS**  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No

Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

### **BHATIA, SHAGUN, MD**

Provider Gender: Female  
 License number: A154902  
 NPI: 1104237353  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**RADY CHILDRENS HOSPITAL ENCINITAS**  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### **CHANG, TOM S , MD**

*Provider Gender:* Male  
*License number:* A69909  
*NPI:* 1609848969  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
*Phone:* (760) 943-7141  
*Fax:* (760) 943-0371  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **DEAN, MOENA, OD**

*Provider Gender:* Female  
*License number:* 33955  
*NPI:* 1265927578  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
*Phone:* (760) 943-7141  
*Fax:* (760) 943-0371  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **DYER, SHARON M , OD**

*Provider Gender:* Female  
*License number:* 33450  
*NPI:* 1063866887  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
*Phone:* (760) 943-7141  
*Fax:* (760) 943-0371  
*After Hours Phone:*

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **HAMOUIE, JUDY, OD**

*Provider Gender:* Female  
*License number:* 34984  
*NPI:* 1518638287  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
*Phone:* (760) 943-7141  
*Fax:* (760) 943-0371  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Public transportation (within 1/2  
mile from Site): Yes

Hours: M-F 8AM-5PM

### **HUDSON, HENRY L, MD**

Provider Gender: Male

License number: G76091

NPI: 1851349195

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes  
ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024-5139

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Public transportation (within 1/2  
mile from Site): Yes

Hours: M-F 8AM-5PM

### **KALBAKJI, NATALY, OD**

Provider Gender: Female

License number: 34943

NPI: 1700556438

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Arabic

Cultural Competency: Yes  
ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024-5139

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Public transportation (within 1/2  
mile from Site): Yes

Hours: M-F 8AM-5PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License number: 35137

NPI: 1275263584

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: Yes  
ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024-5139

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Public transportation (within 1/2  
mile from Site): Yes

Hours: M-F 8AM-5PM

### **KIM, HEAWON, OD**

Provider Gender: Female

License number: 34584TLG

NPI: 1912517707

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes  
ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024-5139

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (760) 943-7141	Site English Spoken: Yes	Please contact provider for
Fax: (760) 943-0371	Site Language(s) Spoken:	Accessibility information
After Hours Phone:	Min/Max Age:	Public transportation (within 1/2
Accepting New Patients: Yes	Gender Restriction: No Gender	mile from Site): Yes
Site English Spoken: Yes	Restrictions	Hours: M-F 8AM-5PM
Site Language(s) Spoken:	American Sign Language (ASL):	<b>MCGRAW, JOSEPH, MD</b>
Spanish	No	Provider Gender: Male
Min/Max Age:	Please contact provider for	License number: A155228
Gender Restriction: No Gender	Accessibility information	NPI: 1588624852
Restrictions	Public transportation (within 1/2	Provider English Spoken: Yes
American Sign Language (ASL):	mile from Site): No	Provider Language(s) Spoken:
No	Hours: M-F 8AM-5PM	Cultural Competency: Yes
Please contact provider for	<b>MARR, RYAN, OD</b>	ACUITY EYE GROUP
Accessibility information	Provider Gender: Male	320 SANTA FE DR STE 104
Public transportation (within 1/2	License number: 35302	ENCINITAS, CA 92024-5139
mile from Site): Yes	NPI: 1235857525	Phone: (760) 943-7141
Hours: M-F 8AM-5PM	Provider English Spoken: Yes	Fax: (760) 943-0371
<b>LEE, JASON, OD</b>	Provider Language(s) Spoken:	After Hours Phone:
Provider Gender: Male	Cultural Competency: Yes	Accepting New Patients: Yes
License number: 14881	ACUITY EYE GROUP	Site English Spoken: Yes
NPI: 1679985584	320 SANTA FE DR STE 104	Site Language(s) Spoken:
Provider English Spoken: Yes	ENCINITAS, CA 92024-5139	Spanish
Provider Language(s) Spoken:	Phone: (760) 943-7141	Min/Max Age:
Spanish	Fax: (760) 943-0371	Gender Restriction: No Gender
Cultural Competency: Yes	After Hours Phone:	Restrictions
<b>RADY CHILDRENS HOSPITAL</b>	Accepting New Patients: Yes	American Sign Language (ASL):
<b>ENCINITAS</b>	Site English Spoken: Yes	No
477 N EL CAMINO REAL STE	Site Language(s) Spoken:	Please contact provider for
D302	Spanish	Accessibility information
ENCINITAS, CA 92024-1374	Min/Max Age:	Public transportation (within 1/2
Phone: (858) 309-7702	Gender Restriction: No Gender	mile from Site): Yes
Fax: (858) 966-7403	Restrictions	Hours: M-F 8AM-5PM
After Hours Phone:	American Sign Language (ASL):	<b>MOLL, ANGELA, MD</b>
Accepting New Patients: Yes	No	

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Provider Gender:</i> Female  <i>License number:</i> A105472  <i>NPI:</i> 1861648602  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> Yes  <b>RADY CHILDRENS HOSPITAL ENCINITAS</b>            477 N EL CAMINO REAL STE D302            ENCINITAS, CA 92024-1374  <i>Phone:</i> (858) 309-7702  <i>Fax:</i> (858) 966-7403  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> No  <i>Hours:</i> M-F 8AM-5PM</p>	<p>Indonesian, Spanish  <i>Cultural Competency:</i> Yes  <b>ACUITY EYE GROUP</b>            320 SANTA FE DR STE 104            ENCINITAS, CA 92024-5139  <i>Phone:</i> (760) 943-7141  <i>Fax:</i> (760) 943-0371  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8AM-5PM</p>	<p>ENCINITAS, CA 92024-1374  <i>Phone:</i> (858) 309-7702  <i>Fax:</i> (858) 966-7403  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> No  <i>Hours:</i> M-F 8AM-5PM</p>
<p><b>MORRISON REYES, JOSHUA, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A125435  <i>NPI:</i> 1235366782  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p><b>O HALLORAN, HENRY, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A73282  <i>NPI:</i> 1235287947  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>            German, Spanish  <i>Cultural Competency:</i> Yes  <b>RADY CHILDRENS HOSPITAL ENCINITAS</b>            477 N EL CAMINO REAL STE D302</p>	<p><b>SAMUEL, MICHAEL A , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A83237  <i>NPI:</i> 1730175670  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> Yes  <b>ACUITY EYE GROUP</b>            320 SANTA FE DR STE 104            ENCINITAS, CA 92024-5139  <i>Phone:</i> (760) 943-7141  <i>Fax:</i> (760) 943-0371  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>            Spanish</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8AM-5PM</p>	<p>Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> No  <i>Hours:</i> M-F 8AM-5PM</p>	<p><i>Provider Gender:</i> Female  <i>License number:</i> 34990  <i>NPI:</i> 1245733476  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: Yes            ACUITY EYE GROUP            320 SANTA FE DR STE 104            ENCINITAS, CA 92024-5139  <i>Phone:</i> (760) 943-7141  <i>Fax:</i> (760) 943-0371  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8AM-5PM</p>
<p><b>SCHER, COLIN A , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A42700  <i>NPI:</i> 1396816153  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> Yes            RADY CHILDRENS HOSPITAL            ENCINITAS            477 N EL CAMINO REAL STE D302            ENCINITAS, CA 92024-1374  <i>Phone:</i> (858) 309-7702  <i>Fax:</i> (858) 966-7403  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No</p>	<p><b>SCOTTI, FRANK A , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> G40698  <i>NPI:</i> 1801824313  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Cultural Competency: Yes            ACUITY EYE GROUP            320 SANTA FE DR STE 104            ENCINITAS, CA 92024-5139  <i>Phone:</i> (760) 943-7141  <i>Fax:</i> (760) 943-0371  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8AM-5PM</p>	<p><b>TRAN, THAO P , OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 12867  <i>NPI:</i> 1962581421  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Vietnamese  <i>Cultural Competency:</i> Yes</p>
<p><b>TON-NU, MY LINH, OD</b></p>		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

**KINDERSPECS-GOOD EYES OPTOMETRY**  
 267 N EL CAMINO REAL STE D  
 ENCINITAS, CA 92024-5366  
 Phone: (760) 753-3665  
 Fax: (408) 969-1653  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Vietnamese  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-TH 10AM-4:30PM, F  
 11AM-4PM

### **VINH, JOHN B , OD**

Provider Gender: Male  
 License number: 14177  
 NPI: 1003102724  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**ACUITY EYE GROUP**  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139

Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **ZVANUT, DONALD R , OD**

Provider Gender: Male  
 License number: 8642  
 NPI: 1336211804  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**ACUITY EYE GROUP**  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish

Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **ESCONDIDO**

### **ADAMS, MONA N , OD**

Provider Gender: Female  
 License number: 14457  
 NPI: 1942564521  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**RADY CHILDRENS  
 SPECIALISTS**  
 2125 CITRACADO PKWY STE  
 200  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> Yes <i>Hours:</i> M-F 8:30AM-4:30PM</p>	<p><b>AVALLONE, THOMAS, MD</b> <i>Provider Gender:</i> Male <i>License number:</i> A147199 <i>NPI:</i> 1679865950 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> Yes <b>ACUITY EYE GROUP</b> 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026-3923 <i>Phone:</i> (760) 743-5872 <i>Fax:</i> (760) 743-5879 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> Yes <i>Hours:</i> M-F 8AM-5PM</p>	<p><i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> Yes <b>RADY CHILDRENS SPECIALISTS</b> 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4159 <i>Phone:</i> (760) 755-7600 <i>Fax:</i> (760) 755-7699 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> Yes <i>Hours:</i> M-F 8:30AM-4:30PM</p>
<p><b>ASIS, STEPHANIE, OD</b> <i>Provider Gender:</i> Female <i>License number:</i> 34013 <i>NPI:</i> 1902383540 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> Yes <b>ACUITY EYE GROUP</b> 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026-3923 <i>Phone:</i> (760) 743-5872 <i>Fax:</i> (760) 743-5879 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> Yes <i>Hours:</i> M-F 8AM-5PM</p>	<p><b>BANSAL, PREETI, MD</b> <i>Provider Gender:</i> Female <i>License number:</i> A90890 <i>NPI:</i> 1871664631 <i>Provider English Spoken:</i> Yes</p>	<p><b>BHATIA, SHAGUN, MD</b> <i>Provider Gender:</i> Female <i>License number:</i> A154902 <i>NPI:</i> 1104237353 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> Yes <b>RADY CHILDRENS SPECIALISTS</b></p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4159 Phone: (760) 755-7600 Fax: (760) 755-7699 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8:30AM-4:30PM	Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-5PM	American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-5PM
<b>BINDER, NICHOLAS, MD</b> Provider Gender: Male License number: A124698 NPI: 1306076716 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes ACUITY EYE GROUP 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026-3923 Phone: (760) 743-5872 Fax: (760) 743-5879 After Hours Phone: Accepting New Patients: Yes	<b>CHANG, TOM S , MD</b> Provider Gender: Male License number: A69909 NPI: 1609848969 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes ACUITY EYE GROUP 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026-3923 Phone: (760) 743-5872 Fax: (760) 743-5879 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions	<b>DUONG, KIM S , OD</b> Provider Gender: Female License number: 34222 NPI: 1114448651 Provider English Spoken: Yes Provider Language(s) Spoken: Vietnamese Cultural Competency: Yes RADY CHILDRENS SPECIALISTS 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029-4159 Phone: (760) 755-7600 Fax: (760) 755-7699 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*mile from Site): Yes*  
*Hours: M-F 8:30AM-4:30PM*

### **HSU, CHRISTOPHER, MD**

*Provider Gender: Male*  
*License number: A65973*  
*NPI: 1336167618*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: Yes*  
**ACUITY EYE GROUP**  
 700 W EL NORTE PKWY STE 200  
 ESCONDIDO, CA 92026-3923  
*Phone: (760) 743-5872*  
*Fax: (760) 743-5879*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Spanish*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site): Yes*  
*Hours: M-F 8AM-5PM*

### **HUDSON, HENRY L, MD**

*Provider Gender: Male*  
*License number: G76091*

*NPI: 1851349195*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: Yes*  
**ACUITY EYE GROUP**  
 700 W EL NORTE PKWY STE 200  
 ESCONDIDO, CA 92026-3923  
*Phone: (760) 743-5872*  
*Fax: (760) 743-5879*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Spanish*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site): Yes*  
*Hours: M-F 8AM-5PM*

### **KALBAKJI, NATALY, OD**

*Provider Gender: Female*  
*License number: 34943*  
*NPI: 1700556438*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Arabic*  
*Cultural Competency: Yes*  
**ACUITY EYE GROUP**

700 W EL NORTE PKWY STE 200  
 ESCONDIDO, CA 92026-3923  
*Phone: (760) 743-5872*  
*Fax: (760) 743-5879*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Spanish*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site): Yes*  
*Hours: M-F 8AM-5PM*

### **KHALIL, VADY, OD**

*Provider Gender: Male*  
*License number: 35137*  
*NPI: 1275263584*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Arabic*  
*Cultural Competency: Yes*  
**ACUITY EYE GROUP**  
 700 W EL NORTE PKWY STE 200  
 ESCONDIDO, CA 92026-3923

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (760) 743-5872	Spanish	Please contact provider for
Fax: (760) 743-5879	Min/Max Age:	Accessibility information
After Hours Phone:	Gender Restriction: No Gender	Public transportation (within 1/2
Accepting New Patients: Yes	Restrictions	mile from Site): Yes
Site English Spoken: Yes	American Sign Language (ASL):	Hours: M-F 8AM-5PM
Site Language(s) Spoken:	No	
Spanish	Please contact provider for	<b>KLAREN, AMANDA, OD</b>
Min/Max Age:	Accessibility information	Provider Gender: Female
Gender Restriction: No Gender	Public transportation (within 1/2	License number: 12617
Restrictions	mile from Site): Yes	NPI: 1396876611
American Sign Language (ASL):	Hours: M-F 8AM-5PM	Provider English Spoken: Yes
No		Provider Language(s) Spoken:
Please contact provider for	<b>KIM, PHILIP, OD</b>	Cultural Competency: Yes
Accessibility information	Provider Gender: Male	RADY CHILDRENS
Public transportation (within 1/2	License number: 33893	SPECIALISTS
mile from Site): Yes	NPI: 1376929034	2125 CITRACADO PKWY STE
Hours: M-F 8AM-5PM	Provider English Spoken: Yes	200
	Provider Language(s) Spoken:	ESCONDIDO, CA 92029-4159
	Cultural Competency: Yes	Phone: (760) 755-7600
<b>KIM, HEAWON, OD</b>	ACUITY EYE GROUP	Fax: (760) 755-7699
Provider Gender: Female	700 W EL NORTE PKWY STE	After Hours Phone:
License number: 34584TLG	200	Accepting New Patients: Yes
NPI: 1912517707	ESCONDIDO, CA 92026-3923	Site English Spoken: Yes
Provider English Spoken: Yes	Phone: (760) 743-5872	Site Language(s) Spoken:
Provider Language(s) Spoken:	Fax: (760) 743-5879	Min/Max Age:
Cultural Competency: Yes	After Hours Phone:	Gender Restriction: No Gender
ACUITY EYE GROUP	Accepting New Patients: Yes	Restrictions
700 W EL NORTE PKWY STE	Site English Spoken: Yes	American Sign Language (ASL):
200	Site Language(s) Spoken:	No
ESCONDIDO, CA 92026-3923	Spanish	Please contact provider for
Phone: (760) 743-5872	Min/Max Age:	Accessibility information
Fax: (760) 743-5879	Gender Restriction: No Gender	Public transportation (within 1/2
After Hours Phone:	Restrictions	mile from Site): Yes
Accepting New Patients: Yes	American Sign Language (ASL):	Hours: M-F 8:30AM-4:30PM
Site English Spoken: Yes	No	
Site Language(s) Spoken:		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### LEE, JASON, OD

*Provider Gender:* Male  
*License number:* 14881  
*NPI:* 1679985584  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**RADY CHILDRENS SPECIALISTS**  
 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8:30AM-4:30PM

### LE, TAM T, OD

*Provider Gender:* Female  
*License number:* 12951  
*NPI:* 1235268707

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* Yes  
**TAM T LE OD INC**  
 1711 E VALLEY PKWY STE 109  
 ESCONDIDO, CA 92027-2521  
*Phone:* (760) 737-6064  
*Fax:* (760) 737-6064  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-TH 9AM-5:30PM, F 9AM-1PM, SA 10AM-2PM

### MARR, RYAN, OD

*Provider Gender:* Male  
*License number:* 35302  
*NPI:* 1235857525  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**

700 W EL NORTE PKWY STE 200  
 ESCONDIDO, CA 92026-3923  
*Phone:* (760) 743-5872  
*Fax:* (760) 743-5879  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### MCGRAW, JOSEPH, MD

*Provider Gender:* Male  
*License number:* A155228  
*NPI:* 1588624852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 700 W EL NORTE PKWY STE 200  
 ESCONDIDO, CA 92026-3923  
*Phone:* (760) 743-5872  
*Fax:* (760) 743-5879  
*After Hours Phone:*

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8AM-5PM

### **MOLL, ANGELA, MD**

Provider Gender: Female

License number: A105472

NPI: 1861648602

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

**RADY CHILDRENS SPECIALISTS**

2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8:30AM-4:30PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License number: A125435

NPI: 1235366782

Provider English Spoken: Yes

Provider Language(s) Spoken:

Indonesian, Spanish

Cultural Competency: Yes

**ACUITY EYE GROUP**

700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026-3923

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8AM-5PM

### **MOVAGHAR, MANSOOR, MD**

Provider Gender: Male

License number: A100897

NPI: 1497792220

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

**RADY CHILDRENS SPECIALISTS**

2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8:30AM-4:30PM

### **O HALLORAN, HENRY, MD**

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Provider Gender:</i> Male  <i>License number:</i> A73282  <i>NPI:</i> 1235287947  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> German, Spanish  <i>Cultural Competency:</i> Yes  <b>RADY CHILDRENS SPECIALISTS</b>                  2125 CITRACADO PKWY STE 200                  ESCONDIDO, CA 92029-4159  <i>Phone:</i> (760) 755-7600  <i>Fax:</i> (760) 755-7699  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                  Min/Max Age:  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No                  Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8:30AM-4:30PM</p> <p><b>PANSARA, MEGHA, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A143429  <i>NPI:</i> 1184983728  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i></p>	<p>Gujarati  <i>Cultural Competency:</i> Yes  <b>RADY CHILDRENS SPECIALISTS</b>                  2125 CITRACADO PKWY STE 200                  ESCONDIDO, CA 92029-4159  <i>Phone:</i> (760) 755-7600  <i>Fax:</i> (760) 755-7699  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                  Min/Max Age:  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No                  Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8:30AM-4:30PM</p> <p><b>PATEL, GITANE, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A108603  <i>NPI:</i> 1710171434  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> Yes  <b>ACUITY EYE GROUP</b>                  700 W EL NORTE PKWY STE 200                  ESCONDIDO, CA 92026-3923</p>	<p><i>Phone:</i> (760) 743-5872  <i>Fax:</i> (760) 743-5879  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish                  Min/Max Age:  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No                  Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8AM-5PM</p> <p><b>PATEL, SARJAN H , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A114976  <i>NPI:</i> 1316199326  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish  <i>Cultural Competency:</i> Yes  <b>ACUITY EYE GROUP</b>                  700 W EL NORTE PKWY STE 200                  ESCONDIDO, CA 92026-3923  <i>Phone:</i> (760) 743-5872  <i>Fax:</i> (760) 743-5879  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Site Language(s) Spoken: Spanish</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2 mile from Site): Yes</p> <p>Hours: M-F 8AM-5PM</p> <p><b>PRABHU, SUJATA P , MD</b></p> <p>Provider Gender: Female</p> <p>License number: A115965</p> <p>NPI: 1982872552</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: Yes</p> <p>ACUITY EYE GROUP</p> <p>700 W EL NORTE PKWY STE 200</p> <p>ESCONDIDO, CA 92026-3923</p> <p>Phone: (760) 743-5872</p> <p>Fax: (760) 743-5879</p> <p>After Hours Phone:</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p>	<p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2 mile from Site): Yes</p> <p>Hours: M-F 8AM-5PM</p> <p><b>SAMUEL, MICHAEL A , MD</b></p> <p>Provider Gender: Male</p> <p>License number: A83237</p> <p>NPI: 1730175670</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: Yes</p> <p>ACUITY EYE GROUP</p> <p>700 W EL NORTE PKWY STE 200</p> <p>ESCONDIDO, CA 92026-3923</p> <p>Phone: (760) 743-5872</p> <p>Fax: (760) 743-5879</p> <p>After Hours Phone:</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2 mile from Site): Yes</p>	<p>Hours: M-F 8AM-5PM</p> <p><b>SCHER, COLIN A , MD</b></p> <p>Provider Gender: Male</p> <p>License number: A42700</p> <p>NPI: 1396816153</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: Yes</p> <p>RADY CHILDRENS SPECIALISTS</p> <p>2125 CITRACADO PKWY STE 200</p> <p>ESCONDIDO, CA 92029-4159</p> <p>Phone: (760) 755-7600</p> <p>Fax: (760) 755-7699</p> <p>After Hours Phone:</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Spanish</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2 mile from Site): Yes</p> <p>Hours: M-F 8:30AM-4:30PM</p> <p><b>THACH, TERILYN T , OD</b></p> <p>Provider Gender: Female</p> <p>License number: 11456</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>NPI: 1710030861            Provider English Spoken: Yes            Provider Language(s) Spoken: Vietnamese            Cultural Competency: Yes  <b>INSIGHT VISION OPTOMETRY</b>            2419 E VALLEY PKWY            ESCONDIDO, CA 92027-2932            Phone: (760) 738-9931            Fax: (760) 738-9933            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Spanish, Vietnamese            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Public transportation (within 1/2 mile from Site): Yes            Hours: M,TU,F 9:30AM-5PM, TH 10AM-5:30PM</p>	<p><b>SPECIALISTS</b>            2125 CITRACADO PKWY STE 200            ESCONDIDO, CA 92029-4159            Phone: (760) 755-7600            Fax: (760) 755-7699            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Public transportation (within 1/2 mile from Site): Yes            Hours: M-F 8:30AM-4:30PM</p>	<p>Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Arabic, French, Spanish            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Public transportation (within 1/2 mile from Site): Yes            Hours: M-W 9AM-6PM, TH 9AM-8PM, F 9AM-5PM</p>
<p><b>TRAN, ALEXANDER, OD</b>            Provider Gender: Male            License number: SOL14136            NPI: 1902414790            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: Yes  <b>RADY CHILDRENS</b></p>	<p><b>VERRET, ERIC, OD</b>            Provider Gender: Male            License number: 11401            NPI: 1194891853            Provider English Spoken: Yes            Provider Language(s) Spoken: French, Spanish            Cultural Competency: Yes  <b>ESCONDIDO EYECARE</b>            613 E GRAND AVE            ESCONDIDO, CA 92025-4402            Phone: (760) 747-7979            Fax: (760) 747-7799            After Hours Phone:</p>	<p><b>ZVANUT, DONALD R, OD</b>            Provider Gender: Male            License number: 8642            NPI: 1336211804            Provider English Spoken: Yes            Provider Language(s) Spoken:            Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>            700 W EL NORTE PKWY STE 200            ESCONDIDO, CA 92026-3923            Phone: (760) 743-5872            Fax: (760) 743-5879            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Spanish            Min/Max Age:</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### FALLBROOK

#### **ARCHIBALD, JOHN D , OD**

Provider Gender: Male  
 License number: 11813  
 NPI: 1902893357  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
**INLAND EYE SPECIALISTS**  
 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028-3082  
 Phone: (760) 728-5728  
 Fax: (760) 728-5934  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for

Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

#### **COLEMAN, BROOKE A , OD**

Provider Gender: Female  
 License number: 13551  
 NPI: 1700040748  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
**INLAND EYE SPECIALISTS**  
 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028-3082  
 Phone: (760) 728-5728  
 Fax: (760) 728-5934  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No

Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

#### **CONNOR, JEFFEY, OD**

Provider Gender: Male

License number: 33683  
 NPI: 1063968980  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Yes  
**INLAND EYE SPECIALISTS**  
 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028-3082  
 Phone: (760) 728-5728  
 Fax: (760) 728-5934  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

#### **COOPER, MICHAEL J , OD**

Provider Gender: Male  
 License number: 10476  
 NPI: 1164586244  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
**INLAND EYE SPECIALISTS**

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

521 E ELDER ST STE 102 FALLBROOK, CA 92028-3082 Phone: (760) 728-5728 Fax: (760) 728-5934 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 8AM-5PM	Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 8AM-5PM	No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M 1PM-5PM, TU 9AM-6PM, W,TH 9AM-5PM, F,SA 9AM-1PM
<b>DUONG, CHERYL, OD</b> Provider Gender: Female License number: 34070 NPI: 1366935678 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes INLAND EYE SPECIALISTS 521 E ELDER ST STE 102 FALLBROOK, CA 92028-3082 Phone: (760) 728-5728 Fax: (760) 728-5934 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes	<b>GEORGE, BRUCE D , OD</b> Provider Gender: Male License number: 7696 NPI: 1356414551 Provider English Spoken: Yes Provider Language(s) Spoken: Korean, Spanish Cultural Competency: Yes BRUCE D GEORGE OD 1102 S MAIN AVE FALLBROOK, CA 92028-3325 Phone: (760) 723-8417 Fax: (760) 758-2063 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2	<b>GEORGE, KENDALL, OD</b> Provider Gender: Male License number: 34270 NPI: 1619529948 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes BRUCE D GEORGE OD 1102 S MAIN AVE FALLBROOK, CA 92028-3325 Phone: (760) 723-8417 Fax: (760) 758-2063 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*mile from Site): Yes*  
*Hours: M 1PM-5PM, TU*  
*9AM-6PM, W,TH 9AM-5PM,*  
*F,SA 9AM-1PM*

### **TEW, JOHN G , MD**

*Provider Gender: Male*  
*License number: A83206*  
*NPI: 1174593354*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Portuguese  
*Cultural Competency: Yes*  
**INLAND EYE SPECIALISTS**  
 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028-3082  
*Phone: (760) 728-5728*  
*Fax: (760) 728-5934*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction: No Gender*  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site): No*  
*Hours: M-F 8AM-5PM*

### **IMPERIAL BEACH**

### **HANONO, ABRAHAM, OD**

*Provider Gender: Male*  
*License number: 14900*  
*NPI: 1356754741*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Hebrew, Spanish  
*Cultural Competency: Yes*  
**IMPERIAL BEACH**  
**OPTOMETRY INC APC**  
 894 PALM AVE STE B  
 IMPERIAL BEACH, CA  
 91932-1573  
*Phone: (619) 424-9333*  
*Fax: (619) 424-3356*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction: No Gender*  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site): No*  
*Hours: M-F 9AM-6PM*

### **HANONO, HELFON, OD**

*Provider Gender: Male*  
*License number: 6681*  
*NPI: 1619942034*

*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency: Yes*  
**IMPERIAL BEACH**  
**OPTOMETRY INC APC**  
 894 PALM AVE STE B  
 IMPERIAL BEACH, CA  
 91932-1573  
*Phone: (619) 424-9333*  
*Fax: (619) 424-3356*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction: No Gender*  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site): No*  
*Hours: M-F 9AM-6PM*

### **LA JOLLA**

### **AVALLONE, THOMAS, MD**

*Provider Gender: Male*  
*License number: A147199*  
*NPI: 1679865950*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

### **CODEN, DANIEL J , MD**

*Provider Gender:* Male  
*License number:* G57587  
*NPI:* 1942317508  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

### **DEAN, MOENA, OD**

*Provider Gender:* Female  
*License number:* 33955  
*NPI:* 1265927578  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

### **DYER, SHARON M , OD**

*Provider Gender:* Female  
*License number:* 33450  
*NPI:* 1063866887  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### **HOO, PAMELA A , OD**

*Provider Gender:* Female  
*License number:* 11033  
*NPI:* 1275566010  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**PERLMAN**  
**OPHTHALMOLOGY-UCSD**  
 9350 CAMPUS POINT DR STE 1B  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6905  
*Fax:*  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-4:30PM

### **HOO, PAMELA A , OD**

*Provider Gender:* Female  
*License number:* 11033  
*NPI:* 1275566010

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**UCSD SHILEY EYE CENTER**  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 822-2948  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

### **HUDSON, HENRY L , MD**

*Provider Gender:* Male  
*License number:* G76091  
*NPI:* 1851349195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208

*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

### **HUSTANA, LARA, OD**

*Provider Gender:* Female  
*License number:* 11472  
*NPI:* 1235161597  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* Yes  
**UCSD SHILEY EYE CENTER**  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 822-2948  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<i>Min/Max Age:</i>	No	
<i>Gender Restriction:</i> No Gender Restrictions	Please contact provider for Accessibility information	<b>KHALIL, VADY, OD</b> <i>Provider Gender:</i> Male <i>License number:</i> 35137 <i>NPI:</i> 1275263584 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Arabic
<i>American Sign Language (ASL):</i> No	<i>Public transportation (within 1/2 mile from Site):</i> Yes	<i>Cultural Competency:</i> Yes
Please contact provider for Accessibility information	<i>Hours:</i> M-F 8AM-4:30PM	<b>ACUITY EYE GROUP</b> 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037-1208 <i>Phone:</i> (858) 457-3010 <i>Fax:</i> (858) 457-0028 <i>After Hours Phone:</i>
<i>Public transportation (within 1/2 mile from Site):</i> No	<b>KALBAKJI, NATALY, OD</b> <i>Provider Gender:</i> Female <i>License number:</i> 34943 <i>NPI:</i> 1700556438 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Arabic	<i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish, Tagalog <i>Min/Max Age:</i>
<i>Hours:</i> M-F 7:30AM-5PM, SA 8AM-2PM	<i>Cultural Competency:</i> Yes	<i>Gender Restriction:</i> No Gender Restrictions
<b>HUSTANA, LARA, OD</b> <i>Provider Gender:</i> Female <i>License number:</i> 11472 <i>NPI:</i> 1235161597 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> French <i>Cultural Competency:</i> Yes	<b>ACUITY EYE GROUP</b> 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037-1208 <i>Phone:</i> (858) 457-3010 <i>Fax:</i> (858) 457-0028 <i>After Hours Phone:</i>	<i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> M-F 8AM-4:30PM
<b>PERLMAN</b> OPHTHALMOLOGY-UCSD 9350 CAMPUS POINT DR STE 1B LA JOLLA, CA 92037-1300 <i>Phone:</i> (858) 657-6905 <i>Fax:</i> <i>After Hours Phone:</i>	<i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish, Tagalog <i>Min/Max Age:</i>	<b>KIM, HEAWON, OD</b> <i>Provider Gender:</i> Female <i>License number:</i> 34584TLG <i>NPI:</i> 1912517707 <i>Provider English Spoken:</i> Yes
<i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> French <i>Min/Max Age:</i>	<i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> M-F 8AM-4:30PM	
<i>Gender Restriction:</i> No Gender Restrictions	<i>Hours:</i> M-F 8AM-4:30PM	
<i>American Sign Language (ASL):</i>		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Provider Language(s) Spoken:* ACUITY EYE GROUP  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

### **KIM, PHILIP, OD**

*Provider Gender:* Male  
*License number:* 33893  
*NPI:* 1376929034  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 UCSD SHILEY EYE CENTER  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

*Phone:* (858) 534-6290  
*Fax:* (858) 822-2948  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Min/Max Age:  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

### **KIM, PHILIP, OD**

*Provider Gender:* Male  
*License number:* 33893  
*NPI:* 1376929034  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 PERLMAN  
 OPHTHALMOLOGY-UCSD  
 9350 CAMPUS POINT DR STE 1B  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6905  
*Fax:*  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Min/Max Age:  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-4:30PM

### **KULISCHAK, JOHN F , OD**

*Provider Gender:* Male  
*License number:* 9279  
*NPI:* 1740205236  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 PERLMAN  
 OPHTHALMOLOGY-UCSD  
 9350 CAMPUS POINT DR STE 1B  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6905  
*Fax:*  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Min/Max Age:  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 8AM-4:30PM

### **KULISCHAK, JOHN F , OD**

Provider Gender: Male  
License number: 9279  
NPI: 1740205236  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: Yes  
UCSD SHILEY EYE CENTER  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (858) 534-6290  
Fax: (858) 822-2948  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No

Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): No  
Hours: M-F 7:30AM-5PM, SA 8AM-2PM

### **LAM, ANNE B , OD**

Provider Gender: Female  
License number: 12810  
NPI: 1174550768  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: Yes  
UCSD SHILEY EYE CENTER  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (858) 534-6290  
Fax: (858) 822-2948  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): No  
Hours: M-F 7:30AM-5PM, SA 8AM-2PM

### **LAM, ANNE B , OD**

Provider Gender: Female  
License number: 12810  
NPI: 1174550768  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: Yes  
PERLMAN

OPHTHALMOLOGY-UCSD  
9350 CAMPUS POINT DR STE 1B  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-6905  
Fax:  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 8AM-4:30PM

### **LEE, SALLY S , DO**

Provider Gender: Female  
License number: A8088  
NPI: 1457468514  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish, Chinese  
Cultural Competency: Yes  
SAN DIEGO EYE PROFESSIONALS  
9834 GENESEE AVE STE 427  
LA JOLLA, CA 92037-1264

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (858) 276-1013	Gender Restriction: No Gender Restrictions	mile from Site): No Hours: M-F 8AM-4:30PM
Fax: (619) 583-4288	American Sign Language (ASL): No	<b>MCCLEAN, ESMERALDA C , OD</b>
After Hours Phone:	Please contact provider for Accessibility information	Provider Gender: Female
Accepting New Patients: Yes	Public transportation (within 1/2 mile from Site): Yes	License number: 15001
Site English Spoken: Yes	Hours: M-F 9AM-5PM	NPI: 1962817981
Site Language(s) Spoken: German, Chinese	<b>MARR, RYAN, OD</b>	Provider English Spoken: Yes
Min/Max Age:	Provider Gender: Male	Provider Language(s) Spoken: Spanish
Gender Restriction: No Gender Restrictions	License number: 35302	Cultural Competency: Yes
American Sign Language (ASL): No	NPI: 1235857525	<b>PERLMAN</b>
Please contact provider for Accessibility information	Provider English Spoken: Yes	OPHTHALMOLOGY-UCSD
Public transportation (within 1/2 mile from Site): No	Provider Language(s) Spoken: Cultural Competency: Yes	9350 CAMPUS POINT DR STE 1B
Hours: M-F 10AM-5PM	<b>ACUITY EYE GROUP</b>	LA JOLLA, CA 92037-1300
<b>LUSBY, FRANKLIN W , MD</b>	9850 GENESEE AVE STE 310	Phone: (858) 657-6905
Provider Gender: Male	LA JOLLA, CA 92037-1208	Fax:
License number: G41830	Phone: (858) 457-3010	After Hours Phone:
NPI: 1265526180	Fax: (858) 457-0028	Accepting New Patients: Yes
Provider English Spoken: Yes	After Hours Phone:	Site English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: Yes	Accepting New Patients: Yes	Site Language(s) Spoken:
<b>LUSBY VISION INSTITUTE</b>	Site English Spoken: Yes	Min/Max Age:
9850 GENESEE AVE STE 220	Site Language(s) Spoken: Spanish, Tagalog	Gender Restriction: No Gender Restrictions
LA JOLLA, CA 92037-1208	Min/Max Age:	American Sign Language (ASL): No
Phone: (858) 459-6200	Gender Restriction: No Gender Restrictions	Please contact provider for Accessibility information
Fax: (858) 459-2025	American Sign Language (ASL): No	Public transportation (within 1/2 mile from Site): Yes
After Hours Phone:	Please contact provider for Accessibility information	Hours: M-F 8AM-4:30PM
Accepting New Patients: Yes	Public transportation (within 1/2	<b>MIZOGUCHI, LIANNE T , OD</b>
Site English Spoken: Yes		Provider Gender: Female
Site Language(s) Spoken:		
Min/Max Age:		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

License number: 10104  
 NPI: 1619900313  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**PERLMAN**  
**OPHTHALMOLOGY-UCSD**  
 9350 CAMPUS POINT DR STE  
 1B  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-6905  
 Fax:  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-F 8AM-4:30PM

### **MIZOGUCHI, LIANNE T , OD**

Provider Gender: Female  
 License number: 10104  
 NPI: 1619900313  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**UCSD SHILEY EYE CENTER**

9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (858) 534-6290  
 Fax: (858) 822-2948  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: M-F 7:30AM-5PM, SA  
 8AM-2PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male  
 License number: A125435  
 NPI: 1235366782  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Indonesian, Spanish  
 Cultural Competency: Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
 Phone: (858) 457-3010  
 Fax: (858) 457-0028  
 After Hours Phone:

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Tagalog  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: M-F 8AM-4:30PM

### **PERRY, ARTHUR C , MD**

Provider Gender: Male  
 License number: C37934  
 NPI: 1194832725  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
 Phone: (858) 457-3010  
 Fax: (858) 457-0028  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Tagalog  
 Min/Max Age:  
 Gender Restriction: No Gender

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> M-F 8AM-4:30PM	<i>mile from Site):</i> No <i>Hours:</i> M-F 8AM-4:30PM	<i>NPI:</i> 1003102724 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> Yes ACUITY EYE GROUP 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037-1208 <i>Phone:</i> (858) 457-3010 <i>Fax:</i> (858) 457-0028 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish, Tagalog <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> M-F 8AM-4:30PM
<b>PRATT, STEVEN G , MD</b> <i>Provider Gender:</i> Male <i>License number:</i> G32379 <i>NPI:</i> 1407963044 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> Yes ACUITY EYE GROUP 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037-1208 <i>Phone:</i> (858) 457-3010 <i>Fax:</i> (858) 457-0028 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish, Tagalog <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2</i>	<b>TONNU, ANH T , OD</b> <i>Provider Gender:</i> Female <i>License number:</i> 11318 <i>NPI:</i> 1679521280 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Vietnamese <i>Cultural Competency:</i> Yes ACUITY EYE GROUP 9850 GENESEE AVE STE 310 LA JOLLA, CA 92037-1208 <i>Phone:</i> (858) 457-3010 <i>Fax:</i> (858) 457-0028 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish, Tagalog <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> M-F 8AM-4:30PM	<b>VO, ANDREW MINH, OD</b> <i>Provider Gender:</i> Male <i>License number:</i> 33869 <i>NPI:</i> 1790291565 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Vietnamese <i>Cultural Competency:</i> Yes UCSD SHILEY EYE CENTER 9415 CAMPUS POINT DR
<b>VINH, JOHN B , OD</b> <i>Provider Gender:</i> Male <i>License number:</i> 14177		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>LA JOLLA, CA 92093-1350          Phone: (858) 534-6290          Fax: (858) 822-2948          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): No          Hours: M-F 7:30AM-5PM, SA 8AM-2PM</p>	<p>Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): Yes          Hours: M-F 8AM-4:30PM</p>	<p>No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): No          Hours: M-F 7:30AM-5PM, SA 8AM-2PM</p>
<p><b>VO, ANDREW MINH, OD</b>          Provider Gender: Male          License number: 33869          NPI: 1790291565          Provider English Spoken: Yes          Provider Language(s) Spoken: Vietnamese          Cultural Competency: Yes          PERLMAN          OPHTHALMOLOGY-UCSD          9350 CAMPUS POINT DR STE 1B          LA JOLLA, CA 92037-1300          Phone: (858) 657-6905          Fax:          After Hours Phone:</p>	<p><b>YU, CAROL, OD</b>          Provider Gender: Female          License number: 34047          NPI: 1639697451          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish, Chinese          Cultural Competency: Yes          UCSD SHILEY EYE CENTER          9415 CAMPUS POINT DR          LA JOLLA, CA 92093-1350          Phone: (858) 534-6290          Fax: (858) 822-2948          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL):</p>	<p><b>YU, CAROL, OD</b>          Provider Gender: Female          License number: 34047          NPI: 1639697451          Provider English Spoken: Yes          Provider Language(s) Spoken: Spanish, Chinese          Cultural Competency: Yes          PERLMAN          OPHTHALMOLOGY-UCSD          9350 CAMPUS POINT DR STE 1B          LA JOLLA, CA 92037-1300          Phone: (858) 657-6905          Fax:          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*mile from Site): Yes*

*Hours: M-F 8AM-4:30PM*

### **ZVANUT, DONALD R , OD**

*Provider Gender: Male*

*License number: 8642*

*NPI: 1336211804*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

**ACUITY EYE GROUP**

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037-1208

*Phone: (858) 457-3010*

*Fax: (858) 457-0028*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish, Tagalog

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

No

*Please contact provider for Accessibility information*

*Public transportation (within 1/2 mile from Site): No*

*Hours: M-F 8AM-4:30PM*

### **LA MESA**

### **AOTO, KIM N , OD**

*Provider Gender: Female*

*License number: 14524*

*NPI: 1780935650*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish, Vietnamese

*Cultural Competency: Yes*

**ACUITY EYE GROUP**

7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

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

### **ASIS, STEPHANIE, OD**

*Provider Gender: Female*

*License number: 34013*

*NPI: 1902383540*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

**ACUITY EYE GROUP**

7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

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

### **AVALLONE, THOMAS, MD**

*Provider Gender: Male*

*License number: A147199*

*NPI: 1679865950*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

**EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP**

5565 GRSMNT CTR DR STE 551

LA MESA, CA 91942-3078

*Phone: (619) 465-2020*

*Fax: (619) 698-1189*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Site English Spoken: Yes  Site Language(s) Spoken: Spanish  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No  Hours: M-F 8AM-5PM</p>	<p>No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): Yes  Hours: M-F 8AM-5PM</p>	<p><b>BINDER, NICHOLAS, MD</b>  Provider Gender: Male  License number: A124698  NPI: 1306076716  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>  7339 EL CAJON BLVD STE J  LA MESA, CA 91942-7435  Phone: (619) 722-8460  Fax: (619) 722-8465  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Spanish  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): Yes  Hours: M-F 8AM-5PM</p>
<p><b>AVALLONE, THOMAS, MD</b>  Provider Gender: Male  License number: A147199  NPI: 1679865950  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>  7339 EL CAJON BLVD STE J  LA MESA, CA 91942-7435  Phone: (619) 722-8460  Fax: (619) 722-8465  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Spanish  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL):</p>	<p><b>BAGHOUMIAN, MARINEH, OD</b>  Provider Gender: Female  License number: 14842  NPI: 1972929438  Provider English Spoken: Yes  Provider Language(s) Spoken: Armenian  Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>  7339 EL CAJON BLVD STE J  LA MESA, CA 91942-7435  Phone: (619) 722-8460  Fax: (619) 722-8465  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Spanish  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): Yes  Hours: M-F 8AM-5PM</p>	<p><b>CAUCHI, CAROLINE GUERRERO, OD</b>  Provider Gender: Female  License number: 6882  NPI: 1831268903  Provider English Spoken: Yes</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> Yes</p> <p><b>VISION SOLUTIONS OPTOMETRY</b></p> <p>8235 UNIVERSITY AVE LA MESA, CA 91942-9326</p> <p><i>Phone:</i> (619) 461-4913</p> <p><i>Fax:</i> (888) 509-6483</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> M,TU 9AM-5:30PM, W 8AM-5PM, TH 9AM-6PM, F 8AM-1PM</p> <p><b>CHANG, TOM S , MD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A69909</p> <p><i>NPI:</i> 1609848969</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> Yes</p> <p><b>EYE ASSOCIATES OF SAN</b></p>	<p><b>DIEGO/ACUITY EYE GROUP</b></p> <p>5565 GRSMNT CTR DR STE 551 LA MESA, CA 91942-3078</p> <p><i>Phone:</i> (619) 465-2020</p> <p><i>Fax:</i> (619) 698-1189</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M-F 8AM-5PM</p> <p><b>CHEA, LISA, OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 33615</p> <p><i>NPI:</i> 1902341472</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> Yes</p> <p><b>ACUITY EYE GROUP</b></p> <p>7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435</p> <p><i>Phone:</i> (619) 722-8460</p> <p><i>Fax:</i> (619) 722-8465</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i></p>	<p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> M-F 8AM-5PM</p> <p><b>CHEW, WESLEY S , OD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 14901</p> <p><i>NPI:</i> 1952714446</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i></p> <p><i>Cultural Competency:</i> Yes</p> <p><b>ACUITY EYE GROUP</b></p> <p>7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435</p> <p><i>Phone:</i> (619) 722-8460</p> <p><i>Fax:</i> (619) 722-8465</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i></p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## K. Directorio de proveedores de atención de la vista - Servicios de la vista

No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> Yes <i>Hours:</i> M-F 8AM-5PM	<i>Hours:</i> M-F 8AM-5PM  <b>CONRAD, RANDALL E , OD</b> <i>Provider Gender:</i> Male <i>License number:</i> 6423 <i>NPI:</i> 1962617464 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> Yes ALVARADO EYE ASSOCIATES MED CLINIC INC 7877 PARKWAY DR STE 100 LA MESA, CA 91942-2000 <i>Phone:</i> (619) 460-3711 <i>Fax:</i> (619) 460-2184 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Min/Max Age: <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> M-F 8AM-5PM	<i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> Yes ALVARADO EYE ASSOCIATES MED CLINIC INC 7877 PARKWAY DR STE 100 LA MESA, CA 91942-2000 <i>Phone:</i> (619) 460-3711 <i>Fax:</i> (619) 460-2184 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Min/Max Age: <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No <i>Hours:</i> M-F 8AM-5PM
<b>CHIU, STEPHAN, MD</b> <i>Provider Gender:</i> Male <i>License number:</i> 172634 <i>NPI:</i> 1053846956 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> Yes EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP 5565 GRSMNT CTR DR STE 551 LA MESA, CA 91942-3078 <i>Phone:</i> (619) 465-2020 <i>Fax:</i> (619) 698-1189 <i>After Hours Phone:</i> <i>Accepting New Patients:</i> Yes <i>Site English Spoken:</i> Yes <i>Site Language(s) Spoken:</i> Spanish <i>Min/Max Age:</i> <i>Gender Restriction:</i> No Gender Restrictions <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site):</i> No	<b>COOK, GLENN B , MD</b> <i>Provider Gender:</i> Male <i>License number:</i> G63727 <i>NPI:</i> 1013078427	<b>DANG, JENNIFER A , OD</b> <i>Provider Gender:</i> Female <i>License number:</i> 14634 <i>NPI:</i> 1770921942 <i>Provider English Spoken:</i> Yes <i>Provider Language(s) Spoken:</i> <i>Cultural Competency:</i> Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (619) 722-8460	Min/Max Age:	Accessibility information
Fax: (619) 722-8465	Gender Restriction: No Gender Restrictions	Public transportation (within 1/2 mile from Site): No
After Hours Phone:	American Sign Language (ASL): No	Hours: M-F 8AM-5PM
Accepting New Patients: Yes	Please contact provider for Accessibility information	<b>DYER, SHARON M , OD</b>
Site English Spoken: Yes	Public transportation (within 1/2 mile from Site): Yes	Provider Gender: Female
Site Language(s) Spoken: Spanish	Hours: M-F 8AM-5PM	License number: 33450
Min/Max Age:	<b>DEAN, MOENA, OD</b>	NPI: 1063866887
Gender Restriction: No Gender Restrictions	Provider Gender: Female	Provider English Spoken: Yes
American Sign Language (ASL): No	License number: 33955	Provider Language(s) Spoken: Cultural Competency: Yes
Please contact provider for Accessibility information	NPI: 1265927578	ACUITY EYE GROUP
Public transportation (within 1/2 mile from Site): Yes	Provider English Spoken: Yes	7339 EL CAJON BLVD STE J
Hours: M-F 8AM-5PM	Provider Language(s) Spoken: Cultural Competency: Yes	LA MESA, CA 91942-7435
<b>DEAN, MOENA, OD</b>	EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP	Phone: (619) 722-8460
Provider Gender: Female	5565 GRSMNT CTR DR STE 551	Fax: (619) 722-8465
License number: 33955	LA MESA, CA 91942-3078	After Hours Phone:
NPI: 1265927578	Phone: (619) 465-2020	Accepting New Patients: Yes
Provider English Spoken: Yes	Fax: (619) 698-1189	Site English Spoken: Yes
Provider Language(s) Spoken: Cultural Competency: Yes	After Hours Phone:	Site Language(s) Spoken: Spanish
ACUITY EYE GROUP	Accepting New Patients: Yes	Min/Max Age:
7339 EL CAJON BLVD STE J	Site English Spoken: Yes	Gender Restriction: No Gender Restrictions
LA MESA, CA 91942-7435	Site Language(s) Spoken: Spanish	American Sign Language (ASL): No
Phone: (619) 722-8460	Min/Max Age:	Please contact provider for Accessibility information
Fax: (619) 722-8465	Gender Restriction: No Gender Restrictions	Public transportation (within 1/2 mile from Site): Yes
After Hours Phone:	American Sign Language (ASL): No	Hours: M-F 8AM-5PM
Accepting New Patients: Yes	Please contact provider for	<b>DYER, SHARON M , OD</b>
Site English Spoken: Yes		Provider Gender: Female
Site Language(s) Spoken: Spanish		

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

License number: 33450  
 NPI: 1063866887  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP**  
 5565 GRSMNT CTR DR STE 551  
 LA MESA, CA 91942-3078  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

### **GABRIELIAN, ZARINE, OD**

Provider Gender: Female  
 License number: 34133  
 NPI: 1083182398  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian  
 Cultural Competency: Yes

**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **GALLARDO, JANELLE, OD**

Provider Gender: Female  
 License number: 34581  
 NPI: 1578171898  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **GILES, GREGORY E , OD**

Provider Gender: Male  
 License number: 11362  
 NPI: 1114931250  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**LA MESA VISION CARE**  
 8007 LA MESA BLVD  
 LA MESA, CA 91942-6434  
 Phone: (619) 466-5665  
 Fax: (619) 466-5688  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL):

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site): No</i> Hours: M,W 8AM-4PM, TU,TH 9AM-6PM, F 9AM-5PM, SA 8AM-1PM	<i>mile from Site): Yes</i> Hours: M-F 8AM-5PM	License number: G41117 NPI: 1427029628 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site): Yes</i> Hours: M-F 8AM-5PM
<b>GOLLOGLY, HEIDRUN, MD</b> Provider Gender: Female License number: A134761 NPI: 1477879823 Provider English Spoken: Yes Provider Language(s) Spoken: German, French, Spanish Cultural Competency: Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information <i>Public transportation (within 1/2</i>	<b>GOLLOGLY, HEIDRUN, MD</b> Provider Gender: Female License number: A134761 NPI: 1477879823 Provider English Spoken: Yes Provider Language(s) Spoken: German, French, Spanish Cultural Competency: Yes EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP 5565 GRSMNT CTR DR STE 551 LA MESA, CA 91942-3078 Phone: (619) 465-2020 Fax: (619) 698-1189 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information <i>Public transportation (within 1/2</i>	
	<b>HAIGHT, BRUCE T, MD</b> Provider Gender: Male	<b>HAIGHT, BRUCE T, MD</b> Provider Gender: Male License number: G41117 NPI: 1427029628 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

5565 GRSMNT CTR DR STE 551 LA MESA, CA 91942-3078 Phone: (619) 465-2020 Fax: (619) 698-1189 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 8AM-5PM	Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-5PM	No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-5PM
<b>HAMOUIE, JUDY, OD</b> Provider Gender: Female License number: 34984 NPI: 1518638287 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes	<b>HAN, SULKI, OD</b> Provider Gender: Female License number: 34171 NPI: 1750802195 Provider English Spoken: Yes Provider Language(s) Spoken: Korean Cultural Competency: Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL):	<b>HIXSON, THOMAS M , OD</b> Provider Gender: Male License number: 7490 NPI: 1528072683 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes LA MESA VISION CARE 8007 LA MESA BLVD LA MESA, CA 91942-6434 Phone: (619) 466-5665 Fax: (619) 466-5688 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M,W 8AM-4PM, TU,TH 9AM-6PM, F 9AM-5PM, SA 8AM-1PM

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### **HSU, CHRISTOPHER, MD**

*Provider Gender:* Male  
*License number:* A65973  
*NPI:* 1336167618  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **HUDSON, HENRY L , MD**

*Provider Gender:* Male  
*License number:* G76091  
*NPI:* 1851349195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **HUDSON, HENRY L , MD**

*Provider Gender:* Male  
*License number:* G76091  
*NPI:* 1851349195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 EYE ASSOCIATES OF SAN  
 DIEGO/ACUITY EYE GROUP  
 5565 GRSMNT CTR DR STE 551  
 LA MESA, CA 91942-3078

*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site):* No  
*Hours:* M-F 8AM-5PM

### **HUNG, JANICE, OD**

*Provider Gender:* Female  
*License number:* 34296  
*NPI:* 1750917936  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8AM-5PM</p>	<p>Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> No  <i>Hours:</i> M-F 8AM-5PM</p>	<p><b>KATZMAN, BARRY, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A34834  <i>NPI:</i> 1760473797  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> Yes  <b>ACUITY EYE GROUP</b>            7339 EL CAJON BLVD STE J            LA MESA, CA 91942-7435  <i>Phone:</i> (619) 722-8460  <i>Fax:</i> (619) 722-8465  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8AM-5PM</p>
<p><b>KALBAKJI, NATALY, OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 34943  <i>NPI:</i> 1700556438  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic  <i>Cultural Competency:</i> Yes  <b>EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP</b>            5565 GRSMNT CTR DR STE 551            LA MESA, CA 91942-3078  <i>Phone:</i> (619) 465-2020  <i>Fax:</i> (619) 698-1189  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No</p>	<p><b>KALBAKJI, NATALY, OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 34943  <i>NPI:</i> 1700556438  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Arabic  <i>Cultural Competency:</i> Yes  <b>ACUITY EYE GROUP</b>            7339 EL CAJON BLVD STE J            LA MESA, CA 91942-7435  <i>Phone:</i> (619) 722-8460  <i>Fax:</i> (619) 722-8465  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8AM-5PM</p>	<p><b>KATZMAN, LEE R , MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A135673  <i>NPI:</i> 1912297284  <i>Provider English Spoken:</i> Yes</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> Yes</p> <p><b>ALVARADO EYE ASSOCIATES MED CLINIC INC</b></p> <p>7877 PARKWAY DR STE 100 LA MESA, CA 91942-2000</p> <p><i>Phone:</i> (619) 460-3711</p> <p><i>Fax:</i> (619) 460-2184</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M-F 8AM-5PM</p> <p><b>KHALIL, VADY, OD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 35137</p> <p><i>NPI:</i> 1275263584</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic</p> <p><i>Cultural Competency:</i> Yes</p> <p><b>ACUITY EYE GROUP</b></p> <p>7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435</p> <p><i>Phone:</i> (619) 722-8460</p> <p><i>Fax:</i> (619) 722-8465</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for</p>	<p><i>Phone:</i> (619) 465-2020</p> <p><i>Fax:</i> (619) 698-1189</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M-F 8AM-5PM</p> <p><b>KHALIL, VADY, OD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 35137</p> <p><i>NPI:</i> 1275263584</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic</p> <p><i>Cultural Competency:</i> Yes</p> <p><b>ACUITY EYE GROUP</b></p> <p>7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435</p> <p><i>Phone:</i> (619) 722-8460</p> <p><i>Fax:</i> (619) 722-8465</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for</p>	<p><i>Spanish</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> M-F 8AM-5PM</p> <p><b>KIM, HEAWON, OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 34584TLG</p> <p><i>NPI:</i> 1912517707</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> Yes</p> <p><b>ACUITY EYE GROUP</b></p> <p>7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435</p> <p><i>Phone:</i> (619) 722-8460</p> <p><i>Fax:</i> (619) 722-8465</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8AM-5PM

### **KIM, HEAWON, OD**

Provider Gender: Female

License number: 34584TLG

NPI: 1912517707

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GRSMNT CTR DR STE 551

LA MESA, CA 91942-3078

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M-F 8AM-5PM

### **KIM, MELODY J , OD**

Provider Gender: Female

License number: 14726

NPI: 1487082749

Provider English Spoken: Yes

Provider Language(s) Spoken:

Korean, Spanish

Cultural Competency: Yes

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8AM-5PM

### **LEE, JENNIFER A , OD**

Provider Gender: Female

License number: 33443

NPI: 1891147351

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8AM-5PM

### **LEE, SALLY S , DO**

Provider Gender: Female

License number: A8088

NPI: 1457468514

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Chinese

Cultural Competency: Yes

SAN DIEGO EYE PROFESSIONALS

5965 SEVERIN DR

LA MESA, CA 91942-3806

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Phone: (619) 583-4295          Fax: (619) 825-7300          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Chinese          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL):          No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): Yes          Hours: M-F 10AM-5PM</p>	<p>Gender Restriction: No Gender Restrictions          American Sign Language (ASL):          No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): No          Hours: M,F 10AM-5PM, TU-TH 9AM-6PM</p>	<p>Public transportation (within 1/2 mile from Site): Yes          Hours: M-F 8AM-5PM</p>
<p><b>LEVY, PHILLIP A , OD</b>          Provider Gender: Male          License number: 4884          NPI: 1528189115          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: Yes  <b>PHILLIP A LEVY OD</b>          5020 BALTIMORE DR STE B          LA MESA, CA 91942-0692          Phone: (619) 464-8303          Fax: (619) 464-4971          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:</p>	<p><b>MANCILLA, RAUL A , OD</b>          Provider Gender: Male          License number: 12705          NPI: 1487706198          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>          7339 EL CAJON BLVD STE J          LA MESA, CA 91942-7435          Phone: (619) 722-8460          Fax: (619) 722-8465          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Spanish          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL):          No          Please contact provider for Accessibility information</p>	<p><b>MAO, KATHY, OD</b>          Provider Gender: Female          License number: 33828          NPI: 1053830158          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>          7339 EL CAJON BLVD STE J          LA MESA, CA 91942-7435          Phone: (619) 722-8460          Fax: (619) 722-8465          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Spanish          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL):          No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): Yes          Hours: M-F 8AM-5PM</p>
<p>Min/Max Age:</p>	<p>Gender Restriction: No Gender Restrictions          American Sign Language (ASL):          No          Please contact provider for Accessibility information</p>	<p><b>MARR, RYAN, OD</b>          Provider Gender: Male          License number: 35302</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

NPI: 1235857525  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
**EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP**  
 5565 GRSMNT CTR DR STE 551  
 LA MESA, CA 91942-3078  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

### **MARR, RYAN, OD**

Provider Gender: Male  
 License number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male  
 License number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male  
 License number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
**EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP**  
 5565 GRSMNT CTR DR STE 551  
 LA MESA, CA 91942-3078  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M-F 8AM-5PM

### **MERALI, MURTAZA, OD**

Provider Gender: Female

License number: 14558

NPI: 1972944189

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency: Yes

**ACUITY EYE GROUP**

7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8AM-5PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License number: A125435

NPI: 1235366782

Provider English Spoken: Yes

Provider Language(s) Spoken:

Indonesian, Spanish

Cultural Competency: Yes

**EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP**

5565 GRSMNT CTR DR STE 551

LA MESA, CA 91942-3078

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M-F 8AM-5PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License number: A125435

NPI: 1235366782

Provider English Spoken: Yes

Provider Language(s) Spoken:

Indonesian, Spanish

Cultural Competency: Yes

**ACUITY EYE GROUP**

7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8AM-5PM

### **NEWMAN, DAVID M, OD**

Provider Gender: Male

License number: 7296

NPI: 1508856378

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

**DAVID M NEWMAN OD**

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

5642 LAKE MURRAY BLVD LA MESA, CA 91942-1929 Phone: (619) 589-6263 Fax: (619) 589-6264 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 9AM-6PM, SA 10AM-5PM	Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-5PM	No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-5PM
<b>NGUYEN, MEGGIE, OD</b> Provider Gender: Female License number: 15342 NPI: 1649552548 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes	<b>NGUYEN, THY T , OD</b> Provider Gender: Female License number: 12746 NPI: 1750490413 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Vietnamese Cultural Competency: Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL):	<b>OU, JOCELYN, OD</b> Provider Gender: Female License number: 34063 NPI: 1225518996 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes ALVARADO EYE ASSOCIATES MED CLINIC INC 7877 PARKWAY DR STE 100 LA MESA, CA 91942-2000 Phone: (619) 460-3711 Fax: (619) 460-2184 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 8AM-5PM

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### **PANDYA, BHUMIKA, OD**

*Provider Gender:* Female  
*License number:* 35025  
*NPI:* 1063182822  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **PATEL, GITANE, MD**

*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **PATEL, SARJAN H , MD**

*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435

*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **PETERSON, STEVEN G , OD**

*Provider Gender:* Male  
*License number:* 7554  
*NPI:* 1659331320  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**TOTAL VISION**  
 7090 PARKWAY DR STE A  
 LA MESA, CA 91942-1596  
*Phone:* (619) 460-2020  
*Fax:* (619) 713-0369  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M,F 9AM-6PM, TU,TH 9AM-7PM, W 8AM-5PM, SA 9AM-12:30PM</p>	<p><i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M,TU 9AM-5:30PM, W 8AM-5PM, TH 9AM-6PM, F 8AM-1PM</p>	<p><i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 8AM-5PM</p>
<p><b>PETERS, JAMIE S , OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 10724  <i>NPI:</i> 1073691077  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> Yes  <b>VISION SOLUTIONS OPTOMETRY</b>  8235 UNIVERSITY AVE  LA MESA, CA 91942-9326  <i>Phone:</i> (619) 461-4913  <i>Fax:</i> (888) 509-6483  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions</p>	<p><b>PRABHU, SUJATA P , MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A115965  <i>NPI:</i> 1982872552  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> Yes  <b>ACUITY EYE GROUP</b>  7339 EL CAJON BLVD STE J  LA MESA, CA 91942-7435  <i>Phone:</i> (619) 722-8460  <i>Fax:</i> (619) 722-8465  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information</p>	<p><b>PRABHU, SUJATA P , MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A115965  <i>NPI:</i> 1982872552  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> Yes  <b>EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP</b>  5565 GRSMNT CTR DR STE 551  LA MESA, CA 91942-3078  <i>Phone:</i> (619) 465-2020  <i>Fax:</i> (619) 698-1189  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No  Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> No  <i>Hours:</i> M-F 8AM-5PM</p>
		<p><b>QUACH, PHUC, OD</b></p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Provider Gender: Male License number: 12891 NPI: 1770617805 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Vietnamese Cultural Competency: Yes <b>ACUITY EYE GROUP</b> 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-5PM</p> <p><b>RICE, LAWRENCE S , MD</b> Provider Gender: Male License number: C31021 NPI: 1922060805 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes</p>	<p><b>ACUITY EYE GROUP</b> 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-5PM</p> <p><b>RICE, LAWRENCE S , MD</b> Provider Gender: Male License number: C31021 NPI: 1922060805 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes <b>EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP</b> 5565 GRSMNT CTR DR STE 551 LA MESA, CA 91942-3078 Phone: (619) 465-2020 Fax: (619) 698-1189 After Hours Phone:</p>	<p>Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 8AM-5PM</p> <p><b>SAMUEL, MICHAEL A , MD</b> Provider Gender: Male License number: A83237 NPI: 1730175670 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes <b>EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP</b> 5565 GRSMNT CTR DR STE 551 LA MESA, CA 91942-3078 Phone: (619) 465-2020 Fax: (619) 698-1189 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions</p>
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Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 8AM-5PM	Hours: M-F 8AM-5PM <b>TILLMAN, SYLVIA, OD</b> Provider Gender: Female License number: 9726 NPI: 1174730824 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-5PM	Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-5PM
<b>SCOTT, JEFFREY I, OD</b> Provider Gender: Male License number: 34978 NPI: 1568813434 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes	<b>TONNU, ANH T, OD</b> Provider Gender: Female License number: 11318 NPI: 1679521280 Provider English Spoken: Yes Provider Language(s) Spoken: Vietnamese Cultural Competency: Yes ACUITY EYE GROUP 7339 EL CAJON BLVD STE J LA MESA, CA 91942-7435	<b>TON-NU, MY LINH, OD</b> Provider Gender: Female License number: 34990 NPI: 1245733476

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **TRAN, HENRY V, OD**

Provider Gender: Male  
 License number: 15159  
 NPI: 1467846709  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **TSUI, NANCY, OD**

Provider Gender: Female  
 License number: 33944  
 NPI: 1841785037  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **TU, BEVERLY, OD**

Provider Gender: Female  
 License number: 34108  
 NPI: 1053892794  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Vietnamese  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **VANICHARN, KRYSTAL T, OD**

Provider Gender: Female

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>License number: 15449  NPI: 1962886283  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>  7339 EL CAJON BLVD STE J  LA MESA, CA 91942-7435  Phone: (619) 722-8460  Fax: (619) 722-8465  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Spanish  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Public transportation (within 1/2  mile from Site): Yes  Hours: M-F 8AM-5PM</p> <p><b>VINH, JOHN B , OD</b>  Provider Gender: Male  License number: 14177  NPI: 1003102724  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: Yes  <b>EYE ASSOCIATES OF SAN  DIEGO/ACUITY EYE GROUP</b></p>	<p>5565 GRSMNT CTR DR STE 551  LA MESA, CA 91942-3078  Phone: (619) 465-2020  Fax: (619) 698-1189  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Spanish  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Public transportation (within 1/2  mile from Site): No  Hours: M-F 8AM-5PM</p> <p><b>WASSERSTROM, JEFFREY P ,  MD</b>  Provider Gender: Male  License number: G54813  NPI: 1710922687  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: Yes  <b>EYE ASSOCIATES OF SAN  DIEGO/ACUITY EYE GROUP</b>  5565 GRSMNT CTR DR STE 551  LA MESA, CA 91942-3078  Phone: (619) 465-2020  Fax: (619) 698-1189  After Hours Phone:</p>	<p>Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Spanish  Min/Max Age:  Gender Restriction: No Gender  Restrictions  American Sign Language (ASL):  No  Please contact provider for  Accessibility information  Public transportation (within 1/2  mile from Site): No  Hours: M-F 8AM-5PM</p> <p><b>WONG, SHARON A , OD</b>  Provider Gender: Female  License number: 15137  NPI: 1497159552  Provider English Spoken: Yes  Provider Language(s) Spoken:  Spanish  Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>  7339 EL CAJON BLVD STE J  LA MESA, CA 91942-7435  Phone: (619) 722-8460  Fax: (619) 722-8465  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Spanish  Min/Max Age:  Gender Restriction: No Gender</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Restrictions	<i>mile from Site): Yes</i>	<i>License number: 8642</i>
<i>American Sign Language (ASL):</i>	<i>Hours: M,F 9AM-6PM, TU,TH</i>	<i>NPI: 1336211804</i>
No	<i>9AM-7PM, W 8AM-5PM, SA</i>	<i>Provider English Spoken: Yes</i>
Please contact provider for	<i>9AM-12:30PM</i>	<i>Provider Language(s) Spoken:</i>
Accessibility information		<i>Cultural Competency: Yes</i>
<i>Public transportation (within 1/2</i>	<b>ZVANUT, DONALD R , OD</b>	<b>EYE ASSOCIATES OF SAN</b>
<i>mile from Site): Yes</i>	<i>Provider Gender: Male</i>	<b>DIEGO/ACUITY EYE GROUP</b>
<i>Hours: M-F 8AM-5PM</i>	<i>License number: 8642</i>	<b>5565 GRSMNT CTR DR STE 551</b>
	<i>NPI: 1336211804</i>	<b>LA MESA, CA 91942-3078</b>
<b>YEGHIAZARIAN, MARK, OD</b>	<i>Provider English Spoken: Yes</i>	<i>Phone: (619) 465-2020</i>
<i>Provider Gender: Male</i>	<i>Provider Language(s) Spoken:</i>	<i>Fax: (619) 698-1189</i>
<i>License number: 34021</i>	<i>Cultural Competency: Yes</i>	<i>After Hours Phone:</i>
<i>NPI: 1356829691</i>	<b>ACUITY EYE GROUP</b>	<i>Accepting New Patients: Yes</i>
<i>Provider English Spoken: Yes</i>	<b>7339 EL CAJON BLVD STE J</b>	<i>Site English Spoken: Yes</i>
<i>Provider Language(s) Spoken:</i>	<b>LA MESA, CA 91942-7435</b>	<i>Site Language(s) Spoken:</i>
Spanish	<i>Phone: (619) 722-8460</i>	Spanish
<i>Cultural Competency: Yes</i>	<i>Fax: (619) 722-8465</i>	<i>Min/Max Age:</i>
<b>TOTAL VISION</b>	<i>After Hours Phone:</i>	<i>Gender Restriction: No Gender</i>
<b>7090 PARKWAY DR STE A</b>	<i>Accepting New Patients: Yes</i>	<i>Restrictions</i>
<b>LA MESA, CA 91942-1596</b>	<i>Site English Spoken: Yes</i>	<i>American Sign Language (ASL):</i>
<i>Phone: (619) 460-2020</i>	<i>Site Language(s) Spoken:</i>	No
<i>Fax: (619) 713-0369</i>	Spanish	Please contact provider for
<i>After Hours Phone:</i>	<i>Min/Max Age:</i>	Accessibility information
<i>Accepting New Patients: Yes</i>	<i>Gender Restriction: No Gender</i>	<i>Public transportation (within 1/2</i>
<i>Site English Spoken: Yes</i>	<i>Restrictions</i>	<i>mile from Site): No</i>
<i>Site Language(s) Spoken:</i>	<i>American Sign Language (ASL):</i>	<i>Hours: M-F 8AM-5PM</i>
Spanish	No	
<i>Min/Max Age:</i>	Please contact provider for	
<i>Gender Restriction: No Gender</i>	Accessibility information	
<i>Restrictions</i>	<i>Public transportation (within 1/2</i>	
<i>American Sign Language (ASL):</i>	<i>mile from Site): Yes</i>	
No	<i>Hours: M-F 8AM-5PM</i>	
Please contact provider for		
Accessibility information	<b>ZVANUT, DONALD R , OD</b>	
<i>Public transportation (within 1/2</i>	<i>Provider Gender: Male</i>	

### LAKESIDE

#### **FLEMING, JOHN C , OD**

*Provider Gender: Male*  
*License number: 8461*  
*NPI: 1033192133*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*



## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Cultural Competency:* Yes  
**JOHN C FLEMING OD**  
 9710 WINTER GARDENS BLVD  
 STE A  
 LAKESIDE, CA 92040-3866  
*Phone:* (619) 443-1075  
*Fax:* (619) 443-9382  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-TH 9AM-5PM, F 9AM-4PM

### **JOHNSON, CHRISTOPHER, OD**

*Provider Gender:* Male  
*License number:* 15100  
*NPI:* 1568861425  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**JOHN C FLEMING OD**  
 9710 WINTER GARDENS BLVD  
 STE A  
 LAKESIDE, CA 92040-3866

*Phone:* (619) 443-1075  
*Fax:* (619) 443-9382  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-TH 9AM-5PM, F 9AM-4PM

### **LEMON GROVE**

### **MENDOZA, MARLON, OD**

*Provider Gender:* Male  
*License number:* 34896  
*NPI:* 1578233359  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**LEMON GROVE OPTOMETRY**  
 7850 BROADWAY  
 LEMON GROVE, CA 91945-1801  
*Phone:* (619) 697-2020  
*Fax:* (619) 697-0728  
*After Hours Phone:*  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* TU,TH 9AM-6PM, W,F 8AM-5PM, SA 8AM-1PM

### **SANTARLAS, MICHAEL A , OD**

*Provider Gender:* Male  
*License number:* 13241  
*NPI:* 1548379613  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**LEMON GROVE OPTOMETRY**  
 7850 BROADWAY  
 LEMON GROVE, CA 91945-1801  
*Phone:* (619) 697-2020  
*Fax:* (619) 697-0728  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Restrictions	<i>Public transportation (within 1/2 mile from Site): Yes</i>	<b>AVALLONE, THOMAS, MD</b>
<i>American Sign Language (ASL):</i>	<i>Hours: TU,TH 9AM-6PM, W,F 8AM-5PM, SA 8AM-1PM</i>	<i>Provider Gender: Male</i>
No		<i>License number: A147199</i>
Please contact provider for Accessibility information		<i>NPI: 1679865950</i>
<i>Public transportation (within 1/2 mile from Site): Yes</i>	<b>NATIONAL CITY</b>	<i>Provider English Spoken: Yes</i>
<i>Hours: TU,TH 9AM-6PM, W,F 8AM-5PM, SA 8AM-1PM</i>		<i>Provider Language(s) Spoken: Cultural Competency: Yes</i>
	<b>AOTO, KIM N , OD</b>	<b>WEST COAST EYE CARE</b>
	<i>Provider Gender: Female</i>	2240 E PLAZA BLVD STE FG
	<i>License number: 14524</i>	NATIONAL CITY, CA 91950-5164
	<i>NPI: 1780935650</i>	<i>Phone: (619) 470-2700</i>
<b>WESLING, PAUL J , OD</b>	<i>Provider English Spoken: Yes</i>	<i>Fax: (619) 267-8221</i>
<i>Provider Gender: Male</i>	<i>Provider Language(s) Spoken: Spanish, Vietnamese</i>	<i>After Hours Phone:</i>
<i>License number: 10869</i>	<i>Cultural Competency: Yes</i>	<i>Accepting New Patients: Yes</i>
<i>NPI: 1932130648</i>	<b>WEST COAST EYE CARE</b>	<i>Site English Spoken: Yes</i>
<i>Provider English Spoken: Yes</i>	2240 E PLAZA BLVD STE FG	<i>Site Language(s) Spoken:</i>
<i>Provider Language(s) Spoken: Spanish</i>	NATIONAL CITY, CA 91950-5164	<i>Min/Max Age:</i>
<i>Cultural Competency: Yes</i>	<i>Phone: (619) 470-2700</i>	<i>Gender Restriction: No Gender Restrictions</i>
<b>LEMON GROVE OPTOMETRY</b>	<i>Fax: (619) 267-8221</i>	<i>American Sign Language (ASL):</i>
7850 BROADWAY	<i>After Hours Phone:</i>	No
LEMON GROVE, CA 91945-1801	<i>Accepting New Patients: Yes</i>	Please contact provider for Accessibility information
<i>Phone: (619) 697-2020</i>	<i>Site English Spoken: Yes</i>	<i>Public transportation (within 1/2 mile from Site): No</i>
<i>Fax: (619) 697-0728</i>	<i>Site Language(s) Spoken:</i>	<i>Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM</i>
<i>After Hours Phone:</i>	<i>Min/Max Age:</i>	
<i>Accepting New Patients: Yes</i>	<i>Gender Restriction: No Gender Restrictions</i>	<b>AVALLONE, THOMAS, MD</b>
<i>Site English Spoken: Yes</i>	<i>American Sign Language (ASL):</i>	<i>Provider Gender: Male</i>
<i>Site Language(s) Spoken: Spanish</i>	No	<i>License number: A147199</i>
<i>Min/Max Age:</i>	Please contact provider for Accessibility information	<i>NPI: 1679865950</i>
<i>Gender Restriction: No Gender Restrictions</i>	<i>Public transportation (within 1/2 mile from Site): No</i>	<i>Provider English Spoken: Yes</i>
<i>American Sign Language (ASL):</i>	<i>Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM</i>	<i>Provider Language(s) Spoken:</i>
No		
Please contact provider for Accessibility information		

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

### **BINDER, NICHOLAS, MD**

*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950-5164

*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

### **DEAN, MOENA, OD**

*Provider Gender:* Female  
*License number:* 33955  
*NPI:* 1265927578  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950-5164  
*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

### **DEAN, MOENA, OD**

*Provider Gender:* Female  
*License number:* 33955  
*NPI:* 1265927578  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Public transportation (within 1/2 mile from Site): Yes  
Hours: M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

### **DYER, SHARON M , OD**

Provider Gender: Female  
License number: 33450  
NPI: 1063866887  
Provider English Spoken: Yes  
Provider Language(s) Spoken: WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950-5164  
Phone: (619) 470-2700  
Fax: (619) 267-8221  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): No  
Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM

### **DYER, SHARON M , OD**

Provider Gender: Female

License number: 33450  
NPI: 1063866887  
Provider English Spoken: Yes  
Provider Language(s) Spoken: ACUITY EYE GROUP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950-2973  
Phone: (619) 472-1010  
Fax: (619) 479-5233  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Arabic, Spanish, Tagalog  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

### **GOLLOGLY, HEIDRUN, MD**

Provider Gender: Female  
License number: A134761  
NPI: 1477879823  
Provider English Spoken: Yes  
Provider Language(s) Spoken: German, French, Spanish  
Cultural Competency: Yes

ACUITY EYE GROUP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950-2973  
Phone: (619) 472-1010  
Fax: (619) 479-5233  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Arabic, Spanish, Tagalog  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

### **HAIGHT, BRUCE T , MD**

Provider Gender: Male  
License number: G41117  
NPI: 1427029628  
Provider English Spoken: Yes  
Provider Language(s) Spoken: ACUITY EYE GROUP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950-2973  
Phone: (619) 472-1010  
Fax: (619) 479-5233  
After Hours Phone:

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Arabic, Spanish, Tagalog  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): Yes  Hours: M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM</p>	<p>Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): Yes  Hours: M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM</p>	<p>Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM</p>
<p><b>HUDSON, HENRY L, MD</b>  Provider Gender: Male  License number: G76091  NPI: 1851349195  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: Yes  ACUITY EYE GROUP  655 EUCLID AVE STE 302  NATIONAL CITY, CA 91950-2973  Phone: (619) 472-1010  Fax: (619) 479-5233  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Arabic, Spanish, Tagalog  Min/Max Age:  Gender Restriction: No Gender</p>	<p><b>HUNG, JANICE, OD</b>  Provider Gender: Female  License number: 34296  NPI: 1750917936  Provider English Spoken: Yes  Provider Language(s) Spoken: Cultural Competency: Yes  WEST COAST EYE CARE  2240 E PLAZA BLVD STE FG  NATIONAL CITY, CA 91950-5164  Phone: (619) 470-2700  Fax: (619) 267-8221  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No</p>	<p><b>KALBAKJI, NATALY, OD</b>  Provider Gender: Female  License number: 34943  NPI: 1700556438  Provider English Spoken: Yes  Provider Language(s) Spoken: Arabic  Cultural Competency: Yes  WEST COAST EYE CARE  2240 E PLAZA BLVD STE FG  NATIONAL CITY, CA 91950-5164  Phone: (619) 470-2700  Fax: (619) 267-8221  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No  Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM</p>
<p>Gender Restriction: No Gender</p>	<p>Restrictions  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No</p>	<p><b>KALBAKJI, NATALY, OD</b>  Provider Gender: Female  License number: 34943</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>NPI: 1700556438            Provider English Spoken: Yes            Provider Language(s) Spoken: Arabic            Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>            655 EUCLID AVE STE 302            NATIONAL CITY, CA 91950-2973            Phone: (619) 472-1010            Fax: (619) 479-5233            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Arabic, Spanish, Tagalog            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Public transportation (within 1/2 mile from Site): Yes            Hours: M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM</p>	<p><b>KEDDINGTON &amp; KALRA OPTOMETRISTS APC</b>            1481 E PLAZA BLVD            NATIONAL CITY, CA 91950-3613            Phone: (619) 477-2159            Fax: (619) 477-2128            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Arabic, Hindi, Spanish            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Public transportation (within 1/2 mile from Site): Yes            Hours: SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM</p>	<p>Phone: (619) 470-2700            Fax: (619) 267-8221            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Public transportation (within 1/2 mile from Site): No            Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM</p>
<p><b>KALRA, ANKUR, OD</b>            Provider Gender: Male            License number: 11898            NPI: 1124195789            Provider English Spoken: Yes            Provider Language(s) Spoken: Hindi            Cultural Competency: Yes</p>	<p><b>KATZMAN, BARRY, MD</b>            Provider Gender: Male            License number: A34834            NPI: 1760473797            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: Yes  <b>WEST COAST EYE CARE</b>            2240 E PLAZA BLVD STE FG            NATIONAL CITY, CA 91950-5164</p>	<p><b>KEDDINGTON, JOAN, OD</b>            Provider Gender: Female            License number: 6263            NPI: 1992872691            Provider English Spoken: Yes            Provider Language(s) Spoken: Spanish            Cultural Competency: Yes  <b>KEDDINGTON &amp; KALRA OPTOMETRISTS APC</b>            1481 E PLAZA BLVD            NATIONAL CITY, CA 91950-3613            Phone: (619) 477-2159            Fax: (619) 477-2128            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Site Language(s) Spoken:</i> Arabic, Hindi, Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM</p> <p><b>KHALIL, VADY, OD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 35137</p> <p><i>NPI:</i> 1275263584</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic</p> <p><i>Cultural Competency:</i> Yes</p> <p><b>WEST COAST EYE CARE</b></p> <p>2240 E PLAZA BLVD STE FG NATIONAL CITY, CA 91950-5164</p> <p><i>Phone:</i> (619) 470-2700</p> <p><i>Fax:</i> (619) 267-8221</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i></p>	<p>No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M-F 8:30AM-5PM, SA 8:30AM-3PM</p> <p><b>KHALIL, VADY, OD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 35137</p> <p><i>NPI:</i> 1275263584</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic</p> <p><i>Cultural Competency:</i> Yes</p> <p><b>ACUITY EYE GROUP</b></p> <p>655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950-2973</p> <p><i>Phone:</i> (619) 472-1010</p> <p><i>Fax:</i> (619) 479-5233</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, Spanish, Tagalog</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p>	<p><i>Hours:</i> M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM</p> <p><b>KIM, HEAWON, OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 34584TLG</p> <p><i>NPI:</i> 1912517707</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: Yes</p> <p><b>ACUITY EYE GROUP</b></p> <p>655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950-2973</p> <p><i>Phone:</i> (619) 472-1010</p> <p><i>Fax:</i> (619) 479-5233</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, Spanish, Tagalog</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM</p> <p><b>KIM, HEAWON, OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 34584TLG</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>NPI: 1912517707  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> Yes  <b>WEST COAST EYE CARE</b>                  2240 E PLAZA BLVD STE FG                  NATIONAL CITY, CA 91950-5164  <i>Phone:</i> (619) 470-2700  <i>Fax:</i> (619) 267-8221  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i>                  No                  Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> No  <i>Hours:</i> M-F 8:30AM-5PM, SA 8:30AM-3PM</p> <p><b>KING, MARY M , OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 13711                  NPI: 1578792107  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>                  Spanish  <i>Cultural Competency:</i> Yes  <b>KEDDINGTON &amp; KALRA OPTOMETRISTS APC</b></p>	<p>1481 E PLAZA BLVD                  NATIONAL CITY, CA 91950-3613  <i>Phone:</i> (619) 477-2159  <i>Fax:</i> (619) 477-2128  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                  Arabic, Hindi, Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i>                  No                  Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM</p> <p><b>LEE, AUSTIN T , OD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 14519                  NPI: 1922356914  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> Yes  <b>VIVE OPTOMETRY</b>                  1033 HIGHLAND AVE                  NATIONAL CITY, CA 91950-3515  <i>Phone:</i> (619) 477-2771  <i>Fax:</i> (619) 477-1680  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes</p>	<p><i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                  Spanish, Tagalog  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i>                  No                  Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M,TU 10AM-5PM, W-F 9:30AM-5PM</p> <p><b>MARLAY, GREG L , OD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 6998                  NPI: 1306903083  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>  <i>Cultural Competency:</i> Yes  <b>MARLAY ENTERPRISES</b>                  1132 E PLAZA BLVD STE 201                  NATIONAL CITY, CA 91950-3560  <i>Phone:</i> (619) 477-4166  <i>Fax:</i>  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>                  Spanish  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender</p>
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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.



## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Restrictions	<i>mile from Site): Yes</i>	NPI: 1588624852
American Sign Language (ASL):	<i>Hours: M,TU,TH 8AM-6PM, W</i>	<i>Provider English Spoken: Yes</i>
No	<i>8:30AM-5PM, F 8AM-5PM</i>	<i>Provider Language(s) Spoken:</i>
Please contact provider for		<i>Cultural Competency: Yes</i>
Accessibility information	<b>MARR, RYAN, OD</b>	ACUITY EYE GROUP
Public transportation (within 1/2	<i>Provider Gender: Male</i>	655 EUCLID AVE STE 302
mile from Site): No	<i>License number: 35302</i>	NATIONAL CITY, CA 91950-2973
Hours: M,W,F 10AM-6PM, SA	<i>NPI: 1235857525</i>	<i>Phone: (619) 472-1010</i>
10AM-2PM	<i>Provider English Spoken: Yes</i>	<i>Fax: (619) 479-5233</i>
	<i>Provider Language(s) Spoken:</i>	<i>After Hours Phone:</i>
	<i>Cultural Competency: Yes</i>	<i>Accepting New Patients: Yes</i>
<b>MARR, RYAN, OD</b>	WEST COAST EYE CARE	<i>Site English Spoken: Yes</i>
<i>Provider Gender: Male</i>	2240 E PLAZA BLVD STE FG	<i>Site Language(s) Spoken:</i>
<i>License number: 35302</i>	NATIONAL CITY, CA 91950-5164	Arabic, Spanish, Tagalog
<i>NPI: 1235857525</i>	<i>Phone: (619) 470-2700</i>	<i>Min/Max Age:</i>
<i>Provider English Spoken: Yes</i>	<i>Fax: (619) 267-8221</i>	<i>Gender Restriction: No Gender</i>
<i>Provider Language(s) Spoken:</i>	<i>After Hours Phone:</i>	Restrictions
<i>Cultural Competency: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>American Sign Language (ASL):</i>
ACUITY EYE GROUP	<i>Site English Spoken: Yes</i>	No
655 EUCLID AVE STE 302	<i>Site Language(s) Spoken:</i>	Please contact provider for
NATIONAL CITY, CA 91950-2973	<i>Min/Max Age:</i>	Accessibility information
<i>Phone: (619) 472-1010</i>	<i>Gender Restriction: No Gender</i>	Public transportation (within 1/2
<i>Fax: (619) 479-5233</i>	Restrictions	mile from Site): Yes
<i>After Hours Phone:</i>	<i>American Sign Language (ASL):</i>	<i>Hours: M,TU,TH 8AM-6PM, W</i>
<i>Accepting New Patients: Yes</i>	No	<i>8:30AM-5PM, F 8AM-5PM</i>
<i>Site English Spoken: Yes</i>	Please contact provider for	
<i>Site Language(s) Spoken:</i>	Accessibility information	<b>MCGRAW, JOSEPH, MD</b>
Arabic, Spanish, Tagalog	Public transportation (within 1/2	<i>Provider Gender: Male</i>
<i>Min/Max Age:</i>	mile from Site): No	<i>License number: A155228</i>
<i>Gender Restriction: No Gender</i>	<i>Hours: M-F 8:30AM-5PM, SA</i>	NPI: 1588624852
Restrictions	<i>8:30AM-3PM</i>	<i>Provider English Spoken: Yes</i>
<i>American Sign Language (ASL):</i>		<i>Provider Language(s) Spoken:</i>
No	<b>MCGRAW, JOSEPH, MD</b>	<i>Cultural Competency: Yes</i>
Please contact provider for	<i>Provider Gender: Male</i>	WEST COAST EYE CARE
Accessibility information	<i>License number: A155228</i>	2240 E PLAZA BLVD STE FG
Public transportation (within 1/2		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>NATIONAL CITY, CA 91950-5164  Phone: (619) 470-2700  Fax: (619) 267-8221  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No  Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM</p>	<p>Site Language(s) Spoken: Spanish, Tagalog  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No  Hours: M,TU,TH,F 10AM-5PM</p>	<p>American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): Yes  Hours: M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM</p>
<p><b>MENDOZA, RAYMUNDO G , OD</b>  Provider Gender: Male  License number: 8150  NPI: 1306837760  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: Yes  NATIONAL CITY EYECARE  2403 E PLAZA BLVD  NATIONAL CITY, CA 91950-5101  Phone: (619) 475-2184  Fax: (619) 475-3917  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes</p>	<p><b>MORRISON REYES, JOSHUA, MD</b>  Provider Gender: Male  License number: A125435  NPI: 1235366782  Provider English Spoken: Yes  Provider Language(s) Spoken: Indonesian, Spanish  Cultural Competency: Yes  ACUITY EYE GROUP  655 EUCLID AVE STE 302  NATIONAL CITY, CA 91950-2973  Phone: (619) 472-1010  Fax: (619) 479-5233  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Arabic, Spanish, Tagalog  Min/Max Age:  Gender Restriction: No Gender Restrictions</p>	<p><b>MORRISON REYES, JOSHUA, MD</b>  Provider Gender: Male  License number: A125435  NPI: 1235366782  Provider English Spoken: Yes  Provider Language(s) Spoken: Indonesian, Spanish  Cultural Competency: Yes  WEST COAST EYE CARE  2240 E PLAZA BLVD STE FG  NATIONAL CITY, CA 91950-5164  Phone: (619) 470-2700  Fax: (619) 267-8221  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*mile from Site): No*  
*Hours: M-F 8:30AM-5PM, SA*  
*8:30AM-3PM*

### **PATEL, GITANE, MD**

*Provider Gender: Male*  
*License number: A108603*  
*NPI: 1710171434*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: Yes*  
**WEST COAST EYE CARE**  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950-5164  
*Phone: (619) 470-2700*  
*Fax: (619) 267-8221*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction: No Gender*  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site): No*  
*Hours: M-F 8:30AM-5PM, SA*  
*8:30AM-3PM*

### **PATEL, SARJAN H , MD**

*Provider Gender: Male*  
*License number: A114976*

*NPI: 1316199326*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Gujarati, Hindi, Spanish  
*Cultural Competency: Yes*  
**WEST COAST EYE CARE**  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950-5164  
*Phone: (619) 470-2700*  
*Fax: (619) 267-8221*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction: No Gender*  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site): No*  
*Hours: M-F 8:30AM-5PM, SA*  
*8:30AM-3PM*

### **PRABHU, SUJATA P , MD**

*Provider Gender: Female*  
*License number: A115965*  
*NPI: 1982872552*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency: Yes*  
**WEST COAST EYE CARE**

2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950-5164  
*Phone: (619) 470-2700*  
*Fax: (619) 267-8221*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction: No Gender*  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site): No*  
*Hours: M-F 8:30AM-5PM, SA*  
*8:30AM-3PM*

### **RICE, LAWRENCE S , MD**

*Provider Gender: Male*  
*License number: C31021*  
*NPI: 1922060805*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: Yes*  
**ACUITY EYE GROUP**  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950-2973  
*Phone: (619) 472-1010*  
*Fax: (619) 479-5233*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Site Language(s) Spoken:</i> Arabic, Spanish, Tagalog</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM</p>	<p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> No</p> <p><i>Hours:</i> M-F 8:30AM-5PM, SA 8:30AM-3PM</p>	<p>9AM-6PM, SA 9AM-5PM</p>
<p><b>SCOTT, JEFFREY I , OD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 34978</p> <p><i>NPI:</i> 1568813434</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: Yes</p> <p>WEST COAST EYE CARE</p> <p>2240 E PLAZA BLVD STE FG</p> <p>NATIONAL CITY, CA 91950-5164</p> <p><i>Phone:</i> (619) 470-2700</p> <p><i>Fax:</i> (619) 267-8221</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i></p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p>	<p><b>TAN, JOCELYN, OD</b></p> <p><i>Provider Gender:</i> Female</p> <p><i>License number:</i> 33985</p> <p><i>NPI:</i> 1053724112</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Cultural Competency: Yes</p> <p>KEDDINGTON &amp; KALRA OPTOMETRISTS APC</p> <p>1481 E PLAZA BLVD</p> <p>NATIONAL CITY, CA 91950-3613</p> <p><i>Phone:</i> (619) 477-2159</p> <p><i>Fax:</i> (619) 477-2128</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, Hindi, Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> SU 10AM-4PM, M-F</p>	<p><b>TOUBIA, ELIAS, OD</b></p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> 33758</p> <p><i>NPI:</i> 1740701481</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Arabic</p> <p><i>Cultural Competency:</i> Yes</p> <p>KEDDINGTON &amp; KALRA OPTOMETRISTS APC</p> <p>1481 E PLAZA BLVD</p> <p>NATIONAL CITY, CA 91950-3613</p> <p><i>Phone:</i> (619) 477-2159</p> <p><i>Fax:</i> (619) 477-2128</p> <p><i>After Hours Phone:</i></p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Site English Spoken:</i> Yes</p> <p><i>Site Language(s) Spoken:</i> Arabic, Hindi, Spanish</p> <p><i>Min/Max Age:</i></p> <p><i>Gender Restriction:</i> No Gender Restrictions</p> <p><i>American Sign Language (ASL):</i> No</p> <p>Please contact provider for Accessibility information</p> <p><i>Public transportation (within 1/2 mile from Site):</i> Yes</p> <p><i>Hours:</i> SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM</p> <p><b>VINH, JOHN B , OD</b></p> <p><i>Provider Gender:</i> Male</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>License number: 14177  NPI: 1003102724  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: Yes  <b>WEST COAST EYE CARE</b>  2240 E PLAZA BLVD STE FG  NATIONAL CITY, CA 91950-5164  Phone: (619) 470-2700  Fax: (619) 267-8221  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No  Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM</p>	<p>NATIONAL CITY, CA 91950-2973  Phone: (619) 472-1010  Fax: (619) 479-5233  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Arabic, Spanish, Tagalog  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): Yes  Hours: M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM</p>	<p>Site English Spoken: Yes  Site Language(s) Spoken: Arabic, Spanish, Tagalog  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): Yes  Hours: M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM</p>
<p><b>VINH, JOHN B , OD</b>  Provider Gender: Male  License number: 14177  NPI: 1003102724  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>  655 EUCLID AVE STE 302</p>	<p><b>WASSERSTROM, JEFFREY P , MD</b>  Provider Gender: Male  License number: G54813  NPI: 1710922687  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: Yes  <b>ACUITY EYE GROUP</b>  655 EUCLID AVE STE 302  NATIONAL CITY, CA 91950-2973  Phone: (619) 472-1010  Fax: (619) 479-5233  After Hours Phone:  Accepting New Patients: Yes</p>	<p><b>WU, EVA Y , OD</b>  Provider Gender: Female  License number: 14743  NPI: 1073954442  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish, Chinese  Cultural Competency: Yes  <b>VIVE OPTOMETRY</b>  1033 HIGHLAND AVE  NATIONAL CITY, CA 91950-3515  Phone: (619) 477-2771  Fax: (619) 477-1680  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Spanish, Tagalog  Min/Max Age:  Gender Restriction: No Gender</p>

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Restrictions	<i>mile from Site): Yes</i>	<b>RING, ROBERT A , OD</b>
American Sign Language (ASL):	<i>Hours: M,TU,TH 8AM-6PM, W</i>	<i>Provider Gender: Male</i>
No	<i>8:30AM-5PM, F 8AM-5PM</i>	<i>License number: 6781</i>
Please contact provider for		<i>NPI: 1336228840</i>
Accessibility information		<i>Provider English Spoken: Yes</i>
Public transportation (within 1/2		<i>Provider Language(s) Spoken:</i>
mile from Site): Yes		<i>Cultural Competency: Yes</i>
Hours: M,TU 10AM-5PM, W-F		<b>ROBERT A RING OD</b>
9:30AM-5PM		<i>3998 VISTA WAY STE 204</i>
		<i>OCEANSIDE, CA 92056-4515</i>
		<i>Phone: (760) 726-9383</i>
		<i>Fax: (760) 726-9897</i>
		<i>After Hours Phone:</i>
		<i>Accepting New Patients: Yes</i>
		<i>Site English Spoken: Yes</i>
		<i>Site Language(s) Spoken:</i>
		<i>Min/Max Age:</i>
		<i>Gender Restriction: No Gender</i>
		<i>Restrictions</i>
		<i>American Sign Language (ASL):</i>
		<i>No</i>
		<i>Please contact provider for</i>
		<i>Accessibility information</i>
		<i>Public transportation (within 1/2</i>
		<i>mile from Site): Yes</i>
		<i>Hours: M 10AM-6PM, TU</i>
		<i>9AM-4PM, W 9AM-5PM, F</i>
		<i>9AM-12PM</i>
		<b>ROSA, ADAM, OD</b>
		<i>Provider Gender: Male</i>
		<i>License number: 34093</i>
		<i>NPI: 1295250264</i>
		<i>Provider English Spoken: Yes</i>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**NORTH COAST OPTOMETRY**  
 3915 MISSION AVE STE 2  
 OCEANSIDE, CA 92058-7801  
*Phone:* (760) 757-8771  
*Fax:*  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TU,TH 9AM-6PM, W 10AM-7PM, F 9AM-5PM

### RAMONA

**HOMESLEY, SUSAN D , OD**  
*Provider Gender:* Female  
*License number:* 6693  
*NPI:* 1720068984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes

SUSAN D HOMESLEY OD  
 1516 MAIN ST STE 102  
 RAMONA, CA 92065-5242  
*Phone:* (760) 789-0950  
*Fax:* (760) 789-6057  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM, SA 8AM-11AM

### SAN DIEGO

**ACKROYD, ARCHIE, OD**  
*Provider Gender:* Male  
*License number:* 4774  
*NPI:* 1629107172  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**VAN HOOSE OPTOMETRIC CORPORATION**  
 7246 CLAIREMONT MESA BLVD  
 SAN DIEGO, CA 92111-1007

*Phone:* (858) 292-7193  
*Fax:* (858) 292-8247  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:*

### ADAMS, MONA N , OD

*Provider Gender:* Female  
*License number:* 14457  
*NPI:* 1942564521  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
**RADY CHILDRENS SPECIALISTS**  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-8901  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2 mile from Site): No</p> <p>Hours: M-F 7AM-5PM</p> <p><b>AOTO, KIM N , OD</b></p> <p>Provider Gender: Female</p> <p>License number: 14524</p> <p>NPI: 1780935650</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish, Vietnamese</p> <p>Cultural Competency: Yes</p> <p>WEST COAST EYE CARE</p> <p>6945 EL CAJON BLVD</p> <p>SAN DIEGO, CA 92115-1754</p> <p>Phone: (619) 697-4600</p> <p>Fax: (619) 697-2410</p> <p>After Hours Phone:</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken:</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2</p>	<p>mile from Site): No</p> <p>Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM</p> <p><b>AOTO, KIM N , OD</b></p> <p>Provider Gender: Female</p> <p>License number: 14524</p> <p>NPI: 1780935650</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish, Vietnamese</p> <p>Cultural Competency: Yes</p> <p>WEST COAST EYE CARE</p> <p>4344 CONVOY ST STE C2</p> <p>SAN DIEGO, CA 92111-3737</p> <p>Phone: (858) 565-8822</p> <p>Fax: (858) 565-2449</p> <p>After Hours Phone:</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken:</p> <p>Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2</p>	<p><b>ARCHIBALD, JOHN D , OD</b></p> <p>Provider Gender: Male</p> <p>License number: 11813</p> <p>NPI: 1902893357</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: Yes</p> <p>EYELUX OPTOMETRY</p> <p>16615 DOVE CANYON RD STE 105</p> <p>SAN DIEGO, CA 92127-3441</p> <p>Phone: (858) 487-7900</p> <p>Fax: (858) 487-1896</p> <p>After Hours Phone:</p> <p>Accepting New Patients: Yes</p> <p>Site English Spoken: Yes</p> <p>Site Language(s) Spoken: Min/Max Age:</p> <p>Gender Restriction: No Gender Restrictions</p> <p>American Sign Language (ASL): No</p> <p>Please contact provider for Accessibility information</p> <p>Public transportation (within 1/2 mile from Site): No</p> <p>Hours: M-F 8AM-5PM, SA 8:30AM-2PM</p> <p><b>AVALLONE, THOMAS, MD</b></p> <p>Provider Gender: Male</p> <p>License number: A147199</p> <p>NPI: 1679865950</p> <p>Provider English Spoken: Yes</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><i>Provider Language(s) Spoken:</i> Phone: (619) 697-4600  <i>Cultural Competency:</i> Yes Fax: (619) 697-2410  <b>WEST COAST EYE CARE</b> After Hours Phone:          4344 CONVOY ST STE C2 Accepting New Patients: Yes          SAN DIEGO, CA 92111-3737 Site English Spoken: Yes  <i>Phone:</i> (858) 565-8822 Site Language(s) Spoken:  <i>Fax:</i> (858) 565-2449 Min/Max Age:  <i>After Hours Phone:</i> Gender Restriction: No Gender  <i>Accepting New Patients:</i> Yes Restrictions  <i>Site English Spoken:</i> Yes American Sign Language (ASL):  <i>Site Language(s) Spoken:</i> No  <i>Min/Max Age:</i> Please contact provider for  <i>Gender Restriction:</i> No Gender Accessibility information          Restrictions Public transportation (within 1/2  <i>American Sign Language (ASL):</i> mile from Site): No          No          Please contact provider for          Accessibility information  <i>Public transportation (within 1/2</i>  <i>mile from Site):</i> No  <i>Hours:</i> M 10AM-6PM, TU          8:30AM-5PM, W 7:30AM-4PM,          TH 9:30AM-5PM, F 8AM-4PM</p> <p><b>AVALLONE, THOMAS, MD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> A147199  <i>NPI:</i> 1679865950  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Cultural Competency: Yes  <b>WEST COAST EYE CARE</b>          6945 EL CAJON BLVD          SAN DIEGO, CA 92115-1754</p>	<p><i>Phone:</i> (619) 697-4600  <i>Fax:</i> (619) 697-2410          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender          Restrictions          American Sign Language (ASL):          No          Please contact provider for          Accessibility information          Public transportation (within 1/2          mile from Site): No          Hours: M 7:30AM-4:30PM, TU          8AM-5PM, W 8:30AM-5PM, TH          8AM-6PM, F 8AM-4PM</p> <p><b>BANSAL, PREETI, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A90890  <i>NPI:</i> 1871664631  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Spanish          Cultural Competency: Yes  <b>RADY CHILDRENS</b>  <b>SPECIALISTS</b>          7910 FROST ST STE 200          SAN DIEGO, CA 92123-2776  <i>Phone:</i> (858) 309-7702  <i>Fax:</i> (858) 966-8901          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender          Restrictions          American Sign Language (ASL):          No</p>	<p><i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>          Min/Max Age:          Gender Restriction: No Gender          Restrictions          American Sign Language (ASL):          No          Please contact provider for          Accessibility information          Public transportation (within 1/2          mile from Site): No          Hours: M-F 7AM-5PM</p> <p><b>BHATIA, SHAGUN, MD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> A154902  <i>NPI:</i> 1104237353  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Cultural Competency: Yes  <b>RADY CHILDRENS</b>  <b>SPECIALISTS</b>          7910 FROST ST STE 200          SAN DIEGO, CA 92123-2776  <i>Phone:</i> (858) 309-7702  <i>Fax:</i> (858) 966-8901          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender          Restrictions          American Sign Language (ASL):          No</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M-F 7AM-5PM

### **BINDER, NICHOLAS, MD**

Provider Gender: Male

License number: A124698

NPI: 1306076716

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

WEST COAST EYE CARE

4344 CONVOY ST STE C2

SAN DIEGO, CA 92111-3737

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M 10AM-6PM, TU

8:30AM-5PM, W 7:30AM-4PM,

TH 9:30AM-5PM, F 8AM-4PM

### **BINDER, NICHOLAS, MD**

Provider Gender: Male

License number: A124698

NPI: 1306076716

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

WEST COAST EYE CARE

6945 EL CAJON BLVD

SAN DIEGO, CA 92115-1754

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M 7:30AM-4:30PM, TU

8AM-5PM, W 8:30AM-5PM, TH

8AM-6PM, F 8AM-4PM

### **BOECK, CARL A , OD**

Provider Gender: Male

License number: 6620

NPI: 1588656151

Provider English Spoken: Yes

Provider Language(s) Spoken:

German, Spanish

Cultural Competency: Yes  
VAN HOOSE OPTOMETRIC CORPORATION

7246 CLAIREMONT MESA BLVD

SAN DIEGO, CA 92111-1007

Phone: (858) 292-7193

Fax: (858) 292-8247

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours:

### **CHEN, LESLIE L , OD**

Provider Gender: Female

License number: 12792

NPI: 1508953332

Provider English Spoken: Yes

Provider Language(s) Spoken:

Chinese

Cultural Competency: Yes  
EYE STUDIO OPTOMETRY

4475 UNIVERSITY AVE

SAN DIEGO, CA 92105-1731

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Phone: (619) 521-2020          Fax: (619) 521-2025          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Spanish, Vietnamese, Chinese          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): Yes          Hours: M-W,F 9AM-5PM, TH 9AM-1:30PM, SA 9AM-1PM</p>	<p>Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): No          Hours: M-F 8AM-5PM, SA 8:30AM-2PM</p>	<p>Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): No          Hours: M-F 8AM-5PM, SA 8:30AM-2PM</p>
<p><b>COLEMAN, BROOKE A , OD</b>          Provider Gender: Female          License number: 13551          NPI: 1700040748          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: Yes          EYELUX OPTOMETRY          16615 DOVE CANYON RD STE 105          SAN DIEGO, CA 92127-3441          Phone: (858) 487-7900          Fax: (858) 487-1896          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes</p>	<p><b>COOPER, MICHAEL J , OD</b>          Provider Gender: Male          License number: 10476          NPI: 1164586244          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: Yes          EYELUX OPTOMETRY          16615 DOVE CANYON RD STE 105          SAN DIEGO, CA 92127-3441          Phone: (858) 487-7900          Fax: (858) 487-1896          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No</p>	<p><b>DAVIS, JADE, OD</b>          Provider Gender: Female          License number: 11765          NPI: 1457303398          Provider English Spoken: Yes          Provider Language(s) Spoken:          Cultural Competency: Yes          OPTOM-EYES VISION CARE OPTOMETRY          5638 MISSION CENTER RD STE 103          SAN DIEGO, CA 92108-4348          Phone: (619) 295-2900          Fax: (888) 210-5799          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken:          Spanish          Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): No</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Hours: M-F 9AM-5:30PM, SA  
9AM-3PM

### **DAVIS, JADE, OD**

Provider Gender: Female  
License number: 11765  
NPI: 1457303398  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
FASHION VALLEY EYE CARE  
OPTOMETR  
7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108-1148  
Phone: (619) 291-2020  
Fax: (888) 210-5799  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-SA 10AM-7PM

### **DEAN, MOENA, OD**

Provider Gender: Female  
License number: 33955

NPI: 1265927578  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
Phone: (858) 565-8822  
Fax: (858) 565-2449  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M 10AM-6PM, TU  
8:30AM-5PM, W 7:30AM-4PM,  
TH 9:30AM-5PM, F 8AM-4PM

### **DUONG, CHERYL, OD**

Provider Gender: Female  
License number: 34070  
NPI: 1366935678  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
EYELUX OPTOMETRY

16615 DOVE CANYON RD STE  
105  
SAN DIEGO, CA 92127-3441  
Phone: (858) 487-7900  
Fax: (858) 487-1896  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M-F 8AM-5PM, SA  
8:30AM-2PM

### **DUONG, KIM S, OD**

Provider Gender: Female  
License number: 34222  
NPI: 1114448651  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: Yes  
RADY CHILDRENS  
SPECIALISTS  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (858) 309-7702	Restrictions	<i>mile from Site): No</i>
Fax: (858) 966-8901	American Sign Language (ASL):	<i>Hours: M 10AM-6PM, TU</i>
After Hours Phone:	No	<i>8:30AM-5PM, W 7:30AM-4PM,</i>
Accepting New Patients: Yes	Please contact provider for	<i>TH 9:30AM-5PM, F 8AM-4PM</i>
Site English Spoken: Yes	Accessibility information	
Site Language(s) Spoken:	Public transportation (within 1/2	<b>GIANG, STEVEN, OD</b>
Min/Max Age:	<i>mile from Site): No</i>	<i>Provider Gender: Male</i>
Gender Restriction: No Gender	<i>Hours: M 7:30AM-4:30PM, TU</i>	<i>License number: 34489</i>
Restrictions	<i>8AM-5PM, W 8:30AM-5PM, TH</i>	<i>NPI: 1730710104</i>
American Sign Language (ASL):	<i>8AM-6PM, F 8AM-4PM</i>	<i>Provider English Spoken: Yes</i>
No		<i>Provider Language(s) Spoken:</i>
Please contact provider for	<b>DYER, SHARON M , OD</b>	<i>Cultural Competency: Yes</i>
Accessibility information	<i>Provider Gender: Female</i>	<b>JASMINE P NGUYEN OD INC</b>
Public transportation (within 1/2	<i>License number: 33450</i>	<i>4029 43RD ST STE 300</i>
<i>mile from Site): No</i>	<i>NPI: 1063866887</i>	<i>SAN DIEGO, CA 92105-8537</i>
<i>Hours: M-F 7AM-5PM</i>	<i>Provider English Spoken: Yes</i>	<i>Phone: (619) 284-3937</i>
	<i>Provider Language(s) Spoken:</i>	<i>Fax: (619) 284-3938</i>
	<i>Cultural Competency: Yes</i>	<i>After Hours Phone:</i>
<b>DYER, SHARON M , OD</b>	<b>WEST COAST EYE CARE</b>	<i>Accepting New Patients: Yes</i>
<i>Provider Gender: Female</i>	<i>4344 CONVOY ST STE C2</i>	<i>Site English Spoken: Yes</i>
<i>License number: 33450</i>	<i>SAN DIEGO, CA 92111-3737</i>	<i>Site Language(s) Spoken:</i>
<i>NPI: 1063866887</i>	<i>Phone: (858) 565-8822</i>	<i>Spanish, Vietnamese</i>
<i>Provider English Spoken: Yes</i>	<i>Fax: (858) 565-2449</i>	<i>Min/Max Age:</i>
<i>Provider Language(s) Spoken:</i>	<i>After Hours Phone:</i>	<i>Gender Restriction: No Gender</i>
<i>Cultural Competency: Yes</i>	<i>Accepting New Patients: Yes</i>	<i>Restrictions</i>
<b>WEST COAST EYE CARE</b>	<i>Site English Spoken: Yes</i>	<i>American Sign Language (ASL):</i>
<i>6945 EL CAJON BLVD</i>	<i>Site Language(s) Spoken:</i>	<i>No</i>
<i>SAN DIEGO, CA 92115-1754</i>	<i>Min/Max Age:</i>	<i>Please contact provider for</i>
<i>Phone: (619) 697-4600</i>	<i>Gender Restriction: No Gender</i>	<i>Accessibility information</i>
<i>Fax: (619) 697-2410</i>	<i>Restrictions</i>	<i>Public transportation (within 1/2</i>
<i>After Hours Phone:</i>	<i>American Sign Language (ASL):</i>	<i>mile from Site): Yes</i>
<i>Accepting New Patients: Yes</i>	<i>No</i>	<i>Hours: M-F 9AM-5PM, SA</i>
<i>Site English Spoken: Yes</i>	<i>Please contact provider for</i>	<i>9AM-1PM</i>
<i>Site Language(s) Spoken:</i>	<i>Accessibility information</i>	
<i>Min/Max Age:</i>	<i>Public transportation (within 1/2</i>	<b>HOANG, KEVIN, OD</b>
<i>Gender Restriction: No Gender</i>		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Provider Gender: Male License number: 34401 NPI: 1790339216 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes JASMINE P NGUYEN OD INC 4029 43RD ST STE 300 SAN DIEGO, CA 92105-8537 Phone: (619) 284-3937 Fax: (619) 284-3938 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Vietnamese Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 9AM-5PM, SA 9AM-1PM</p> <p><b>HOFFMAN, STEVEN, OD</b> Provider Gender: Male License number: 34561 NPI: 1033736079 Provider English Spoken: Yes Provider Language(s) Spoken:</p>	<p>Cultural Competency: Yes JASMINE P NGUYEN OD INC 4029 43RD ST STE 300 SAN DIEGO, CA 92105-8537 Phone: (619) 284-3937 Fax: (619) 284-3938 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish, Vietnamese Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 9AM-5PM, SA 9AM-1PM</p> <p><b>HOM, GREGORY G , OD</b> Provider Gender: Male License number: 9694 NPI: 1154473916 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes GREGORY G HOM OD 11230 SORRENTO VALLEY RD STE 145 SAN DIEGO, CA 92121-1338</p>	<p>Phone: (858) 535-9835 Fax: (858) 535-1266 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-TH 9AM-5PM, F 9AM-4PM</p> <p><b>HOO, PAMELA A , OD</b> Provider Gender: Female License number: 11033 NPI: 1275566010 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes HILLCREST EYE CENTER-UCSD 4060 4TH AVE STE 610 SAN DIEGO, CA 92103-2144 Phone: (619) 543-6244 Fax: (619) 295-5034 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-4PM</p>	<p>Public transportation (within 1/2 mile from Site): Yes Hours: TH,F 9AM-5PM</p>	<p>License number: 11472 NPI: 1235161597 Provider English Spoken: Yes Provider Language(s) Spoken: French Cultural Competency: Yes HILLCREST EYE CENTER-UCSD 4060 4TH AVE STE 610 SAN DIEGO, CA 92103-2144 Phone: (619) 543-6244 Fax: (619) 295-5034 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-4PM</p>
<p><b>HO, HOANG, OD</b>          Provider Gender: Male          License number: 12582          NPI: 1275684847          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: Yes  <b>HEALTHY I CARE OPTOMETRY</b>          10737 CAMINO RUIZ STE 220          SAN DIEGO, CA 92126-2363          Phone: (619) 590-1994          Fax: (519) 590-9312          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information</p>	<p><b>HUDSON, HENRY L , MD</b>          Provider Gender: Male          License number: G76091          NPI: 1851349195          Provider English Spoken: Yes          Provider Language(s) Spoken: Cultural Competency: Yes  <b>WEST COAST EYE CARE</b>          6945 EL CAJON BLVD          SAN DIEGO, CA 92115-1754          Phone: (619) 697-4600          Fax: (619) 697-2410          After Hours Phone:          Accepting New Patients: Yes          Site English Spoken: Yes          Site Language(s) Spoken: Min/Max Age:          Gender Restriction: No Gender Restrictions          American Sign Language (ASL): No          Please contact provider for Accessibility information          Public transportation (within 1/2 mile from Site): No          Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM</p>	<p><b>HUYNH, CHI T , OD</b>          Provider Gender: Female          License number: 12901          NPI: 1922187426          Provider English Spoken: Yes          Provider Language(s) Spoken: Vietnamese          Cultural Competency: Yes</p>
<p><b>HUSTANA, LARA, OD</b>          Provider Gender: Female</p>		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

CRYSTAL EYESITE  
OPTOMETRY  
9225 MIRA MESA BLVD STE 108  
SAN DIEGO, CA 92126-4810  
Phone: (858) 547-3988  
Fax: (844) 367-5161  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M,W 9:30AM-6PM, TH,F  
10AM-6PM, SA 9AM-3PM

### **HUYNH, LOAN, OD**

Provider Gender: Female  
License number: 34472  
NPI: 1003454604  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: Yes  
NORTH COUNTY OPTOMETRY  
11835 CARMEL MTN RD STE  
1313  
SAN DIEGO, CA 92128-4609

Phone: (858) 674-1276  
Fax: (858) 674-5863  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Tagalog  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M 9AM-4PM, TU  
7AM-1PM, W,TH 10AM-7PM, F  
10AM-3PM, SA 9AM-2PM

### **HUYNH, PAUL D , MD**

Provider Gender: Male  
License number: A79141  
NPI: 1871577056  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: Yes  
ADVANCED EYE AND LASER  
CTR OF CA INC  
4844 UNIVERSITY AVE STE A  
SAN DIEGO, CA 92105-8021  
Phone: (619) 283-1303  
Fax: (619) 283-1666  
After Hours Phone:

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 8AM-5PM

### **HUYNH, PAUL D , MD**

Provider Gender: Male  
License number: A79141  
NPI: 1871577056  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: Yes  
ADVANCED EYE AND LASER  
CTR OF CA INC  
10737 CAMINO RUIZ STE 100  
SAN DIEGO, CA 92126-2370  
Phone: (858) 549-3200  
Fax: (858) 549-3207  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Tagalog, Vietnamese  
Min/Max Age:  
Gender Restriction: No Gender

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Restrictions	Hours: M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM	Provider Gender: Male License number: A34834 NPI: 1760473797
American Sign Language (ASL): No		Provider English Spoken: Yes Provider Language(s) Spoken: Spanish
Please contact provider for Accessibility information	<b>KALBAKJI, NATALY, OD</b> Provider Gender: Female License number: 34943 NPI: 1700556438	Cultural Competency: Yes WEST COAST EYE CARE 6945 EL CAJON BLVD SAN DIEGO, CA 92115-1754 Phone: (619) 697-4600 Fax: (619) 697-2410 After Hours Phone:
Public transportation (within 1/2 mile from Site): Yes	Provider English Spoken: Yes Provider Language(s) Spoken: Arabic	Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age:
Hours: M-F 8AM-5PM	Cultural Competency: Yes WEST COAST EYE CARE 6945 EL CAJON BLVD SAN DIEGO, CA 92115-1754 Phone: (619) 697-4600 Fax: (619) 697-2410 After Hours Phone:	Gender Restriction: No Gender Restrictions American Sign Language (ASL): No
<b>KALBAKJI, NATALY, OD</b>	Provider Gender: Female License number: 34943 NPI: 1700556438	Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No
Provider English Spoken: Yes	Provider Language(s) Spoken: Arabic	Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM
Provider Language(s) Spoken: Arabic	Cultural Competency: Yes WEST COAST EYE CARE 6945 EL CAJON BLVD SAN DIEGO, CA 92115-1754 Phone: (619) 697-4600 Fax: (619) 697-2410 After Hours Phone:	<b>KATZMAN, BARRY, MD</b> Provider Gender: Male License number: A34834 NPI: 1760473797
Cultural Competency: Yes WEST COAST EYE CARE 4344 CONVOY ST STE C2 SAN DIEGO, CA 92111-3737 Phone: (858) 565-8822 Fax: (858) 565-2449 After Hours Phone:	Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age:	Provider English Spoken: Yes Provider Language(s) Spoken:
Gender Restriction: No Gender Restrictions	Gender Restriction: No Gender Restrictions	
American Sign Language (ASL): No	American Sign Language (ASL): No	
Please contact provider for Accessibility information	Please contact provider for Accessibility information	
Public transportation (within 1/2 mile from Site): No	Public transportation (within 1/2 mile from Site): No	
	Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM	
	<b>KATZMAN, BARRY, MD</b>	

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Spanish  <i>Cultural Competency:</i> Yes  <b>WEST COAST EYE CARE</b>          4344 CONVOY ST STE C2          SAN DIEGO, CA 92111-3737  <i>Phone:</i> (858) 565-8822  <i>Fax:</i> (858) 565-2449  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No          Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> No  <i>Hours:</i> M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM</p>	<p><i>Phone:</i> (619) 284-3937  <i>Fax:</i> (619) 284-3938  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>          Spanish, Vietnamese  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No          Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-1PM</p>	<p><i>Site Language(s) Spoken:</i>  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No          Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> No  <i>Hours:</i> M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM</p>
<p><b>KHALIGHI, PAYMAN I , OD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 13014  <i>NPI:</i> 1396897880  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Spanish  <i>Cultural Competency:</i> Yes  <b>JASMINE P NGUYEN OD INC</b>          4029 43RD ST STE 300          SAN DIEGO, CA 92105-8537</p>	<p><b>KHALIL, VADY, OD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 35137  <i>NPI:</i> 1275263584  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Arabic  <i>Cultural Competency:</i> Yes  <b>WEST COAST EYE CARE</b>          6945 EL CAJON BLVD          SAN DIEGO, CA 92115-1754  <i>Phone:</i> (619) 697-4600  <i>Fax:</i> (619) 697-2410  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes</p>	<p><b>KHALIL, VADY, OD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 35137  <i>NPI:</i> 1275263584  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i>          Arabic  <i>Cultural Competency:</i> Yes  <b>WEST COAST EYE CARE</b>          4344 CONVOY ST STE C2          SAN DIEGO, CA 92111-3737  <i>Phone:</i> (858) 565-8822  <i>Fax:</i> (858) 565-2449  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i>  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i></p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site): No</i> <i>Hours: M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM</i></p> <p><b>KHAN, FAHAD, MD</b> <i>Provider Gender: Male</i> <i>License number: A163142</i> <i>NPI: 1548605843</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> Hindi <i>Cultural Competency: Yes</i> VISION SPECIALISTS OF CALIFORNIA 233 LEWIS ST SAN DIEGO, CA 92103-2122 <i>Phone: (619) 501-9050</i> <i>Fax: (619) 501-9054</i> <i>After Hours Phone:</i> <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Yes</i> <i>Site Language(s) Spoken:</i> Bengali, Hindi, Spanish <i>Min/Max Age:</i> <i>Gender Restriction: No Gender Restrictions</i> <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information</p>	<p><i>Public transportation (within 1/2 mile from Site): Yes</i> <i>Hours: M-TH 8AM-5PM, F 8AM-4PM</i></p> <p><b>KIM, HEAWON, OD</b> <i>Provider Gender: Female</i> <i>License number: 34584TLG</i> <i>NPI: 1912517707</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency: Yes</i> WEST COAST EYE CARE 6945 EL CAJON BLVD SAN DIEGO, CA 92115-1754 <i>Phone: (619) 697-4600</i> <i>Fax: (619) 697-2410</i> <i>After Hours Phone:</i> <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Yes</i> <i>Site Language(s) Spoken:</i> <i>Min/Max Age:</i> <i>Gender Restriction: No Gender Restrictions</i> <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site): No</i> <i>Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM</i></p> <p><b>KIM, HEAWON, OD</b></p>	<p><i>Provider Gender: Female</i> <i>License number: 34584TLG</i> <i>NPI: 1912517707</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency: Yes</i> WEST COAST EYE CARE 4344 CONVOY ST STE C2 SAN DIEGO, CA 92111-3737 <i>Phone: (858) 565-8822</i> <i>Fax: (858) 565-2449</i> <i>After Hours Phone:</i> <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Yes</i> <i>Site Language(s) Spoken:</i> <i>Min/Max Age:</i> <i>Gender Restriction: No Gender Restrictions</i> <i>American Sign Language (ASL):</i> No Please contact provider for Accessibility information <i>Public transportation (within 1/2 mile from Site): No</i> <i>Hours: M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM</i></p> <p><b>KIM, PHILIP, OD</b> <i>Provider Gender: Male</i> <i>License number: 33893</i> <i>NPI: 1376929034</i> <i>Provider English Spoken: Yes</i> <i>Provider Language(s) Spoken:</i> <i>Cultural Competency: Yes</i></p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

HILLCREST EYE  
CENTER-UCSD  
4060 4TH AVE STE 610  
SAN DIEGO, CA 92103-2144  
Phone: (619) 543-6244  
Fax: (619) 295-5034  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 8AM-4PM

### **KLAREN, AMANDA, OD**

Provider Gender: Female  
License number: 12617  
NPI: 1396876611  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
RADY CHILDRENS  
SPECIALISTS  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776  
Phone: (858) 309-7702  
Fax: (858) 966-8901  
After Hours Phone:

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M-F 7AM-5PM

### **KULISCHAK, JOHN F , OD**

Provider Gender: Male  
License number: 9279  
NPI: 1740205236  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
HILLCREST EYE  
CENTER-UCSD  
4060 4TH AVE STE 610  
SAN DIEGO, CA 92103-2144  
Phone: (619) 543-6244  
Fax: (619) 295-5034  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 8AM-4PM

### **LAM, ANNE B , OD**

Provider Gender: Female  
License number: 12810  
NPI: 1174550768  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
HILLCREST EYE  
CENTER-UCSD  
4060 4TH AVE STE 610  
SAN DIEGO, CA 92103-2144  
Phone: (619) 543-6244  
Fax: (619) 295-5034  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 8AM-4PM

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### **LARSEN, STEVEN R , OD**

*Provider Gender:* Male  
*License number:* 7687  
*NPI:* 1629194782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**UPTOWN OPTOMETRY**  
 4096 PARK BLVD  
 SAN DIEGO, CA 92103-2620  
*Phone:* (619) 291-5505  
*Fax:* (619) 291-4404  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* TU-F 9AM-3PM, SA 10AM-2PM

### **LAU, JANICE L , OD**

*Provider Gender:* Female  
*License number:* 13037  
*NPI:* 1952453300

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**SABRE SPRINGS OPTOMETRY**  
 12650 SABRE SPGS PKWY STE 203  
 SAN DIEGO, CA 92128-4114  
*Phone:* (858) 748-1265  
*Fax:* (844) 269-9527  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,TU,TH 9AM-5PM, W,F 10AM-6PM

### **LAU, KUEN CHINE, OD**

*Provider Gender:* Male  
*License number:* 11166  
*NPI:* 1821001645  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**OPTOM-EYES VISION CARE OPTOMETRY**

5638 MISSION CENTER RD STE 103  
 SAN DIEGO, CA 92108-4348  
*Phone:* (619) 295-2900  
*Fax:* (888) 210-5799  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-5:30PM, SA 9AM-3PM

### **LEE, JASON, OD**

*Provider Gender:* Male  
*License number:* 14881  
*NPI:* 1679985584  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**RADY CHILDRENS SPECIALISTS**  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (858) 309-7702	Spanish, Vietnamese	American Sign Language (ASL):
Fax: (858) 966-8901	Min/Max Age:	No
After Hours Phone:	Gender Restriction: No Gender	Please contact provider for
Accepting New Patients: Yes	Restrictions	Accessibility information
Site English Spoken: Yes	American Sign Language (ASL):	Public transportation (within 1/2
Site Language(s) Spoken:	No	mile from Site): No
Min/Max Age:	Please contact provider for	Hours: M-F 9AM-5:30PM, SA
Gender Restriction: No Gender	Accessibility information	9AM-3PM
Restrictions	Public transportation (within 1/2	<b>LIN, HENRY C , OD</b>
American Sign Language (ASL):	mile from Site): Yes	Provider Gender: Male
No	Hours: M-F 9AM-5PM	License number: 11368
Please contact provider for	<b>LIN, HENRY C , OD</b>	NPI: 1861405664
Accessibility information	Provider Gender: Male	Provider English Spoken: Yes
Public transportation (within 1/2	License number: 11368	Provider Language(s) Spoken:
mile from Site): No	NPI: 1861405664	Spanish, Chinese
Hours: M-F 7AM-5PM	Provider English Spoken: Yes	Cultural Competency: Yes
<b>LE, JACQUELIN M , OD</b>	Provider Language(s) Spoken:	FASHION VALLEY EYE CARE
Provider Gender: Female	Spanish, Chinese	OPTOMETR
License number: 10962	Cultural Competency: Yes	7007 FRIARS RD STE 351
NPI: 1487610432	OPTOM-EYES VISION CARE	SAN DIEGO, CA 92108-1148
Provider English Spoken: Yes	OPTOMETRY	Phone: (619) 291-2020
Provider Language(s) Spoken:	5638 MISSION CENTER RD STE	Fax: (888) 210-5799
Spanish, Vietnamese	103	After Hours Phone:
Cultural Competency: Yes	SAN DIEGO, CA 92108-4348	Accepting New Patients: Yes
SAN DIEGO VISION CARE	Phone: (619) 295-2900	Site English Spoken: Yes
OPTOMETRY	Fax: (888) 210-5799	Site Language(s) Spoken:
3807 FAIRMOUNT AVE STE 200	After Hours Phone:	Spanish
SAN DIEGO, CA 92105-2659	Accepting New Patients: Yes	Min/Max Age:
Phone: (619) 508-5678	Site English Spoken: Yes	Gender Restriction: No Gender
Fax: (619) 501-0686	Site Language(s) Spoken:	Restrictions
After Hours Phone:	Spanish	American Sign Language (ASL):
Accepting New Patients: Yes	Min/Max Age:	No
Site English Spoken: Yes	Gender Restriction: No Gender	Please contact provider for
Site Language(s) Spoken:	Restrictions	Accessibility information

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Public transportation (within 1/2 mile from Site): Yes  
Hours: M-SA 10AM-7PM

### **LIN, HENRY C , OD**

Provider Gender: Male  
License number: 11368  
NPI: 1861405664  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish, Chinese  
Cultural Competency: Yes  
OPTOM-EYES VISION CARE OPTOMETRY  
1555 PALM AVE STE A2  
SAN DIEGO, CA 92154-1012  
Phone: (619) 297-2020  
Fax: (888) 210-5799  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 9:30AM-6PM, SA 9AM-3PM

### **LLANES, BENJAMIN P , OD**

Provider Gender: Male  
License number: 8782  
NPI: 1053309005  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish, Tagalog  
Cultural Competency: Yes  
SEE KLEER EYECARE CENTER  
9580 BLACK MOUNTAIN RD STE J  
SAN DIEGO, CA 92126-4522  
Phone: (858) 536-8952  
Fax: (858) 536-8951  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Tagalog  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 11AM-6PM, SA 9AM-1PM

### **MARR, RYAN, OD**

Provider Gender: Male  
License number: 35302  
NPI: 1235857525

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
Phone: (858) 565-8822  
Fax: (858) 565-2449  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): No  
Hours: M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

### **MARR, RYAN, OD**

Provider Gender: Male  
License number: 35302  
NPI: 1235857525  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
WEST COAST EYE CARE  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (619) 697-4600	Site English Spoken: Yes	Accessibility information
Fax: (619) 697-2410	Site Language(s) Spoken:	Public transportation (within 1/2 mile from Site): No
After Hours Phone:	Min/Max Age:	Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM
Accepting New Patients: Yes	Gender Restriction: No Gender Restrictions	
Site English Spoken: Yes	American Sign Language (ASL): No	
Site Language(s) Spoken:	Please contact provider for Accessibility information	<b>MCGRAW, JOSEPH, MD</b>
Min/Max Age:	Public transportation (within 1/2 mile from Site): Yes	Provider Gender: Male
Gender Restriction: No Gender Restrictions	Hours: M-F 8AM-4PM	License number: A155228
American Sign Language (ASL): No	<b>MCGRAW, JOSEPH, MD</b>	NPI: 1588624852
Please contact provider for Accessibility information	Provider Gender: Male	Provider English Spoken: Yes
Public transportation (within 1/2 mile from Site): No	License number: A155228	Provider Language(s) Spoken:
Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM	NPI: 1588624852	Cultural Competency: Yes
	Provider English Spoken: Yes	WEST COAST EYE CARE
	Provider Language(s) Spoken:	4344 CONVOY ST STE C2
	Cultural Competency: Yes	SAN DIEGO, CA 92111-3737
<b>MCCLEAN, ESMERALDA C , OD</b>	WEST COAST EYE CARE	Phone: (858) 565-8822
Provider Gender: Female	6945 EL CAJON BLVD	Fax: (858) 565-2449
License number: 15001	SAN DIEGO, CA 92115-1754	After Hours Phone:
NPI: 1962817981	Phone: (619) 697-4600	Accepting New Patients: Yes
Provider English Spoken: Yes	Fax: (619) 697-2410	Site English Spoken: Yes
Provider Language(s) Spoken: Spanish	After Hours Phone:	Site Language(s) Spoken:
Cultural Competency: Yes	Accepting New Patients: Yes	Min/Max Age:
HILLCREST EYE CENTER-UCSD	Site English Spoken: Yes	Gender Restriction: No Gender Restrictions
4060 4TH AVE STE 610	Site Language(s) Spoken:	American Sign Language (ASL): No
SAN DIEGO, CA 92103-2144	Min/Max Age:	Please contact provider for Accessibility information
Phone: (619) 543-6244	Gender Restriction: No Gender Restrictions	Public transportation (within 1/2 mile from Site): No
Fax: (619) 295-5034	American Sign Language (ASL): No	Hours: M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM
After Hours Phone:	Please contact provider for	
Accepting New Patients: Yes		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### **MIZOGUCHI, LIANNE T , OD**

*Provider Gender:* Female  
*License number:* 10104  
*NPI:* 1619900313  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**HILLCREST EYE CENTER-UCSD**  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103-2144  
*Phone:* (619) 543-6244  
*Fax:* (619) 295-5034  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-4PM

### **MOLL, ANGELA, MD**

*Provider Gender:* Female  
*License number:* A105472  
*NPI:* 1861648602  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* Yes  
**RADY CHILDRENS SPECIALISTS**  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-8901  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 7AM-5PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754

*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Site English Spoken: Yes            Site Language(s) Spoken:            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Public transportation (within 1/2 mile from Site): No            Hours: M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM</p> <p><b>NGUYEN, BRUCE C , OD</b>            Provider Gender: Male            License number: 14156            NPI: 1376839019            Provider English Spoken: Yes            Provider Language(s) Spoken: Vietnamese            Cultural Competency: Yes            FASHION VALLEY EYE CARE OPTOMETR            7007 FRIARS RD STE 351            SAN DIEGO, CA 92108-1148            Phone: (619) 291-2020            Fax: (888) 210-5799            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Spanish            Min/Max Age:</p>	<p>Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Public transportation (within 1/2 mile from Site): Yes            Hours: M-SA 10AM-7PM</p> <p><b>NGUYEN, BRUCE C , OD</b>            Provider Gender: Male            License number: 14156            NPI: 1376839019            Provider English Spoken: Yes            Provider Language(s) Spoken: Vietnamese            Cultural Competency: Yes            CLAIREMONT OPTOMETRY            9353 CLRMNT MESA BLVD STE K2            SAN DIEGO, CA 92123-1220            Phone: (858) 279-6500            Fax: (858) 225-7174            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken: Spanish, Vietnamese            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for</p>	<p>Accessibility information            Public transportation (within 1/2 mile from Site): Yes            Hours: M-W 9AM-6PM, TH,F 9AM-5PM, SA 9AM-3PM</p> <p><b>NGUYEN, HOA PHUONG T , OD</b>            Provider Gender: Female            License number: 12630            NPI: 1962439265            Provider English Spoken: Yes            Provider Language(s) Spoken: Vietnamese            Cultural Competency: Yes            COLLEGE GROVE OPTOMETRY            4560 COLLEGE AVE            SAN DIEGO, CA 92115-4012            Phone: (619) 583-5744            Fax: (619) 582-6112            After Hours Phone:            Accepting New Patients: Yes            Site English Spoken: Yes            Site Language(s) Spoken:            Min/Max Age:            Gender Restriction: No Gender Restrictions            American Sign Language (ASL): No            Please contact provider for Accessibility information            Public transportation (within 1/2 mile from Site): Yes            Hours: M-F 9AM-5PM</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p><b>NGUYEN, JASMINE P , OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 11189  <i>NPI:</i> 1497896922  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Vietnamese  <i>Cultural Competency:</i> Yes  <b>JASMINE P NGUYEN OD INC</b>            4029 43RD ST STE 300            SAN DIEGO, CA 92105-8537  <i>Phone:</i> (619) 284-3937  <i>Fax:</i> (619) 284-3938  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish, Vietnamese  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-1PM</p>	<p><i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> Yes  <b>SAN DIEGO VISION CARE OPTOMETRY</b>            3807 FAIRMOUNT AVE STE 200            SAN DIEGO, CA 92105-2659  <i>Phone:</i> (619) 508-5678  <i>Fax:</i> (619) 501-0686  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish, Vietnamese  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 9AM-5PM</p>	<p>4029 43RD ST STE 300            SAN DIEGO, CA 92105-8537  <i>Phone:</i> (619) 284-3937  <i>Fax:</i> (619) 284-3938  <i>After Hours Phone:</i>  <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Language(s) Spoken:</i> Spanish, Vietnamese  <i>Min/Max Age:</i>  <i>Gender Restriction:</i> No Gender Restrictions  <i>American Sign Language (ASL):</i> No            Please contact provider for Accessibility information  <i>Public transportation (within 1/2 mile from Site):</i> Yes  <i>Hours:</i> M-F 9AM-5PM, SA 9AM-1PM</p>
<p><b>NGUYEN, KELVIN H , OD</b>  <i>Provider Gender:</i> Male  <i>License number:</i> 11085  <i>NPI:</i> 1518923572</p>	<p><b>NGUYEN, THANH T , OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 13126  <i>NPI:</i> 1992813323  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Vietnamese  <i>Cultural Competency:</i> Yes  <b>JASMINE P NGUYEN OD INC</b></p>	<p><b>NGUYEN, THANH T , OD</b>  <i>Provider Gender:</i> Female  <i>License number:</i> 13126  <i>NPI:</i> 1992813323  <i>Provider English Spoken:</i> Yes  <i>Provider Language(s) Spoken:</i> Vietnamese  <i>Cultural Competency:</i> Yes  <b>SABRE SPRINGS OPTOMETRY</b>            12650 SABRE SPGS PKWY STE 203            SAN DIEGO, CA 92128-4114</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (858) 748-1265	Site English Spoken: Yes	American Sign Language (ASL):
Fax: (844) 269-9527	Site Language(s) Spoken:	No
After Hours Phone:	Vietnamese	Please contact provider for
Accepting New Patients: Yes	Min/Max Age:	Accessibility information
Site English Spoken: Yes	Gender Restriction: No Gender	Public transportation (within 1/2
Site Language(s) Spoken:	Restrictions	mile from Site): No
Spanish, Vietnamese	American Sign Language (ASL):	Hours: M-F 7AM-5PM
Min/Max Age:	No	
Gender Restriction: No Gender	Please contact provider for	<b>PATEL, GITANE, MD</b>
Restrictions	Accessibility information	Provider Gender: Male
American Sign Language (ASL):	Public transportation (within 1/2	License number: A108603
No	mile from Site): Yes	NPI: 1710171434
Please contact provider for	Hours: M-W,F 11AM-3PM	Provider English Spoken: Yes
Accessibility information		Provider Language(s) Spoken:
Public transportation (within 1/2	<b>O HALLORAN, HENRY, MD</b>	Cultural Competency: Yes
mile from Site): No	Provider Gender: Male	WEST COAST EYE CARE
Hours: M,TU,TH 9AM-5PM, W,F	License number: A73282	4344 CONVOY ST STE C2
10AM-6PM	NPI: 1235287947	SAN DIEGO, CA 92111-3737
	Provider English Spoken: Yes	Phone: (858) 565-8822
<b>NGUYEN, TRACY T, OD</b>	Provider Language(s) Spoken:	Fax: (858) 565-2449
Provider Gender: Female	German, Spanish	After Hours Phone:
License number: 10859	Cultural Competency: Yes	Accepting New Patients: Yes
NPI: 1265596621	<b>RADY CHILDRENS</b>	Site English Spoken: Yes
Provider English Spoken: Yes	<b>SPECIALISTS</b>	Site Language(s) Spoken:
Provider Language(s) Spoken:	7910 FROST ST STE 200	Min/Max Age:
Vietnamese	SAN DIEGO, CA 92123-2776	Gender Restriction: No Gender
Cultural Competency: Yes	Phone: (858) 309-7702	Restrictions
<b>ESSENTIAL EYECARE</b>	Fax: (858) 966-8901	American Sign Language (ASL):
<b>OPTOMETRY</b>	After Hours Phone:	No
7612 LINDA VISTA RD STE 105	Accepting New Patients: Yes	Please contact provider for
SAN DIEGO, CA 92111-5313	Site English Spoken: Yes	Accessibility information
Phone: (858) 467-0655	Site Language(s) Spoken:	Public transportation (within 1/2
Fax:	Min/Max Age:	mile from Site): No
After Hours Phone:	Gender Restriction: No Gender	Hours: M 10AM-6PM, TU
Accepting New Patients: Yes	Restrictions	8:30AM-5PM, W 7:30AM-4PM,

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

TH 9:30AM-5PM, F 8AM-4PM	<i>Provider English Spoken: Yes</i>	6945 EL CAJON BLVD
<b>PATEL, GITANE, MD</b>	<i>Provider Language(s) Spoken: Gujarati, Hindi, Spanish</i>	SAN DIEGO, CA 92115-1754
<i>Provider Gender: Male</i>	<i>Cultural Competency: Yes</i>	<i>Phone: (619) 697-4600</i>
<i>License number: A108603</i>	<b>WEST COAST EYE CARE</b>	<i>Fax: (619) 697-2410</i>
<i>NPI: 1710171434</i>	4344 CONVOY ST STE C2	<i>After Hours Phone:</i>
<i>Provider English Spoken: Yes</i>	SAN DIEGO, CA 92111-3737	<i>Accepting New Patients: Yes</i>
<i>Provider Language(s) Spoken:</i>	<i>Phone: (858) 565-8822</i>	<i>Site English Spoken: Yes</i>
<i>Cultural Competency: Yes</i>	<i>Fax: (858) 565-2449</i>	<i>Site Language(s) Spoken:</i>
<b>WEST COAST EYE CARE</b>	<i>After Hours Phone:</i>	<i>Min/Max Age:</i>
6945 EL CAJON BLVD	<i>Accepting New Patients: Yes</i>	<i>Gender Restriction: No Gender Restrictions</i>
SAN DIEGO, CA 92115-1754	<i>Site English Spoken: Yes</i>	<i>American Sign Language (ASL): No</i>
<i>Phone: (619) 697-4600</i>	<i>Site Language(s) Spoken:</i>	<i>Please contact provider for Accessibility information</i>
<i>Fax: (619) 697-2410</i>	<i>Min/Max Age:</i>	<i>Public transportation (within 1/2 mile from Site): No</i>
<i>After Hours Phone:</i>	<i>Gender Restriction: No Gender Restrictions</i>	<i>Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM</i>
<i>Accepting New Patients: Yes</i>	<i>American Sign Language (ASL): No</i>	<b>PHAM, TONY D , OD</b>
<i>Site English Spoken: Yes</i>	<i>Please contact provider for Accessibility information</i>	<i>Provider Gender: Male</i>
<i>Site Language(s) Spoken:</i>	<i>Public transportation (within 1/2 mile from Site): No</i>	<i>License number: 12348</i>
<i>Min/Max Age:</i>	<i>Hours: M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM</i>	<i>NPI: 1841271434</i>
<i>Gender Restriction: No Gender Restrictions</i>	<b>PATEL, SARJAN H , MD</b>	<i>Provider English Spoken: Yes</i>
<i>American Sign Language (ASL): No</i>	<i>Provider Gender: Male</i>	<i>Provider Language(s) Spoken: Spanish, Vietnamese</i>
<i>Please contact provider for Accessibility information</i>	<i>License number: A114976</i>	<i>Cultural Competency: Yes</i>
<i>Public transportation (within 1/2 mile from Site): No</i>	<i>NPI: 1316199326</i>	<b>MIRA MESA EYECARE</b>
<i>Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM</i>	<i>Provider English Spoken: Yes</i>	6755 MIRA MESA BLVD STE 141
<b>PATEL, SARJAN H , MD</b>	<i>Provider Language(s) Spoken: Gujarati, Hindi, Spanish</i>	SAN DIEGO, CA 92121-4311
<i>Provider Gender: Male</i>	<i>Cultural Competency: Yes</i>	<i>Phone: (858) 535-8282</i>
<i>License number: A114976</i>	<b>WEST COAST EYE CARE</b>	<i>Fax: (858) 535-0537</i>
<i>NPI: 1316199326</i>		<i>After Hours Phone:</i>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Spanish, Vietnamese  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): Yes  Hours: M,TU,TH,F 9:30AM-6PM</p> <p><b>PHUNG, RICHARD N V, OD</b>  Provider Gender: Male  License number: 9547  NPI: 1689661571  Provider English Spoken: Yes  Provider Language(s) Spoken: Vietnamese, Chinese  Cultural Competency: Yes  SCRIPPS RANCH OPTOMETRI CTR  9880 HIBERT ST STE E1  SAN DIEGO, CA 92131-1068  Phone: (858) 693-9044  Fax: (858) 693-0704  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Vietnamese  Min/Max Age:</p>	<p>Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No  Hours: M,W,TH 10AM-6PM, TU 10AM-2PM, F,SA 9AM-2PM</p> <p><b>POUSTI, SHEIVA L, OD</b>  Provider Gender: Female  License number: 10403  NPI: 1730240052  Provider English Spoken: Yes  Provider Language(s) Spoken:  Cultural Competency: Yes  SAN DIEGO EYE CLINIC OPTOMETRY  3560 FAIRMOUNT AVE STE A  SAN DIEGO, CA 92105-3420  Phone: (619) 431-2020  Fax: (619) 376-2100  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken: Spanish  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for</p>	<p>Accessibility information  Public transportation (within 1/2 mile from Site): Yes  Hours: M-SU 9AM-6PM</p> <p><b>PRABHU, SUJATA P, MD</b>  Provider Gender: Female  License number: A115965  NPI: 1982872552  Provider English Spoken: Yes  Provider Language(s) Spoken: Spanish  Cultural Competency: Yes  WEST COAST EYE CARE  6945 EL CAJON BLVD  SAN DIEGO, CA 92115-1754  Phone: (619) 697-4600  Fax: (619) 697-2410  After Hours Phone:  Accepting New Patients: Yes  Site English Spoken: Yes  Site Language(s) Spoken:  Min/Max Age:  Gender Restriction: No Gender Restrictions  American Sign Language (ASL): No  Please contact provider for Accessibility information  Public transportation (within 1/2 mile from Site): No  Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

### **PRABHU, SUJATA P , MD**

*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM  
**SCHER, COLIN A , MD**  
*Provider Gender:* Male  
*License number:* A42700  
*NPI:* 1396816153

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**RADY CHILDRENS SPECIALISTS**  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-8901  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 7AM-5PM  
**SHULKIN, MITCHELL S , OD**  
*Provider Gender:* Male  
*License number:* 8153  
*NPI:* 1770531865  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**NORTH COUNTY OPTOMETRY**  
 11835 CARMEL MTN RD STE 1313

SAN DIEGO, CA 92128-4609  
*Phone:* (858) 674-1276  
*Fax:* (858) 674-5863  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M 9AM-4PM, TU 7AM-1PM, W,TH 10AM-7PM, F 10AM-3PM, SA 9AM-2PM

### **SORIANO, CATHERINE F , OD**

*Provider Gender:* Female  
*License number:* 13109  
*NPI:* 1508919085  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Filipino, Pilipino, Spanish, Tagalog  
*Cultural Competency:* Yes  
**CATHERINE SORIANO OD**  
 2404 MADISON AVE  
 SAN DIEGO, CA 92116-2920

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (619) 291-3836	Site Language(s) Spoken: Russian, Spanish	American Sign Language (ASL): No
Fax: (619) 291-4625	Min/Max Age:	Please contact provider for
After Hours Phone:	Gender Restriction: No Gender Restrictions	Accessibility information
Accepting New Patients: Yes	American Sign Language (ASL): No	Public transportation (within 1/2 mile from Site): Yes
Site English Spoken: Yes	Please contact provider for	Hours: M-F 9:30AM-6PM, SA 9AM-3PM
Site Language(s) Spoken: Spanish, Tagalog	Accessibility information	<b>TAM, MAY C, OD</b>
Min/Max Age:	Public transportation (within 1/2 mile from Site): Yes	Provider Gender: Female
Gender Restriction: No Gender Restrictions	Hours: M-F 10AM-6PM, SA 9AM-3PM	License number: 11960
American Sign Language (ASL): No	<b>TAM, MAY C, OD</b>	NPI: 1548255896
Please contact provider for	Provider Gender: Female	Provider English Spoken: Yes
Accessibility information	License number: 11960	Provider Language(s) Spoken: Spanish
Public transportation (within 1/2 mile from Site): Yes	NPI: 1548255896	Cultural Competency: Yes
Hours: M-F 8:30AM-5PM	Provider English Spoken: Yes	<b>FASHION VALLEY EYE CARE OPTOMETR</b>
<b>STEVENS, TANIA, OD</b>	Provider Language(s) Spoken: Spanish	7007 FRIARS RD STE 351
Provider Gender: Female	Cultural Competency: Yes	SAN DIEGO, CA 92108-1148
License number: 12072	<b>OPTOM-EYES VISION CARE OPTOMETRY</b>	Phone: (619) 291-2020
NPI: 1427089630	1555 PALM AVE STE A2	Fax: (888) 210-5799
Provider English Spoken: Yes	SAN DIEGO, CA 92154-1012	After Hours Phone:
Provider Language(s) Spoken: Spanish	Phone: (619) 297-2020	Accepting New Patients: Yes
Cultural Competency: Yes	Fax: (888) 210-5799	Site English Spoken: Yes
<b>OPTOMETRY CABANA</b>	After Hours Phone:	Site Language(s) Spoken: Spanish
12925 EL CAMINO REAL STE AA3	Accepting New Patients: Yes	Min/Max Age:
SAN DIEGO, CA 92130-1891	Site English Spoken: Yes	Gender Restriction: No Gender Restrictions
Phone: (858) 348-5900	Site Language(s) Spoken:	American Sign Language (ASL): No
Fax: (858) 617-0780	Min/Max Age:	Please contact provider for
After Hours Phone:	Gender Restriction: No Gender Restrictions	Accessibility information
Accepting New Patients: Yes		
Site English Spoken: Yes		

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Public transportation (within 1/2 mile from Site): Yes  
Hours: M-SA 10AM-7PM

### **TAM, MAY C , OD**

Provider Gender: Female  
License number: 11960  
NPI: 1548255896  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: Yes  
OPTOM-EYES VISION CARE OPTOMETRY  
5638 MISSION CENTER RD STE 103  
SAN DIEGO, CA 92108-4348  
Phone: (619) 295-2900  
Fax: (888) 210-5799  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): No  
Hours: M-F 9AM-5:30PM, SA 9AM-3PM

### **TA, TRANG T , OD**

Provider Gender: Female  
License number: 12100  
NPI: 1518381045  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: Yes  
JASMINE P NGUYEN OD INC  
4029 43RD ST STE 300  
SAN DIEGO, CA 92105-8537  
Phone: (619) 284-3937  
Fax: (619) 284-3938  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Vietnamese  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 9AM-5PM, SA 9AM-1PM

### **TILLMAN, SYLVIA, OD**

Provider Gender: Female  
License number: 9726  
NPI: 1174730824

Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: Yes  
JASMINE P NGUYEN OD INC  
4029 43RD ST STE 300  
SAN DIEGO, CA 92105-8537  
Phone: (619) 284-3937  
Fax: (619) 284-3938  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Vietnamese  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 9AM-5PM, SA 9AM-1PM

### **TONNU, ANH T , OD**

Provider Gender: Female  
License number: 11318  
NPI: 1679521280  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: Yes  
WEST COAST EYE CARE

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>4344 CONVOY ST STE C2 SAN DIEGO, CA 92111-3737 Phone: (858) 565-8822 Fax: (858) 565-2449 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM</p> <p><b>TONNU, ANH T , OD</b> Provider Gender: Female License number: 11318 NPI: 1679521280 Provider English Spoken: Yes Provider Language(s) Spoken: Vietnamese Cultural Competency: Yes WEST COAST EYE CARE 6945 EL CAJON BLVD SAN DIEGO, CA 92115-1754 Phone: (619) 697-4600 Fax: (619) 697-2410 After Hours Phone:</p>	<p>Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM</p> <p><b>TRANG, CHAU H , OD</b> Provider Gender: Female License number: 9556 NPI: 1073671087 Provider English Spoken: Yes Provider Language(s) Spoken: French, Spanish, Vietnamese, Chinese Cultural Competency: Yes CHAU H TRANG OD 6947 LINDA VISTA RD STE A SAN DIEGO, CA 92111-6363 Phone: (858) 495-0592 Fax: (858) 495-0560 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: French, Spanish, Vietnamese</p>	<p>Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M,W 10AM-4PM, F 10AM-5:30PM, SA 9AM-1PM</p> <p><b>TRAN, ALEXANDER, OD</b> Provider Gender: Male License number: SOL14136 NPI: 1902414790 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes RADY CHILDRENS SPECIALISTS 7910 FROST ST STE 200 SAN DIEGO, CA 92123-2776 Phone: (858) 309-7702 Fax: (858) 966-8901 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 7AM-5PM</p> <p><b>TU, CHARLES, OD</b> Provider Gender: Male License number: 34618 NPI: 1073137691 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes FASHION VALLEY EYE CARE OPTOMETR 7007 FRIARS RD STE 351 SAN DIEGO, CA 92108-1148 Phone: (619) 291-2020 Fax: (888) 210-5799 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-SA 10AM-7PM</p> <p><b>VAN HOOSE, MARC, OD</b></p>	<p>Provider Gender: Male License number: 12667 NPI: 1932280054 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes VAN HOOSE OPTOMETRIC CORPORATION 7246 CLAIREMONT MESA BLVD SAN DIEGO, CA 92111-1007 Phone: (858) 292-7193 Fax: (858) 292-8247 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours:</p> <p><b>VIVIRITO, MARY, OD</b> Provider Gender: Female License number: 33798 NPI: 1477968667 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish</p>	<p>Cultural Competency: Yes OPTOM-EYES VISION CARE OPTOMETRY 5638 MISSION CENTER RD STE 103 SAN DIEGO, CA 92108-4348 Phone: (619) 295-2900 Fax: (888) 210-5799 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 9AM-5:30PM, SA 9AM-3PM</p> <p><b>VIVIRITO, MARY, OD</b> Provider Gender: Female License number: 33798 NPI: 1477968667 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes FASHION VALLEY EYE CARE OPTOMETR</p>
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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

7007 FRIARS RD STE 351 SAN DIEGO, CA 92108-1148 Phone: (619) 291-2020 Fax: (888) 210-5799 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-SA 10AM-7PM	Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-F 8AM-4PM	Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): Yes Hours: M-W,F,SU 10AM-7PM, SA 10AM-7:30PM
<b>VO, ANDREW MINH, OD</b> Provider Gender: Male License number: 33869 NPI: 1790291565 Provider English Spoken: Yes Provider Language(s) Spoken: Vietnamese Cultural Competency: Yes HILLCREST EYE CENTER-UCSD 4060 4TH AVE STE 610 SAN DIEGO, CA 92103-2144 Phone: (619) 543-6244 Fax: (619) 295-5034 After Hours Phone:	<b>YUEN, STEVEN T, OD</b> Provider Gender: Male License number: 10454 NPI: 1447289814 Provider English Spoken: Yes Provider Language(s) Spoken: Chinese Cultural Competency: Yes GOLDEN PLAZA OPTOMETRY 7330 CLAIREMONT MESA BLVD # A1 SAN DIEGO, CA 92111-1124 Phone: (858) 292-4498 Fax: (858) 292-0967 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Vietnamese, Chinese Min/Max Age: Gender Restriction: No Gender	<b>YU, CAROL, OD</b> Provider Gender: Female License number: 34047 NPI: 1639697451 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish, Chinese Cultural Competency: Yes HILLCREST EYE CENTER-UCSD 4060 4TH AVE STE 610 SAN DIEGO, CA 92103-2144 Phone: (619) 543-6244 Fax: (619) 295-5034 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 8AM-4PM

### **YU, JEAN D , OD**

Provider Gender: Female  
License number: 11789  
NPI: 1861531535  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Tagalog, Chinese

Cultural Competency: Yes  
**NEOVISION OPTOMETRY**  
8137 MIRA MESA BLVD  
SAN DIEGO, CA 92126-2601

Phone: (858) 689-9533  
Fax: (858) 689-9515  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

Tagalog, Chinese  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): Yes  
Hours: TU,TH,SA 10AM-5PM, W,F 10AM-6PM

### **SAN MARCOS**

### **SKAY, RICHARD M , OD**

Provider Gender: Male  
License number: 7649  
NPI: 1639251945  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: Yes  
**RICHARD M SKAY OD**

1903 W SAN MARCOS BLVD  
STE 130  
SAN MARCOS, CA 92078-3907  
Phone: (760) 727-2211

Fax: (760) 727-2533  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:

Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No

Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): No  
Hours: M-F 9AM-3PM

### **TA, MINI P , OD**

Provider Gender: Female  
License number: 15170  
NPI: 1578955605  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: Yes

**NEW OPTIX OPTOMETRY**  
640 GRAND AVE STE 101  
SAN MARCOS, CA 92078-1207  
Phone: (760) 736-0020

Fax: (760) 736-0019  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

Spanish, Vietnamese  
Min/Max Age:  
Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: TU-F 9AM-5PM, SA 9AM-2PM

### **TRAN, MICHAEL D , OD**

Provider Gender: Male  
License number: 14530  
NPI: 1649524216  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese

Cultural Competency: Yes  
**NEW OPTIX OPTOMETRY**  
640 GRAND AVE STE 101  
SAN MARCOS, CA 92078-1207

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Phone: (760) 736-0020  
 Fax: (760) 736-0019  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Vietnamese  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: TU-F 9AM-5PM, SA 9AM-2PM

### SANTEE

**BOECK, CARL A , OD**  
 Provider Gender: Male  
 License number: 6620  
 NPI: 1588656151  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish  
 Cultural Competency: Yes  
**BOECK & SCHISLER ODS**  
 9621 MISSION GORGE RD STE 106  
 SANTEE, CA 92071-3802

Phone: (619) 449-2000  
 Fax: (619) 449-8303  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M,TH,F 9AM-5PM, TU 2PM-6PM

### SCHISLER, RONALD W , OD

Provider Gender: Male  
 License number: 6791  
 NPI: 1346378742  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**BOECK & SCHISLER ODS**  
 9621 MISSION GORGE RD STE 106  
 SANTEE, CA 92071-3802  
 Phone: (619) 449-2000  
 Fax: (619) 449-8303  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M,TH,F 9AM-5PM, TU 2PM-6PM

### SPRING VALLEY

### CUMMINS JR, JAMES W , OD

Provider Gender: Male  
 License number: 6016  
 NPI: 1568595791  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
**JAMES W CUMMINS JR OD**  
 9628 CAMPO RD STE C  
 SPRING VALLEY, CA 91977-1233  
 Phone: (619) 463-9318  
 Fax:  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM, SA 8:30AM-12PM</p>	<p>Hours: M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM</p> <p><b>FLEMING, JOHN C , OD</b> Provider Gender: Male License number: 8461 NPI: 1033192133 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes JOHN C FLEMING OD 9628 CAMPO RD STE C SPRING VALLEY, CA 91977-1233 Phone: (619) 463-9318 Fax: (619) 463-9640 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No</p>	<p>Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes JOHN C FLEMING OD 9628 CAMPO RD STE C SPRING VALLEY, CA 91977-1233 Phone: (619) 463-9318 Fax: (619) 463-9640 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No</p>
<p><b>CUMMINS JR, JAMES W , OD</b> Provider Gender: Male License number: 6016 NPI: 1568595791 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes JOHN C FLEMING OD 9628 CAMPO RD STE C SPRING VALLEY, CA 91977-1233 Phone: (619) 463-9318 Fax: (619) 463-9640 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No</p>	<p>Provider Gender: Male License number: 6016 NPI: 1568595791 Provider English Spoken: Yes Provider Language(s) Spoken: Cultural Competency: Yes JOHN C FLEMING OD 9628 CAMPO RD STE C SPRING VALLEY, CA 91977-1233 Phone: (619) 463-9318 Fax: (619) 463-9640 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM</p> <p><b>JOHNSON, CHRISTOPHER, OD</b> Provider Gender: Male License number: 15100 NPI: 1568861425</p>	<p>After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM</p> <p><b>KALRA, ANKUR, OD</b> Provider Gender: Male License number: 11898 NPI: 1124195789 Provider English Spoken: Yes Provider Language(s) Spoken: Hindi Cultural Competency: Yes EYE CARE OPTOMETRY ASSOCIATES 687 SWEETWATER RD</p>

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

<p>SPRING VALLEY, CA 91977-5628 Phone: (619) 466-9444 Fax: (619) 466-9314 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Hindi, Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 9AM-6PM, SA 9AM-5PM</p>	<p>Phone: (619) 466-9444 Fax: (619) 466-9314 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Hindi, Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 9AM-6PM, SA 9AM-5PM</p>	<p>Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken: Arabic, Hindi, Spanish Min/Max Age: Gender Restriction: No Gender Restrictions American Sign Language (ASL): No Please contact provider for Accessibility information Public transportation (within 1/2 mile from Site): No Hours: M-F 9AM-6PM, SA 9AM-5PM</p>
<p><b>KEDDINGTON, JOAN, OD</b> Provider Gender: Female License number: 6263 NPI: 1992872691 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes EYE CARE OPTOMETRY ASSOCIATES 687 SWEETWATER RD SPRING VALLEY, CA 91977-5628</p>	<p><b>KING, MARY M, OD</b> Provider Gender: Female License number: 13711 NPI: 1578792107 Provider English Spoken: Yes Provider Language(s) Spoken: Spanish Cultural Competency: Yes EYE CARE OPTOMETRY ASSOCIATES 687 SWEETWATER RD SPRING VALLEY, CA 91977-5628 Phone: (619) 466-9444 Fax: (619) 466-9314 After Hours Phone:</p>	<p><b>TOUBIA, ELIAS, OD</b> Provider Gender: Male License number: 33758 NPI: 1740701481 Provider English Spoken: Yes Provider Language(s) Spoken: Arabic Cultural Competency: Yes EYE CARE OPTOMETRY ASSOCIATES 687 SWEETWATER RD SPRING VALLEY, CA 91977-5628 Phone: (619) 466-9444 Fax: (619) 466-9314 After Hours Phone: Accepting New Patients: Yes Site English Spoken: Yes Site Language(s) Spoken:</p>

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

Arabic, Hindi, Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: M-F 9AM-6PM, SA  
 9AM-5PM

### VALLEY CENTER

#### JOYCE, ROBERT J , OD

Provider Gender: Male  
 License number: 11833  
 NPI: 1275585127  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Yes  
 VALLEY CENTER OPTOMETRY  
 29115 VALLEY CENTER RD STE  
 E  
 VALLEY CENTER, CA  
 92082-6553  
 Phone: (760) 751-8771  
 Fax: (760) 751-8772  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish

Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: M 9AM-6PM, TU-F  
 9AM-5PM

### VISTA

#### DEMLINGER, GLENN M , OD

Provider Gender: Male  
 License number: 8954  
 NPI: 1508932518  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Yes  
 SHADOWRIDGE FAMILY  
 VISION  
 741 SHADOWRIDGE DR  
 VISTA, CA 92083-7997  
 Phone: (760) 727-1844  
 Fax: (760) 727-3044  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender

Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M,TU,TH 9AM-6PM, W  
 7AM-5PM

#### GEORGE, BRUCE D , OD

Provider Gender: Male  
 License number: 7696  
 NPI: 1356414551  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean, Spanish  
 Cultural Competency: Yes  
 BRUCE D GEORGE OD  
 931 ANZA AVE STE B  
 VISTA, CA 92084-4531  
 Phone: (760) 758-2340  
 Fax: (760) 867-2222  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information

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## K. Directorio de proveedores de atención de la vista - Servicios de la vista

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*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TH,F 9AM-5PM, TU,W 9AM-6PM

### **GEORGE, KENDALL, OD**

*Provider Gender:* Male  
*License number:* 34270  
*NPI:* 1619529948  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* Yes

**BRUCE D GEORGE OD**

931 ANZA AVE STE B

VISTA, CA 92084-4531

*Phone:* (760) 758-2340

*Fax:* (760) 867-2222

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M,TH,F 9AM-5PM, TU,W 9AM-6PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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## L. Otros proveedores de servicios

### EL CAJON

#### LA MAESTRA FAMILY CLINIC INC<sup>†</sup>

Provider Gender:

License number:

NPI: 1336353721

165 S 1ST ST

EL CAJON, CA 92019-4795

Phone: (619) 312-0347

Fax: (619) 749-5480

After Hours Phone: (619)

312-0347

Provider English Spoken:

Provider Language(s) Spoken:

Hours: M-SA 9AM-5PM

♿ Accessibility: W

Website: www.lamaestra.org

Cultural Competency: No

Accepting New Patients: Yes

#### LA MAESTRA FAMILY CLINIC<sup>†</sup>

#### LA MAESTRA FAMILY CLINIC INC,<sup>†</sup>

Provider Gender:

License number:

NPI: 1336353721

165 S 1ST ST

EL CAJON, CA 92019-4795

Phone: (619) 312-0347

Fax: (619) 749-5480

After Hours Phone: (619)

312-0347

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hours: M-SA 9AM-5PM

♿ Accessibility: W

Website: www.lamaestra.org

Cultural Competency: No

Accepting New Patients: No

### ESCONDIDO

#### INTERFAITH COMMUNITY SERVICES<sup>†</sup>

Provider Gender:

License number:

NPI: 1932767381

250 N ASH ST

ESCONDIDO, CA 92027-3026

Phone: (760) 489-6380

Fax:

After Hours Phone: (760)

489-6380

Provider English Spoken:

Provider Language(s) Spoken:

Hours: M-SA 9AM-5PM

♿ Accessibility:

Website:

Cultural Competency: No

Accepting New Patients: No

### IMPERIAL BEACH

#### IMPERIAL BEACH HEALTH CENTER<sup>†</sup>

Provider Gender:

License number: 090000119

NPI: 1790718351

949 PALM AVE

IMPERIAL BEACH, CA

91932-1503

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)

429-3733

Provider English Spoken:

Provider Language(s) Spoken:

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

9AM-5PM

♿ Accessibility: P, EB, E, R, W

Website: www.ihpsocal.org

Cultural Competency: No

Accepting New Patients: Yes

#### IHP OF SOUTHERN CALIFORNIA<sup>†</sup>

#### IMPERIAL BEACH HEALTH CENTER,<sup>†</sup>

Provider Gender:

License number: 090000119

NPI: 1790718351

949 PALM AVE

IMPERIAL BEACH, CA

91932-1503

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)

429-3733

Provider English Spoken: Yes

Provider Language(s) Spoken:

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

<sup>†</sup>Para los servicios de ECM y Community Supports se necesita una autorización previa y se limita a los miembros que cumplen con ciertos criterios de elegibilidad.

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## L. Otros proveedores de servicios

9AM-5PM

♿ *Accessibility:* P, EB, E, R, W

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

*Cultural Competency:* No

*Accepting New Patients:* No

### NATIONAL CITY

#### LA MAESTRA FAMILY CLINIC INC<sup>†</sup>

*Provider Gender:*

*License number:*

*NPI:* 1336353721

217 HIGHLAND AVE

NATIONAL CITY, CA 91950-1518

*Phone:* (619) 434-7308

*Fax:* (619) 434-7310

*After Hours Phone:* (619)

434-7308

*Provider English Spoken:*

*Provider Language(s) Spoken:*

*Hours:* M-W,F,SA 9AM-5PM, TH

8AM-2PM

♿ *Accessibility:* P, EB, IB, E, R, W

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

*Cultural Competency:* No

*Accepting New Patients:* Yes

#### LA MAESTRA FAMILY CLINIC<sup>†</sup>

#### LA MAESTRA FAMILY CLINIC INC,<sup>†</sup>

*Provider Gender:*

*License number:*

*NPI:* 1336353721

217 HIGHLAND AVE

NATIONAL CITY, CA 91950-1518

*Phone:* (619) 434-7308

*Fax:* (619) 434-7310

*After Hours Phone:* (619)

434-7308

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Hours:* M-W,F,SA 9AM-5PM, TH

8AM-2PM

♿ *Accessibility:* P, EB, IB, E, R, W

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

*Cultural Competency:* No

*Accepting New Patients:* No

### OCEANSIDE

#### VISTA COMMUNITY CLINIC<sup>†</sup>

*Provider Gender:*

*License number:* 080000002

*NPI:* 1851300123

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Provider English Spoken:*

*Provider Language(s) Spoken:*

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

9AM-4PM

♿ *Accessibility:* W

*Website:*

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

*Cultural Competency:* No

*Accepting New Patients:* Yes

#### VISTA COMMUNITY CLINIC<sup>†</sup>

*Provider Gender:*

*License number:* 080000002

*NPI:* 1316501562

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Provider English Spoken:*

*Provider Language(s) Spoken:*

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

9AM-4PM

♿ *Accessibility:* W

*Website:*

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

*Cultural Competency:* No

*Accepting New Patients:* Yes

#### IHP OF SOUTHERN CALIFORNIA<sup>†</sup>

#### VISTA COMMUNITY CLINIC,<sup>†</sup>

*Provider Gender:*

*License number:* 080000002

*NPI:* 1851300123

4700 N RIVER RD STE B

OCEANSIDE, CA 92057-6043

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

<sup>†</sup>Para los servicios de ECM y Community Supports se necesita una autorización previa y se limita a los miembros que cumplen con ciertos criterios de elegibilidad.

Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## L. Otros proveedores de servicios

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Hours:* M-F 8AM-5PM, SA  
9AM-4PM  
*♿ Accessibility:* W  
*Website:*  
www.vistacommunityclinic.org  
*Cultural Competency:* No  
*Accepting New Patients:* No

### IHP OF SOUTHERN CALIFORNIA<sup>†</sup>

#### VISTA COMMUNITY CLINIC,<sup>†</sup>

*Provider Gender:*  
*License number:* 080000002  
*NPI:* 1316501562  
4700 N RIVER RD STE B  
OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
631-5000  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Hours:* M-F 8AM-5PM, SA  
9AM-4PM  
*♿ Accessibility:* W  
*Website:*  
www.vistacommunityclinic.org  
*Cultural Competency:* No  
*Accepting New Patients:* No

### SAN DIEGO

#### FAMILY HEALTH CTR IBARRA<sup>†</sup>

*Provider Gender:*  
*License number:* 550003108  
*NPI:* 1477953933  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2426  
*Fax:* (619) 255-8002  
*After Hours Phone:* (619)  
515-2426  
*Provider English Spoken:*  
*Provider Language(s) Spoken:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
9AM-5PM  
*♿ Accessibility:* P, EB, IB, E, R, T  
*Website:* www.fhcsd.org  
*Cultural Competency:* No  
*Accepting New Patients:* Yes

#### LA MAESTRA FAMILY CLINIC INC<sup>†</sup>

*Provider Gender:*  
*License number:*  
*NPI:* 1336353721  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:* (619) 795-9849  
*After Hours Phone:* (619)  
255-9155  
*Provider English Spoken:*  
*Provider Language(s) Spoken:*  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*♿ Accessibility:* P, EB, IB, E, W

*Website:* www.lamaestra.org  
*Cultural Competency:* No  
*Accepting New Patients:* Yes

#### LOGAN HEIGHTS FAMILY HEALTH CENTER<sup>†</sup>

*Provider Gender:*  
*License number:*  
*NPI:* 1447281936  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:* (619) 234-2447  
*After Hours Phone:* (619)  
515-2300  
*Provider English Spoken:*  
*Provider Language(s) Spoken:*  
*Hours:* M-SA 9AM-5PM  
*♿ Accessibility:* ME  
*Website:* www.fhcsd.org  
*Cultural Competency:* No  
*Accepting New Patients:* Yes

#### MAMAS KITCHEN<sup>†</sup>

*Provider Gender:*  
*License number:*  
*NPI:* 1346723434  
3960 HOME AVE  
SAN DIEGO, CA 92105-5925  
*Phone:* (619) 233-6262  
*Fax:* (619) 233-6283  
*After Hours Phone:* (619)  
233-6262  
*Provider English Spoken:*  
*Provider Language(s) Spoken:*

<sup>†</sup>Para los servicios de ECM y Community Supports se necesita una autorización previa y se limita a los miembros que cumplen con ciertos criterios de elegibilidad.

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## L. Otros proveedores de servicios

Hours: M-SA 9AM-5PM

♿ Accessibility:

Website:

Cultural Competency: No

Accepting New Patients: No

### **MID-CITY COMMUNITY CLINIC<sup>†</sup>**

Provider Gender:

License number:

NPI: 1962483040

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105-1690

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619)

280-2058

Provider English Spoken:

Provider Language(s) Spoken:

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

8AM-2PM

♿ Accessibility: P, EB, IB, E, W

Website: www.sdfamilycare.org

Cultural Competency: No

Accepting New Patients: Yes

### **MID-CITY COMMUNITY CLINIC<sup>†</sup>**

Provider Gender:

License number:

NPI: 1962483040

4290 POLK AVE

SAN DIEGO, CA 92105-1524

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)

563-0250

Provider English Spoken:

Provider Language(s) Spoken:

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

8AM-2PM

♿ Accessibility: W

Website: www.sdfamilycare.org

Cultural Competency: No

Accepting New Patients: Yes

### **SAN DIEGO FAMILY CARE<sup>†</sup>**

Provider Gender:

License number:

NPI: 1457724858

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)

810-8700

Provider English Spoken:

Provider Language(s) Spoken:

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

TU 8:30AM-8:30PM, SA

9AM-4PM

♿ Accessibility: P, EB, IB, E, R, W

Website: www.sdfamilycare.org

Cultural Competency: No

Accepting New Patients: Yes

### **ST VINCENT DE PAUL VILLAGE**

#### **FAMILY HEALTH CENTER<sup>†</sup>**

Provider Gender:

License number: 090000297

NPI: 1598122871

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax: (619) 687-1067

After Hours Phone: (619)

233-8500

Provider English Spoken:

Provider Language(s) Spoken:

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

9AM-5PM

♿ Accessibility:

Website:

Cultural Competency: No

Accepting New Patients: No

### **FAMILY HEALTH CENTERS OF SAN DIEGO<sup>†</sup>**

#### **FAMILY HEALTH CTR IBARRA,<sup>†</sup>**

Provider Gender:

License number: 550003108

NPI: 1477953933

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax: (619) 255-8002

After Hours Phone: (619)

515-2426

Provider English Spoken: Yes

Provider Language(s) Spoken:

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

9AM-5PM

♿ Accessibility: P, EB, IB, E, R, T

Website: www.fhcsd.org

Cultural Competency: No

Accepting New Patients: No

<sup>†</sup>Para los servicios de ECM y Community Supports se necesita una autorización previa y se limita a los miembros que cumplen con ciertos criterios de elegibilidad.

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Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.

## L. Otros proveedores de servicios

---

### **LA MAESTRA FAMILY CLINIC<sup>†</sup>**

### **LA MAESTRA FAMILY CLINIC INC,<sup>†</sup>**

*Provider Gender:*

*License number:*

*NPI: 1336353721*

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

*Phone: (619) 255-9155*

*Fax: (619) 795-9849*

*After Hours Phone: (619)*

*255-9155*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

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

*9AM-5PM*

*♿ Accessibility: P, EB, IB, E, W*

*Website: www.lamaestra.org*

*Cultural Competency: No*

*Accepting New Patients: No*

### **FAMILY HEALTH CENTERS OF SAN DIEGO<sup>†</sup>**

### **LOGAN HEIGHTS FAMILY HEALTH CENTER,<sup>†</sup>**

*Provider Gender:*

*License number:*

*NPI: 1447281936*

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone: (619) 515-2300*

*Fax: (619) 234-2447*

*After Hours Phone: (619)*

*515-2300*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

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

*♿ Accessibility: ME*

*Website: www.fhcsd.org*

*Cultural Competency: No*

*Accepting New Patients: No*

### **IHP OF SOUTHERN CALIFORNIA<sup>†</sup>**

### **MID-CITY COMMUNITY CLINIC,<sup>†</sup>**

*Provider Gender:*

*License number:*

*NPI: 1962483040*

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105-1690

*Phone: (619) 280-2058*

*Fax: (858) 633-4682*

*After Hours Phone: (619)*

*280-2058*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

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

*8AM-2PM*

*♿ Accessibility: P, EB, IB, E, W*

*Website: www.sdfamilycare.org*

*Cultural Competency: No*

*Accepting New Patients: No*

### **IHP OF SOUTHERN CALIFORNIA<sup>†</sup>**

### **MID-CITY COMMUNITY CLINIC,<sup>†</sup>**

*Provider Gender:*

*License number:*

*NPI: 1962483040*

4290 POLK AVE

SAN DIEGO, CA 92105-1524

*Phone: (619) 563-0250*

*Fax: (858) 633-4681*

*After Hours Phone: (619)*

*563-0250*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

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

*8AM-2PM*

*♿ Accessibility: W*

*Website: www.sdfamilycare.org*

*Cultural Competency: No*

*Accepting New Patients: No*

### **IHP OF SOUTHERN CALIFORNIA<sup>†</sup>**

### **SAN DIEGO FAMILY CARE,<sup>†</sup>**

*Provider Gender:*

*License number:*

*NPI: 1457724858*

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

<sup>†</sup>Para los servicios de ECM y Community Supports se necesita una autorización previa y se limita a los miembros que cumplen con ciertos criterios de elegibilidad.

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## L. Otros proveedores de servicios

Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
 810-8700

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hours: M,W-F 8:30AM-5:30PM,  
 TU 8:30AM-8:30PM, SA  
 9AM-4PM  
 ♻ Accessibility: P, EB, IB, E, R, W  
 Website: www.sdfamilycare.org  
 Cultural Competency: No  
 Accepting New Patients: No

### IHP OF SOUTHERN CALIFORNIA<sup>†</sup>

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,<sup>†</sup>

Provider Gender:  
 License number: 090000297  
 NPI: 1598122871  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
 Phone: (619) 233-8500  
 Fax: (619) 687-1067  
 After Hours Phone: (619)  
 233-8500  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hours: M-F 8AM-5:30PM, SA  
 9AM-5PM  
 ♻ Accessibility:  
 Website:  
 Cultural Competency: No

Accepting New Patients: No

### VISTA

### VISTA COMMUNITY CLINIC<sup>†</sup>

Provider Gender:  
 License number: 080000002  
 NPI: 1851300123  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000

Provider English Spoken:  
 Provider Language(s) Spoken:  
 Hours: M-TH 8AM-8PM, F  
 8AM-5PM, SA 9AM-4PM  
 ♻ Accessibility: P, EB, IB, E, T, W,  
 ME  
 Website:  
 www.vistacommunityclinic.org  
 Cultural Competency: No  
 Accepting New Patients: Yes

### VISTA COMMUNITY CLINIC<sup>†</sup>

Provider Gender:  
 License number: 080000002  
 NPI: 1316501562  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000

Provider English Spoken:  
 Provider Language(s) Spoken:  
 Hours: M-TH 8AM-8PM, F  
 8AM-5PM, SA 9AM-4PM  
 ♻ Accessibility: P, EB, IB, E, T, W,  
 ME  
 Website:  
 www.vistacommunityclinic.org  
 Cultural Competency: No  
 Accepting New Patients: Yes

### IHP OF SOUTHERN CALIFORNIA<sup>†</sup>

### VISTA COMMUNITY CLINIC,<sup>†</sup>

Provider Gender:  
 License number: 080000002  
 NPI: 1851300123  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hours: M-TH 8AM-8PM, F  
 8AM-5PM, SA 9AM-4PM  
 ♻ Accessibility: P, EB, IB, E, T, W,  
 ME  
 Website:  
 www.vistacommunityclinic.org  
 Cultural Competency: No  
 Accepting New Patients: No

<sup>†</sup>Para los servicios de ECM y Community Supports se necesita una autorización previa y se limita a los miembros que cumplan con ciertos criterios de elegibilidad.

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## L. Otros proveedores de servicios

---

### IHP OF SOUTHERN CALIFORNIA<sup>†</sup>

#### VISTA COMMUNITY CLINIC,<sup>†</sup>

*Provider Gender:*

*License number:* 080000002

*NPI:* 1316501562

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Hours:* M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

♿ *Accessibility:* P, EB, IB, E, T, W, ME

*Website:*

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

*Cultural Competency:* No

*Accepting New Patients:* No

<sup>†</sup>Para los servicios de ECM y Community Supports se necesita una autorización previa y se limita a los miembros que cumplen con ciertos criterios de elegibilidad.

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*Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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# Asistencia en distintos idiomas

## English

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

## الشعار بالعربية (Arabic)

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

## Հայերեն (Armenian)

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

## ប្រាសាទកម្ពុជា (Cambodian)

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

## 中文 (Chinese)

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

## فارسی Farsi

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

## भाषा (Hindi)

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



Llame a Atención al Cliente de Blue Shield Promise al (855) 699-5557 (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en blueshieldca.com/promise/medi-cal. La información incluida en el Directorio de Proveedores puede cambiar.

## Hmoob (Hmong)

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

## 日本語 (Japanese)

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

## 한국어(Korean)

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

## ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະ ມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

## Mienh (Mien)

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

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711)। ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



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## Русский (Russian)

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

## Español (Spanish)

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

## Tagalog (Tagalog)

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

## ภาษาไทย (Thai)

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

## ภาษาไทย (Ukrainian)

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

## Tiếng Việt (Vietnamese)

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



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**Blue Shield of California Promise Health Plan**  
601 Potrero Grande Drive  
Monterey Park, CA 91755

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(855) 699-5557, de 8:00 a. m. a 6:00 p. m.,  
de lunes a viernes

**Asistencia para personas con  
dificultades auditivas (TTY)**  
(a través del servicio de  
retransmisión de California) 711, de  
8:00 a. m. a 6:00 p. m.,  
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